



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery

August 28, 2024

Licensee
Harmony Homes and Services LLC
7064 158th Street West
Apple Valley, MN 55124

RE: License Number 415325
Health Facility Identification Number (HFID) 39358
Project Number(s) SL39358015

Dear Licensee:

On August 13, 2024, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed December 12, 2023. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective August 28, 2024.

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

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

Sincerely,

A handwritten signature in black ink that reads 'Rick Michals'.

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division
HHH



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

July 24, 2024

Licensee

Harmony Homes And Services LLC
7064 158th Street West
Apple Valley, MN 55124

RE: Conditional License Number 415325
Health Facility Identification Number (HFID) 39358
Project Number(s) SL39358015

Dear Licensee:

On May 20, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on December 12, 2023, and the follow-up survey completed on March 07, 2024. Based on the May 20, 2024, follow-up survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.20, MDH is extending the conditional assisted living license for Harmony Homes And Services LLC for an additional 90-days, due to expire on **October 22, 2024**.

STATE CORRECTION ORDERS

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

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the follow-up survey completed on March 07, 2024, found not corrected at the time of the May 20, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0820 - Fire Protection And Physical Environment - 144g.45 Subd. 2 (g)

The details of the violations noted at the time of this follow-up survey completed on May 20, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

CONDITIONAL LICENSE ISSUED:

MDH will extend the conditional assisted living facility license for Harmony Homes And Services LLC for an additional 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Harmony Homes And Services LLC is in substantial compliance.

The following conditions will continue to be in effect on the conditional assisted living facility license:

- a. **Health Facility Construction Permit:** If not already done, Harmony Homes And Services LLC, will contact The Minnesota Department of Labor and Industry (MNDLI) or City with delegated authority to review and inspect State Licensed Facilities in accordance with Minn. Stat. § 326B.103, Subd. 13 and obtain a construction permit for a health facility. Within 21-days from the date of this notice, Harmony Homes And Services LLC, will provide MDH with a copy of the permit obtained from MNDLI or City with delegated authority.

- b. General Contractor:** If not already done, Harmony Homes And Services LLC must provide the following to Tim Hanna (Tim.Hanna@state.mn.us) via email within 21-days of the date of this notice:
 - i. Name
 - ii. License Number
 - iii. Contact Information

- c. Egress Window Requirements:** Harmony Homes And Services LLC will replace at least one window in unoccupied resident sleeping room #2 meeting the minimum size requirements.
 - i. Must have a minimum openable width of no less than 20 inches
 - ii. Must have a minimum openable height of no less than 20 inches
 - iii. Must have a total openable area of no less than 648 square inches (4.5 square feet)
 - iv. Must have a windowsill height of no more than 48 inches from the floor to the clear opening
 - v. All measurements must be achieved under normal operation of opening window without the use of a key, tool or special knowledge

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:

MDH will determine if Harmony Homes And Services LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Harmony Homes And Services LLC is in substantial compliance on the follow up , MDH will remove the conditions from Harmony Homes And Services LLC's assisted living facility license, and Harmony Homes And Services LLC will correct any outstanding violations identified during the survey. If Harmony Homes And Services LLC is not in substantial compliance on the follow-up survey, MDH may take additional enforcement action, up to and including immediate temporary suspension and revocation, as authorized by Minn. Stat. § 144G.20.

REQUESTING A HEARING:

Pursuant to Minn. Stat. §144G.20, Subd. 18, the licensee may appeal an action against the license under this section. The licensee must request a hearing no later than 15 business days after licensee receives notice of the action. To submit a hearing request, please visit <https://forms.web.health.state.mn.us/form/HRD-Appeals-Form>.

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.

Harmony Homes And Services LLC

July 24, 2024

Page 4

If you have any questions, please contact Tim Hanna directly at: 507-208-8982.

Sincerely,

A handwritten signature in black ink that reads "Rick Michals". The signature is written in a cursive, slightly slanted style.

Rick Michals, J.D.

Interim Assistant Division Director

Minnesota Department of Health

Health Regulation Division

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/20/2024
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NAME OF PROVIDER OR SUPPLIER HARMONY HOMES & SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7064 158TH STREET W APPLE VALLEY, MN 55124
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{0 000}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL39358015-2</p> <p>On May 20, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on March 7, 2024. At the time of survey, there were three active residents; three receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued.</p>	{0 000}		
{0 480} SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(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</p> <p>This MN Requirement is not met as evidenced by: No further action needed.</p>	{0 480}		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/20/2024
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NAME OF PROVIDER OR SUPPLIER HARMONY HOMES & SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7064 158TH STREET W APPLE VALLEY, MN 55124
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{0 480}	Continued From page 1	{0 480}		
{0 660} SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(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.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: No further action needed.</p>	{0 660}		
{0 820} SS=D	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the</p>	{0 820}		

Minnesota Department of Health

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{0 820}	<p>Continued From page 2</p> <p>commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure an egress window was installed in an unoccupied bedroom meeting the minimum opening width. This had the potential to directly affect one resident and all staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On December 11, 2023, at 12:00 p.m., survey staff toured the home with licensed assisted living director (LALD)-B. Egress windows in each bedroom were opened and measured. Both windows in unoccupied bedroom two did not meet the minimum width opening required for safe egress. Both egress windows in bedroom two measured 17 inches width, 45 inches height, with a total clear openable area of 765 square inches.</p> <p>The emergency floor plans label this room as bedroom 2. LALD-B explained during the tour the licensee was aware the windows did not meet the egress size requirements and had been using this bedroom as an office.</p>	{0 820}		
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Minnesota Department of Health

