Electronically Delivered

June 20, 2023

Licensee
Syncare Inc Joy Home
11100 Joy Lane
Minnetonka, MN 55305

RE: Project Number(s) SL37279015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 2, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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).

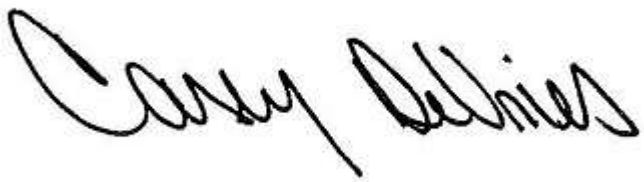
Please address your cover letter for reconsideration requests to:

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
PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37279	A. BUILDING: _____ B. WING _____	06/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYNCARE INC JOY HOME	11100 JOY LANE MINNETONKA, MN 55305

(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: SL37279015-0 On May 30, 2023, through June 2, 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 zero (0) active residents receiving services under the Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living with Dementia Care 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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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 the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated May 30, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 485 SS=C	144G.41 Subd 1. (13) (i) (A) and (C) Minimum Requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks	0 485		

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0 485	Continued From page 2 available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and (C) the facility cannot require a resident to include and pay for meals in their contract; (ii) weekly housekeeping; (iii) weekly laundry service; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the contract did not require a resident to include and pay for meals. This had the potential to affect all residents living within the assisted living with Dementia Care facility. 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 potential to affect a large portion or all of the residents). The findings include: The licensee's Assisted Living with Dementia Care Housing Contract and Lease agreement, page 5, section b, entitled, "Access to Food"	0 485		

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0 485	Continued From page 3 utilized for all new admissions contained the following paragraph: "Landlord includes three scheduled (3) meals and a snack per day which is included in the monthly rent." On May 31, 2023, at 11:53 a.m., licensed assisted living director/registered nurse (LALD/RN)-A stated, "to be honest with you, I have not offered the resident's a meal option plan to opt out of receiving meals offered by the facility." LALD/RN-A further stated licensee would take their time, review their contract again, and make necessary changes to the contract. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents.	0 680		

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0 680	Continued From page 4 (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, 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 a large portion or all of the residents). The findings include: On May 30, 2023, at 12:30 p.m., licensed assisted living director/registered nurse (LALD/RN)-A provided an Emergency Preparedness binder for surveyor review. The licensee's emergency preparedness plan lacked evidence of the following required content: - Policies and procedures for volunteers; - Roles under a Waiver declared by Secretary;	0 680		

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0 680	Continued From page 5 and - Emergency prep testing requirements. In addition, the licensee failed to: - post the EP plan in a prominent area of the facility; - provide residents with exit diagrams; and - post emergency exit diagrams on each floor. On May 30, 2023, at 1:25 p.m., LALD/RN-A confirmed the licensee's emergency preparedness plan lacked the above listed required content. LALD/RN-A further confirmed there were no exit diagrams posted in the basement or first floor of the facility, and stated, " I forgot to post them at the exits." The licensee's Disaster Planning and Emergency Preparedness Plan policy dated August 1, 2021, indicated the licensee would have in place a general emergency preparedness plan, that would be in alignment with facility's requirement to also comply with CMS Appendix Z. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;	0 730		

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0 730	Continued From page 6 (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status.	0 730		

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0 730	Continued From page 7 This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to complete a discharge summary for one of one discharged 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: R1 began receiving assisted living services on November 18, 2022. R1's Customized Living Rates Worksheet dated October 5, 2022, indicated R1 received services including bathing, grooming, dressing, toileting, transfers and ambulation, safety checks, behavior monitoring, housekeeping, laundry, and medication administration. R1's Clinical Update: Transfer Notes, dated January 20, 2023, indicated R1 was transferred to Syncare Grande (separately licensed Assisted Living Facility with Dementia Care under same ownership as licensee) via company van, and that family was aware of R1's plan to transfer facilities. R1's record lacked information that R1 was being discharged from facility. On May 30, 2023, at 11:25 a.m., LALD/RN-A stated R1 was not discharged from the facility, and R1 agreed to be transferred to another facility	0 730		

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0 730	Continued From page 8 owned by the licensee. LALD/RN-A verified R1's record lacked evidence a discharge summary had been completed. The licensee's Contract Termination policy, dated August 1, 2021, indicated licensee would follow the proper procedures, as outlined below, for terminating an assisted living contract with a resident. The following steps would be taken by licensee for termination of a resident: - issue a pre-termination meeting notice to the resident and the resident's representatives, at least five (5) business days in advance of the scheduled meeting; - participate in a pre-termination meeting with the resident and the resident's legal representative and designated representative; - provide the resident and the resident's representatives and case manager, if present at the pre-termination meeting, with a written summary of the meeting within 24 hours of the pre-termination meeting, and - provide the resident, and, with the resident's consent, the resident's representatives, and case manager, with a written discharge summary. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		
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;	0 810		

