Electronically Delivered

November 29, 2022

Administrator
New Creation Social Services LLC
14011 Juniper Circle Northwest
Andover, MN 55304

RE: Project Number(s) SL38378015

Dear Administrator:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed a an initial evaluation on November 4, 2022, for the purpose assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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

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

Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4(a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00

The total amount you are assessed is $500.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 residents/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 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 Department of Health within 15 calendar days of the correction order receipt date.

A state licensing 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 general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general 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

Free from Maltreatment reconsideration requests should addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

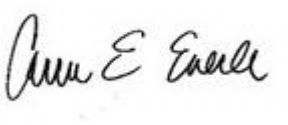
REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Carrie Euerle, Supervisor
Health Regulation Division
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Email: carrie.euerle@state.mn.us
Phone: 651-242-8846 Fax: 651-215-5963

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38378	A. BUILDING: _____ B. WING _____	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW CREATION SOCIAL SERVICES LLC	14011 JUNIPER CIRCLE NORTHWEST ANDOVER, MN 55304

(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 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: SL#38378015 On November 1 through November 3, 2022, 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 and investigation, there were four residents receiving services under the provider's Provisional Assisted Living Facility license.	0 000	Assisted Living Provider 144G. 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 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.	

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0 470	Continued From page 1	0 470		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a staffing plan was developed. This had the potential to affect all four residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 470		

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0 470	Continued From page 2 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: During an interview on November 2, 2022, at 2:00 p.m., a copy of the facility's current staffing plan was requested from the licensed assisted living administrator (LALD)-A who verified not having a documented staffing plan. LALD-A provided a copy of the monthly staff schedule dated November 2022. The licensee failed to develop and implement a staffing plan for determining its staffing level that: - included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; - ensured sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and - ensured that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility. During an interview on November 2, 2022, at 2:00 p.m., the licensed assisted living administrator (LALD)-A verified the facility does not have a current staffing plan on file and also confirmed a registered nurse had not developed a written staffing plan which included the above noted required content.	0 470		

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0 470	Continued From page 3 No further information was provided. TIME PERIOD OF CORRECTION: Twenty-One (21) days	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) 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 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: (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	0 480		

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0 480	Continued From page 4 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 March 16, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to establish and maintain infection control policies and procedures that complied with accepted health care, medical, and nursing standards for infection control related to the COVID-19 pandemic when the licensee failed to ensure visitors, employees, and residents were screened for COVID-19 with	0 510		

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0 510	Continued From page 5 temperature checks and screening questions at the entrance to the establishment and failed to develop policies and procedures to guide decision making related to COVID-19 pandemic. 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 all four residents). The findings include: On November 1, 2022, at 12:30 p.m., the surveyor was greeted by Licensed Assisted Living Director (LALD)-A who was not wearing a face mask covering the nose and mouth. The surveyor was not screened at the front entrance before entering licensee's establishment. LALD-A escorted the surveyor through common areas and the dining area to a room where other staff members were working. The surveyor was informed by LALD-A the visitors are not being screened at this time, nor are staff wearing PPE. The Minnesota Department of Health's COVID-19 Guidance: Long-term Care Indoor Visitation for Nursing Facilities and Assisted Living Settings dated 6/17/22 indicated Key components of visitation, as identified in QSO-20-39-NH Revised Screening visitors: Visitors who have a positive viral test for COVID-19 or symptoms of COVID-19, or who currently meet standards for quarantine should not enter the facility until they meet standards to end quarantine, isolation, or do not have symptoms. Facilities should screen all who enter for criteria that would exclude someone from visiting.	0 510		

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0 510	Continued From page 6 The licensee was asked for a current copy of the facilities Infection Control policy but failed to submit one during the survey process. The CDC COVID Data Tracker on November 1, 2022, indicated Anoka County, MN (the county of the assisted living facility) was at a "substantial" level of community transmission, which indicated the use of a face mask and eye protection while working with residents. No further information provided. TIME PERIOD FOR CORRECTION: Two (2) Days	0 510		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to post the required information related to the grievance procedure and contact information for the Office of	0 550		

