



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 7, 2025

Licensee
Bethel Pavilion Homecare LLC
5913 Upton Avenue North
Brooklyn Center, MN 55430

RE: Project Number(s) SL37681015

Dear Licensee:

On December 3, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the September 10, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jess'.

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 10, 2024

Licensee

Bethel Pavilion Homecare LLC

5913 Upton Avenue North

Brooklyn Center, MN 55430

RE: Project Number(s) SL37681015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 10, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

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 licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor

State Evaluation Team

Email: Jodi.Johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37681	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER BETHEL PAVILION HOMECARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5913 UPTON AVENUE NORTH BROOKLYN CENTER, MN 55430		
(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: SL37681015-0 On September 9, 2024, through September 10, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there was one resident; one receiving 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 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. 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 SUBDIVISION 1-3.		
0 820 SS=D	144G.45 Subd. 2 (g) Fire protection and physical environment	0 820			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 820	Continued From page 1 (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect a limited number of residents and staff. 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: During facility tour on September 10, 2024, from 9:30 a.m. through 10:40 a.m., with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, the surveyor observed that compliant emergency escape and rescue openings were not provided in resident sleeping room 3.	0 820			

Minnesota Department of Health

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0 820	Continued From page 2 UNOCCUPIED SLEEPING ROOMS Resident sleeping room 3, located on the main floor, unoccupied, emergency escape and rescue clear window opening measurements are 32 inches wide, 19 ½ inches in height and 624 square inches in openable area. LALD/CNS-A opened the window, and the opening was measured with LALD/CNS-A and the surveyor. The window did not meet the minimum requirements for clear opening height and clear opening area. It was explained to LALD/CNS-A, that at least one compliant emergency escape and rescue opening is required within each resident sleeping room. Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. The windowsill height from the floor to the clear opening shall be not more than 48 inches. These deficient conditions were visually verified by LALD/CNS-A, accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) days.	0 820			
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted	01620			

Minnesota Department of Health

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01620	Continued From page 3 as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the nurse completed ongoing resident reassessments that did not exceed 90 days for one of one resident (R1). 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). The findings include:	01620			

Minnesota Department of Health

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01620	Continued From page 4 R1's diagnoses included Weicker's encephalopathy (brain disorder caused by lack of vitamin B1), dementia (symptoms affecting memory, thinking and social abilities), and delusional disorder (mental health condition which a person believes in something that isn't true or based on reality). R1's Service Plan (Waiver) - Addendum to Contract dated December 9, 2023, indicated R1 received services including bathing, dressing, and grooming reminders, behavior management, medication administration and light housekeeping. R1's record included a 14-day assessment dated December 22, 2023, a 90-day assessment dated March 22, 2024, and a 90-day assessment dated June 19, 2024. The March 22, 2024, assessment was 91 days after the 14-day assessment on December 22, 2023, thus exceeding 90 calendar days. On September 10, 2024, at 10:54 a.m. licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's March 22, 2024, assessment was greater than 90 days from previous assessment as noted above. LALD/CNS-A stated she may have started the assessment timely but hadn't completed the assessment until the next day, thus making it late. The licensee's Assessment and Reassessment policy dated August 1, 2021, noted ongoing resident reassessments must be conducted by an RN (registered nurse) and cannot exceed 90 days from the last date of assessment. No further information provided.	01620			

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01620	Continued From page 5 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620			



Minnesota Department of Health

3333 Division St #212
St. Cloud
320 223-7300

Type: Full
Date: 09/09/24
Time: 14:30:00
Report: 1051241109

Food and Beverage Establishment Inspection Report

Page 1

Location:

Bethel Pavilion Homecare Llc
5913 Upton Avenue North
Brooklyn Center, MN55430
Hennepin County, 27

Establishment Info:

ID #: 0038750
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7635013737
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.

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: MILK
Violation Issued: No

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

MET WITH NURSE EVALUATOR, SUSAN KALIS:

DISCUSSED THE FOLLOWING WITH THE MANAGER, DAVID:

EMPLOYEE ILLNESS LOG (LOG WILL BE SENT W/ REPORT)
VOMIT CLEAN-UP PROCEDURE

THE KITCHEN HAS A NSF 184 DISHWASHER, SMOOTH TEXTURE CEILING, VINYL WOODEN FLOORS, LAMINATE COUNTERTOPS WITH HOLLOW BASES, AND LAMINATE CABINETS.

Type: Full
Date: 09/09/24
Time: 14:30:00
Report: 1051241109
Bethel Pavilion Homecare Llc

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 1051241109 of 09/09/24.

Certified Food Protection Manager Lydia L. Oyewole

Certification Number: FM110109 Expires: 01/27/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

David Oyewole
Manager

Signed: 

Kai Yang
Public Health Sanitarian 1
St. Cloud
320 640-3532
Kai.Yang@state.mn.us