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0 810	Continued From page 9 (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be 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 observation, record review and interview, the licensee failed to provide a maintained fire safety and evacuation plan that showed the location and number of resident rooms. 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	0 810		

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0 810	Continued From page 10 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 facility tour with the Facility Manager (FM)-D on May 31, 2023, between approximately 12:30 p.m. and 1:30 p.m., it was observed that there were no posted fire safety and evacuation plans on both the upper and lower level of the facility. This deficient condition was visually verified by FM-D accompanying on the tour. A record review and interview were conducted on May 31, 2023, at approximately 1:30 p.m. with the Licensed Assisted Living Director/Registered Nurse (LALD/RN)-A and the FM-D on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility. Record review of the fire safety and evacuation plans indicated that no floor plans were available for the facility showing the location and number of resident rooms. LALD/RN-A stated that the plans were completed on the computer but had not been posted. This deficient condition was verified by LALD/RN-A during record review and interview. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		

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0 830	Continued From page 11	0 830		
0 830 SS=D	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements. This MN Requirement is not met as evidenced by: Based on observation, record review and interview, the licensee failed to comply with all state and local governing laws, and codes for fire safety, building, and zoning requirements. 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 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). Findings include: On facility tour with the Facility Manager (FM)-D on May 31, 2023, between approximately 12:30 p.m. and 1:30 p.m., it was observed that the kitchen area was under remodel. Communication with supervisors indicated that plans were not submitted by the licensee prior to the remodel as required. This deficient condition was visually verified by FM-D accompanying on the tour. A record review and interview were conducted on May 31, 2023, at approximately 1:30 p.m. with the	0 830		

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0 830	Continued From page 12 Licensed Assisted Living Director/Registered Nurse (LALD/RN)-A and the FM-D on the state and local governing laws, and codes for fire safety, building, and zoning requirements for the facility. No records were available that indicated the licensee had obtained the proper permits as required for the facility to be remodeled. LALD-A stated that while they had contacted the local offices and understood there was no need for permits to the facility, she misunderstood that there was more to do with the state requirements. This deficient condition was verified by LALD/RN-A during record review and interview. TIME PERIOD FOR CORRECTION: Seven (7) days	0 830		
0 970 SS=F	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents living within the assisted living with Dementia Care facility.	0 970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37279	A. BUILDING: _____ B. WING _____	06/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYNCARE INC JOY HOME	11100 JOY LANE MINNETONKA, MN 55305

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0 970	Continued From page 13 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 potential to affect a large portion or all of the residents). The findings include: On May 30, 2023, at 11:00 a.m., licensed assisted living director/registered nurse (LALD/RN)-A provided the surveyor with R1's Assisted Living with Dementia Care Housing Contract, Lease Agreement, and indicated the same contract was used by licensee for all residents. Page 8 section 19 of R1's contract titled Personal Property included: "Landlord is not responsible for damage to Tenant's personal property due to fire, water, tornado, or other acts or nature and events beyond Landlord's control." Page 15 section 23 of R1's contract titled Indemnification included: "Tenant will indemnify and hold harmless Landlord, its employees, and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Tenant of the rented premises or any other part of Landlord's property, or caused wholly or in part by an act or omission of Tenant or Tenant's guests or agents." Page 15 section 25 of R1's contract titled Liability	0 970		

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0 970	Continued From page 14 included: "Landlord is not liable to Tenant or Tenant's guests for any injury, death or property damage occurring in the Room or on Landlord's premises unless such injury, death or property damage occurs as the result of Landlord's own negligent acts or those of its employees or agents. Landlord is also not liable for any injury, death or damage occurring as the result of Tenant's receipt of health-related, supportive, or other services from third party providers. Unless caused by one of the aforementioned excepted reasons, Tenant agrees to hold Landlord harmless from any and all claims for injuries, property damage, or any other loss resulting from an accident or other occurrence in the Room or on Landlord's premises." On May 30, 2023, at 11:15 a.m., LALD/RN-A verified licensee's assisted living contract included language waiving the facility's liability for health, safety, or personal property of a resident. LALD/RN-A stated she had been working on revising the contract and would provide the updated contract to new residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
0 990 SS=D	144G.52 Subd. 2 Prerequisite to termination of a contract (a) Before issuing a notice of termination of an assisted living contract, a facility must schedule and participate in a meeting with the resident and the resident's legal representative and designated representative. The purposes of the meeting are	0 990		