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0 550	Continued From page 7 Ombudsman for Long-Term Care and Mental Health and Developmental Disabilities. This had the potential to affect all residents receiving assisted living services, 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) 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: On November 1, 2022, during a facility tour at 2:00 p.m. an observation of the facility's common areas noted the lack of all the required posting information. The licensed assisted living administrator (LALD)-A verified the required information was not posted in the common areas of the facility. The licensee does have an undated Grievance policy that states New Creation Social Services will post, in a conspicuous place, information about our complaint/ grievance procedure, and the name, telephone number, and email contact information for the individual(s) who are responsible for handling resident complaint/grievances. The licensee had all required information in a common area of the grievance procedure, including the name, telephone number, and e-mail contact information for the individuals who were responsible for handling resident grievances but failed to include	0 550		

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0 550	Continued From page 8 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in and maintain documentation on quality management activities appropriate to the size of the facility and relevant to the type of services provided. 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).	0 580		

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0 580	Continued From page 9 Findings include: During an interview on November 2, 2022, at 2:00 p.m., a copy of the facility's quality management plan was requested from the licensed assisted living administrator (LALD)-A who verified not having a documented quality management activity. The licensee's undated Quality Management Evaluation and Program Improvement Plan policy, stated New Creation Social Service is committed to ongoing program evaluation and improvement as required in the 245D Home and Community-Based Services Standards, section 245D.081. The program's designated manager is responsible for the evaluation of the following information in order to develop, document, and implement the program's ongoing program improvement activities. As well as referencing the required content related to Minnesota statute 144G.42 subd. 2 which indicated the licensee will have at least one documented quality management project in place at all times, and retain records of such projects for at least two years. No further information was provided.	0 580		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by	0 640		

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0 640	Continued From page 10 the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required content in common areas to include: 911 emergency number in common areas and near telephones provided by the assisted living facility and the reporting number for the Minnesota Adult Abuse Reporting Center (MAARC) to report suspected maltreatment of a vulnerable adult under section 626.557. This had the potential to affect all residents receiving assisted living services, 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) 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: On November 1, 2022, during a facility tour at 2:00 p.m. an observation of the facility's common areas noted the lack of all the required posting information. This included posting of information and the reporting number for the MAARC to report suspected maltreatment of a vulnerable adult under section 626.557.	0 640		

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0 640	Continued From page 11 During an interview on November 2, 2022, at 2:00 p.m., the licensed assisted living administrator (LALD)-A verified not having the required information was not posted in the common areas of the facility. The licensee's undated Maltreatment of Vulnerable Adults Reporting Policy, stated the license holder shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. As well as referencing the required content related to Minnesota statute 144G.42 which indicated the licensee will have the posting will include information for reporting suspected maltreatment to the Minnesota Adult abuse Reporting Center (MAARC). No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640		
0 650 SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual	0 650		

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0 650	Continued From page 12 contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employee records included all required content for two of two unlicensed personnel (ULP)-D, ULP-E) with employee records reviewed. 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	0 650		

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0 650	Continued From page 13 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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: On November 1, 2022, at 12:45 p.m. during the entrance conference, licensed assisted living director (LALD)-A affirmed knowledge of the current assisted living laws and regulations. ULP-D was hired by the facility as Training Manager start date June 1, 2021. ULP-D's employee record was reviewed, and the unsigned employee orientation checklist record lacked evidence of orientation records, annual training records, infection control training, performance review, competency evaluations and job descriptions. The employee record also lacked Tuberculosis (TB) training, individual risk assessment, and testing results. ULP-D's employee record also lacked evidence ULP-D completed all the required training, and demonstrated competency in the following topics: - appropriate and safe techniques in personal hygiene and grooming - hair care and bathing - care of teeth, gums, and oral prosthetic devices - dressing and assisting with toileting - standby assistance techniques and how to perform them - reading and recording temperature, pulse, and respirations of the client - safe transfer techniques and ambulation - range of motion and positioning ULP-E start date was February 12, 2022.	0 650		

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0 650	Continued From page 14 ULP-E's employee record was reviewed, and included a signed employee practical skills evaluations. ULP-E's employee record lacked evidence of orientation records, annual training records, , performance review, and job descriptions. The employee record also lacked Tuberculosis (TB) training. During an interview on November 2, 2022, at 2:00 p.m., the licensed assisted living administrator (LALD)-A verified ULP staff not having the required training or documentation completed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced	0 660		

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0 660	Continued From page 15 by: Based on interview and record review, the licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included completion of a facility risk assessment and implementation of a TB infection control plan. 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: During an interview on November 2, 2022, at 2:00 p.m., a copy of the facility's TB risk assessment from the licensed assisted living administrator (LALD)-A who verified not having an assessment available. It had not been completed. The licensee was asked for a current copy of the facilities Infection Control policy but failed to submit one during the survey process. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 660		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 16 (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 tenant residents. (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 develop an emergency preparedness plan (EPP) with all the required components included 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) and was issued at a widespread scope (when problems are pervasive	0 680		

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0 680	Continued From page 17 or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On November 2, 2022, at 2:00 p.m., the surveyor requested the licensee's emergency preparedness plan and components. The licensee's Fire and Emergency Evacuation Plan lacked the following required content: -EP patient population -subsistence needs for residents and staff -policies and procedures for medical documents -policy and procedures for volunteers -arrangement with other facilities -roles under a waiver declared by Secretary -development of communication plan -names and contact information -emergency officials contact information -primary/alternate means of communication -methods for sharing information -sharing information on occupancy/needs -family notifications -EP prep training and testing During an interview on November 2, 2022, at 2:00 p.m., the licensed assisted living administrator (LALD)-A verified not having the required information and did not have all the required components of Appendix Z. Although LALD-A did verify understanding the requirement that the licensee will have in place an emergency preparedness plan that is in alignment with facility's requirement to comply with CMS Appendix Z. The facilities Emergency Preparedness Plan had not been completed. Also, the licensee's undated Emergency	0 680		

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0 680	Continued From page 18 Response, Reporting & Review Policy, indicated it is the intent that New Creation Social Services (NCSS) to effectively respond to, report, and review all emergencies to ensure the safety of persons receiving services and to promote the continuity of services until emergencies are resolved and has in place an effective and compliant Emergency Preparedness Plan. The licensee was asked for a current copy of the facilities Disaster Planning and Emergency Preparedness policy but failed to submit one during the survey process. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
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 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	0 810		

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0 810	Continued From page 19 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 interview and record review, the licensee failed to develop and maintain fire safety and evacuation plans and failed to provide required training to residents and employees for fire safety and evacuation. This had the potential to affect all current residents, staff, and visitors to the facility. 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 the potential to affect a large portion or all residents). The findings include: During interview on November 02, 2022, at 2:30 p.m., licensed assisted living administrator (LALD)-A stated they had not completed the employee or resident training on fire safety and	0 810		

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0 810	Continued From page 20 evacuation. They also had not developed any procedures to address any possible unique needs of their residents. Review of the fire safety plan showed the following: 1. No evacuation plan or documentation on specific procedures for the residents including procedures for their movements, and relocation during a fire or similar emergency. No written instructions for addressing any unique situation during an evacuation, especially for residents who need assistance during an evacuation. 2. No schedule or records on the training of employees on fire safety and evacuation; on proper actions to take in the event of a fire or emergency for the safety of residents including movement, evacuation, or relocation. 3. No schedule or records on the training of residents who are capable of assisting in their evacuation; on proper actions to take in the event of a fire or emergency for their safety including movement, evacuation, or relocation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=F	144.50 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	0 970		