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0 990	Continued From page 15 to: (1) explain in detail the reasons for the proposed termination; and (2) identify and offer reasonable accommodations or modifications, interventions, or alternatives to avoid the termination or enable the resident to remain in the facility, including but not limited to securing services from another provider of the resident's choosing that may allow the resident to avoid the termination. A facility is not required to offer accommodations, modifications, interventions, or alternatives that fundamentally alter the nature of the operation of the facility. (b) The meeting must be scheduled to take place at least seven days before a notice of termination is issued. The facility must make reasonable efforts to ensure that the resident, legal representative, and designated representative are able to attend the meeting. (c) The facility must notify the resident that the resident may invite family members, relevant health professionals, a representative of the Office of Ombudsman for Long-Term Care, a representative of the Office of Ombudsman for Mental Health and Developmental Disabilities, or other persons of the resident's choosing to participate in the meeting. For residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the facility must notify the resident's case manager of the meeting. (d) In the event of an emergency relocation under subdivision 9, where the facility intends to issue a notice of termination and an in-person meeting is impractical or impossible, the facility must use telephone, video, or other electronic means to conduct and participate in the meeting required under this subdivision and rules within Minnesota Rules, chapter 4659.	0 990		

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0 990	Continued From page 16 This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to schedule and participate in a meeting with the resident and the resident's legal representative and designated representative prior to termination of a contract for one of one resident (R1) who had services terminated. 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: R1's record lacked evidence the facility conducted the required meeting with the resident and the resident's legal representative and designated representative prior to terminating her contract. R1's diagnoses included encephalopathy (brain disease) and generalized weakness. R1 began receiving services on November 18, 2022, and was moved from the facility on January 20, 2023, to another assisted living with dementia care facility owned by the same licensee, with a separate license. R1's Customized Living Rates Worksheet dated October 5, 2022, indicated R1 received services including bathing, grooming, dressing, toileting,	0 990		

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0 990	Continued From page 17 transfers and ambulation, safety checks, behavior monitoring, housekeeping, laundry, and medication administration. R1's Clinical Update: Transfer Notes, dated January 20, 2023, indicated R1 was transferred to Syncare Grande via company van, and that R1's legal representative was aware of R1's decision to move, and agreed with R1's decision. R1's record lacked information that R1 was being discharged. On May 30, 2023, at 10:49 a.m., licensed assisted living director/registered nurse (LALD/RN)-A stated R1 was the only one living at the facility, and R1 and R1's legal representative agreed to move R1 to licensee's other location, where other residents were residing. LALD/RN verified the facility failed to participate in a meeting with the resident and the resident's legal representative, and designated representative prior to termination of R1's service contract. The licensee's Contract Termination policy, dated August 1, 2021, indicated licensee would follow the proper procedures, as outlined below, for terminating an assisted living contract with a resident. The following steps would be taken by licensee for termination of a resident: - issue a pre-termination meeting notice to the resident and the resident's representatives, at least five (5) business days in advance of the scheduled meeting; - participate in a pre-termination meeting with the resident and the resident's legal representative and designated representative; - provide the resident and the resident's representatives and case manager, if present at the pre-termination meeting, with a written	0 990		

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0 990	Continued From page 18 summary of the meeting within 24 hours of the pre-termination meeting, and - provide the resident, and, with the resident's consent, the resident's representatives, and case manager, with a written discharge summary. No further information was provided. TIME PERIOD TO CORRECT: Twenty-One (21) days	0 990		
01040 SS=D	144G.52 Subd. 7 Notice of contract termination required (a) A facility terminating a contract must issue a written notice of termination according to this section. The facility must also send a copy of the termination notice to the Office of Ombudsman for Long-Term Care and, for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, to the resident's case manager, as soon as practicable after providing notice to the resident. A facility may terminate an assisted living contract only as permitted under subdivisions 3, 4, and 5. (b) A facility terminating a contract under subdivision 3 or 4 must provide a written termination notice at least 30 days before the effective date of the termination to the resident, legal representative, and designated representative. (c) A facility terminating a contract under subdivision 5 must provide a written termination notice at least 15 days before the effective date of the termination to the resident, legal representative, and designated representative. (d) If a resident moves out of a facility or cancels services received from the facility, nothing in this	01040		

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01040	Continued From page 19 section prohibits a facility from enforcing against the resident any notice periods with which the resident must comply under the assisted living contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to issue a written notice for a termination of contract at least 30 days ahead of the termination, or at least 15 days ahead of an expedited termination, and failed to provide documentation supporting the need for an expedited termination of the contract for one former resident (R1). In addition, the licensee failed to send a copy of the termination notice to the Office of Ombudsman for Long Term Care (LTC). 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: On May 30, 2023, at 10:49 a.m., licensed assisted living director/registered nurse (LALD/RN)-A stated R1 began receiving services on November 18, 2022, and was "moved" from the facility on January 20, 2023, to another assisted living with dementia care facility owned by the same licensee, with a separate license, because "[R1] was the only one living at the facility and [R1] and the family agreed to move	01040		

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01040	Continued From page 20 him to Syncare Grande." R1's diagnoses included encephalopathy (brain disease) and generalized weakness. R1's Customized Living Rates Worksheet dated October 5, 2022, indicated R1 received services including bathing, grooming, dressing, toileting, transfers and ambulation, safety checks, behavior monitoring, housekeeping, laundry, and medication administration. R1's Clinical Update: Transfer Notes, dated January 20, 2023, indicated R1 was transferred to Syncare Grande via company van, and that family was aware. R1's record lacked information that R1 was being discharged. R1's record lacked a discharge summary. R1's record lacked evidence R1 received a written termination notice. In addition, R1's record lacked evidence a copy of a termination notice was sent to the Office of Ombudsman for LTC, and R1's case manager as required. On May 30, 2023, at 11:25 a.m., LALD/RN-A stated R1 was not discharged from the facility, and R1 agreed to be transferred to another facility owned by the licensee. LALD/RN-A verified the facility failed to issue a written notice of termination, as required. In addition, LALD/RN-A verified a copy of a termination notice was not sent to the Office of Ombudsman for LTC, or R1's case manager as required. The licensee's Contract Termination policy, dated August 1, 2021, indicated licensee would follow the proper procedures, as outlined below, for terminating an assisted living contract with a	01040		

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01040	Continued From page 21 resident. The following steps would be taken by licensee for termination of a resident: - issue a pre-termination meeting notice to the resident and the resident's representatives, at least five (5) business days in advance of the scheduled meeting; - participate in a pre-termination meeting with the resident and the resident's legal representative and designated representative; - provide the resident and the resident's representatives and case manager, if present at the pre-termination meeting, with a written summary of the meeting within 24 hours of the pre-termination meeting, and - provide the resident, and, with the resident's consent, the resident's representatives, and case manager, with a written discharge summary. No further information was provided. TIME PERIOD TO CORRECT: Twenty-One (21) days	01040		

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *05/30/23*
Time: 19:00:00
Report: 8041231147

Food and Beverage Establishment Inspection Report

Location:
Syncare Inc Joy Home
11100 Joy Lane
Minnetonka, MN55305
Hennepin County, 27

Establishment Info:
ID #: 0037887
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6127473263
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.

8-200 Plan Submission and Approval

8-201.11A ** Priority 2 **

MN Rule 4626.1720A Submit complete plans and specifications to the regulatory authority for review and approval prior to beginning any new construction, conversion, change of type of food establishment or food operation, or extensive remodeling of a food establishment.

SUBMIT PLANS TO THE HEALTH REGULATION DIVISION FOR KITCHEN REMODEL.

Comply By: 05/31/23

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 35 Degrees Fahrenheit - Location: kitchen cooler: ambient air temp.
Violation Issued: No

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

Inspection was completed with the owner, Ann Hortillosa. Rhonda Makela was the lead Health Regulation Division Nurse Evaluator. Facility did not have any residents on site at time of inspection. The most recent resident was transferred to other site in January. This facility is licensed for up to four residents.

Lunch and dinner are prepared at Syncare Grand Plymouth location and delivered before each meal.

The residential kitchen in this facility is currently under construction. New cabinetry and a two basin sink will be installed before new residents move in. One basin of the sink must be designated for handwashing.
Establishment also has an existing Kenmore (NSF-residential) dish machine on site. Test dish machine when it is reinstalled to ensure the utensil surface temperature is at least 160F.

Food and Beverage Establishment Inspection Report

Discussed the following:
-Employee illness policy and logging requirements.
-Glove-use and bare hand contact.
-Receiving food temperatures and log.
-Vomit clean up process
-Restrictions concerning serving a highly susceptible population

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 8041231147 of 05/30/23.

Certified Food Protection Manager: Rosalee Kegan

Certification Number: fm111580 Expires: 06/01/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Ann Hortillosa
Owner

Signed: Sarah Conboy

Sarah Conboy
Public Health Sanitarian III
651-201-3984
sarah.conboy@state.mn.us