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0 970	Continued From page 21 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 resident health, safety, or personal property with two of two residents (R1, R2) records reviewed. 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). The findings include: On November 2, 2022, at 2:00 p.m., the surveyor requested a copy of the facility's assisted living contract was requested. The Suite Living Residency Agreement, section V, titled Miscellaneous Provisions included clauses indicating the provider was not liable to resident in the following incidents: The Resident agrees that New Creations Social Services (NCSS) will not be liable to the Resident for any personal injury or property damage (including, without limitation, damage to, or loss or theft of, automobiles or personal property of Resident) suffered by the Resident or the Resident's agents, guests or invitees, unless and to the extent that the injury or damage is caused by the negligence of NCSS or	0 970		

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0 970	Continued From page 22 its employees or agents. The Resident hereby releases NCSS from liability for any personal injury or property damage suffered by the Resident or the Resident's agents, guests, or invitees, unless caused by the negligence of NCSS or its employees or agents. During an interview on November 2, 2022, at 2:00 p.m., the licensed assisted living administrator (LALD)-A verified the same assisted living contract was used for all residents residing in the facility and that the assisted living contract required residents to waive the facility's liability for health, safety, or personal property. The licensee lacked a policy for Assisted Living Licensure contract requirements, effective August 1, 2021. No further information available. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01460 SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility. This MN Requirement is not met as evidenced by:	01460		

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01460	Continued From page 23 Based on interview and record review, the licensee failed to ensure orientation to assisted living licensing requirements and regulations was provided for two of two employees, unlicensed personnel (ULP-D and ULP-E), with records reviewed. This had the potential to affect all residents receiving assisted living services. 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-D was hired June 1, 2021 and ULP-E's start date was February 12, 2022 and each provided direct care services to the residents of the facility. ULP-D and ULP-E's employee records lacked documentation evidence of successful completion of assisted living orientation in accordance with 144G statutes including the following: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise	01460		

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01460	Continued From page 24 and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. During an interview on November 2, 2022, at 2:00 p.m., the licensed assisted living administrator (LALD)-A verified an orientation to 144G regulations and required content was not done. The licensee was asked for a current copy of the facilities Orientation and Training Policy, but the facility failed to submit one during the survey process. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01460		
01530 SS=F	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at	01530		

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01530	Continued From page 25 least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the required amount of dementia care training was completed in the required time frame for two of two employees (unlicensed personnel (ULP)-D and ULP-E). This had the potential to affect all four 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	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38378	A. BUILDING: _____ B. WING _____	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW CREATION SOCIAL SERVICES LLC	14011 JUNIPER CIRCLE NORTHWEST ANDOVER, MN 55304

(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
01530	Continued From page 26 of the residents). The findings include: ULP-D and ULP-E's employee records lacked documentation they had completed the required amount of dementia care training in the required topics. ULP-D was hired June 1, 2021 and ULP-E's start date was February 12, 2022 and each provided direct care services to the residents of the facility. ULP-D and ULP-E's employee records lacked documentation they had within 160 working hours of the employment completed at least eight hours of initial training including the following topics: an explanation of Alzheimer's disease and other dementias assistance with activities of daily living problem solving with challenging behaviors communication skills person-centered planning and service delivery. The licensee was asked for a current copy of the facilities Orientation and training to include Dementia training policy, but the facility failed to submit one during the survey process. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
02240 SS=C	144G.90 Subdivision 1 Assisted living bill of rights; notification (a) An assisted living facility must provide the resident a written notice of the rights under	02240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38378	A. BUILDING: _____ B. WING _____	11/04/2022

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02240	Continued From page 27 section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand. (b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." (c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, e-mail address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, e-mail, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint. (d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained.	02240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38378	A. BUILDING: _____ B. WING _____	11/04/2022

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02240	Continued From page 28 Acknowledgment of receipt shall be retained in the resident's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current Minnesota Bill of Rights for Assisted Living Residents was provided and a written acknowledgement was received for three of three residents (R2, R3 and R4) residing at the 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: On November 1, 2022, at 12:45 p.m. during the entrance conference, licensed assisted living director (LALD)-A stated all four residents residing in the facility received services under the assisted living licensure. R2 R2 began receiving services under the assisted living licensure on February 12, 2022. R2's diagnoses included history of concussion, diabetes, post-traumatic stress disorder, major depression, anxiety, borderline personality disorder. R2's service plan dated June 1, 2022, indicated R2 received services which included medication	02240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38378	A. BUILDING: _____ B. WING _____	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW CREATION SOCIAL SERVICES LLC	14011 JUNIPER CIRCLE NORTHWEST ANDOVER, MN 55304

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02240	Continued From page 29 management, meals, assistance with grooming, laundry, and housekeeping. R2's records included an authenticated acknowledgement form dated February 12, 2022, which indicated R2 received a copy of my rights under the law, Minnesota Statutes, section 245D.04. R2's record lacked a signed acknowledgement that they had received the assisted living bill of rights. R3 R3 began receiving services under the assisted living licensure on August 4, 2022. R3's diagnoses included bipolar, encephalopathy. R3's service plan dated March 18, 2022, indicated R3 received services which included received services which included medication management, meals, assistance with bathing, transferring, laundry, and housekeeping. R3's records included an authenticated acknowledgement form dated August 8, 2022, which indicated R2 received a copy of my rights under the law, Minnesota Statutes, section 245D.04. R3's record lacked a signed acknowledgement that they had received the assisted living bill of rights. R4 R4 began receiving services under the assisted living licensure on April 4, 2022. R4's diagnoses included schizophrenia,	02240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38378	A. BUILDING: _____ B. WING _____	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02240	Continued From page 30 psychosis, glaucoma/vision impairment, hearing impaired. R4's service plan dated April 8, 2022, indicated R4 received services which included received services which included medication management, meals, laundry, and housekeeping. R4's records included an authenticated acknowledgement form dated April 8, 2022, which indicated R4 received a copy of my rights under the law, Minnesota Statutes, section 245D.04. R4's record lacked a signed acknowledgement that they had received the assisted living bill of rights. During an interview on November 2, 2022, at 2:00 p.m., the licensed assisted living administrator (LALD)-A verified the same Home Care Bill of Rights was used for all residents residing in the facility and what was provided in the admission packet was not the updated Minnesota Assisted Living Bill of Rights. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02240		

Minnesota Department of Health

625 North Robert Street
Saint Paul, MN
651-201-5000

Type: Full
Date: *11/03/22*
Time: 12:00:00
Report: 8087221260

Food and Beverage Establishment Inspection Report

Location:
New Creation Social Services
14011 Juniper Circle NW
Andover, MN55304
Anoka County, 02

Establishment Info:
ID #: 0040909
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/22

Operator:

Phone #:
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: Ambient Air
Temperature: 39 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding: MILK
Temperature: 38 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding: DELI MEAT
Temperature: 39 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding: CHEESE
Temperature: 38 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding: YOGURT
Temperature: 39 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: Ambient Air
Temperature: 14 Degrees Fahrenheit - Location: FREEZER
Violation Issued: No

Type: Full
Date: *11/03/22*
Time: 12:00:00
Report: 8087221260
New Creation Social Services

Food and Beverage Establishment Inspection Report

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

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.

INSPECTION CONDUCTED IN THE PRESENCE OF NURSE EVALUATOR JAMES LARSON.

FLOORS AND CABINETS ARE HARDWOOD AND CEILING APPEARS TO BE SMOOTH IN TEXTURE AND EASILY CLEANABLE BUT NOT DURABLE AND IS PAINTED. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

WHIRLPOOL BRAND DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING RINSE CYCLE OPTION.

HOT WATER TEMPERATURE AT THE KITCHEN SINK REACHED 120 DEGREES.

NO DESIGNATED HAND WASHING SINK IN THE KITCHEN, ONLY A 2-BIN, STAINLESS STEEL RESIDENTIAL KITCHEN SINK.

INSPECTION REPORT EMAILED TO JAMES LARSON (NURSE EVALUATOR).

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 8087221260 of 11/03/22.

Certified Food Protection Manager: TEMEKA R. THEDFORD

Certification Number: FM108855 Expires: 11/23/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
TEMEKA R. THEDFORD
RESIDENT DIRECTOR

Signed: _____
John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
john.boettcher@state.mn.us