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{0 820}	<p>Continued From page 3</p> <p>One window in each resident bedroom must meet the minimum window opening size of at least 20 inches in height and, a minimum width of 20 inches, with a total of at least 648 square inches (4.5 square feet).</p> <p>On May 20, 2024, at 10:52 a.m., survey staff toured the home with employee (E)-S. An egress window meeting the minimum opening size had not been installed in unoccupied bedroom two. Bedroom two was being used as an office. In the garage, survey staff were shown the new egress window that had been purchased. LALD-B called survey staff and explained the window installation was delayed until May 22nd or 23rd as the wood sill was found to be rotted during the installation preparation.</p>	{0 820}		
{01060} SS=F	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <p>(1) the reason for the relocation;</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;</p> <p>(4) if known and applicable, the approximate date or range of dates within which the resident is</p>	{01060}		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER HARMONY HOMES & SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7064 158TH STREET W APPLE VALLEY, MN 55124
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{01060}	<p>Continued From page 4</p> <p>expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. currently known; and</p> <p>This MN Requirement is not met as evidenced by: No further action needed.</p>	{01060}		
{01440} SS=F	<p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability</p>	{01440}		

Minnesota Department of Health

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{01440}	Continued From page 5 to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: No further action needed.	{01440}		
{01620} SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90	{01620}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/20/2024
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{01620}	Continued From page 6 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: No further action needed.	{01620}		
{01650} SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and	{01650}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/20/2024
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{01650}	Continued From page 7 (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: No further action needed.	{01650}		
{01750} SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: No further action needed.	{01750}		



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

April 12, 2024

Licensee

Harmony Homes & Services LLC
7064 158th Street West
Apple Valley, MN 55124

RE: Conditional License Number 415325
Health Facility Identification Number (HFID) 39358
Project Number(s) SL39358015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a follow-up survey on March 7, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the follow-up survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.20, MDH is issuing a 90-day conditional license due to expire on **July 11, 2024**.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

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

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. MDH may impose 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. MDH 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(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.

St - 0 - 0820 - 144g.45 Subd. 2 (g) - Fire Protection And Physical Environment

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

To submit a reconsideration request, please visit:

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

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. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

CONDITIONAL LICENSE ISSUED:

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

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

- a. Health Facility Construction Permit:** Harmony Homes & Services LLC, will contact The Minnesota Department of Labor and Industry (MNDLI) and obtain a construction permit for a health facility. Within 14-days from the date of this notice, Harmony Homes & Services LLC, will provide MDH with a copy of the permit obtained from MNDLI.
- b. General Contractor:** Harmony Homes & Services LLC must provide the following information to Bob Dehler (Robert.Dehler@state.mn.us) via email within 14-days of the date of this notice:
 - a. Contractor Name
 - b. License Number
 - c. Contract Information

- c. **Egress Window Requirements:** Harmony Homes & Services LLC will replace at least one window in unoccupied bedroom 2 meeting the minimum size requirements. At least one window in each resident bedroom must meet the minimum window opening size of no less than 20 inches in width, with a total of at least 648 square inches (4.5 square feet) required for egress, and have a windowsill height from the floor to the clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width and have a windowsill height from the floor to the clear opening of not more than 48 inches.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:

MDH will determine if Harmony Homes & Services LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Harmony Homes & Services LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Harmony Homes & Services LLC's assisted living facility license, and Harmony Homes & Services LLC will correct any outstanding violations identified during the survey. If Harmony Homes & Services LLC is not in substantial compliance on the follow-up survey, MDH may take additional enforcement action, up to and including immediate temporary suspension and revocation, as authorized by Minn. Stat. § 144G.20.

REQUESTING A HEARING:

Pursuant to Minn. Stat. §144G.20, Subd. 18, the licensee may appeal an action against the license under this section. The licensee must request a hearing no later than 15 business days after licensee receives notice of the action. To submit a hearing request, please visit <https://forms.web.health.state.mn.us/form/HRD-Appeals-Form>.

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

If you have any questions, please contact Bob Dehler directly at: 651-201-3710.

Sincerely,



Rick Michals, J.D.
Interim Assistant Division Director

**Minnesota Department of Health
Health Regulation Division**

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/07/2024
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NAME OF PROVIDER OR SUPPLIER HARMONY HOMES & SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7064 158TH STREET W APPLE VALLEY, MN 55124
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{0 000}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL39358015-1</p> <p>On March 7, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed December 11, 2023, through December 12, 2023. At the time of survey, there were two active residents; two receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued.</p>	{0 000}		
{0 480} SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(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</p> <p>This MN Requirement is not met as evidenced by: No further action needed.</p>	{0 480}		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/07/2024
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{0 660}	Continued From page 1	{0 660}		
{0 660} SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(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.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: No further action needed.</p>	{0 660}		
{0 820} SS=D	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to</p>	{0 820}		

Minnesota Department of Health

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{0 820}	<p>Continued From page 2</p> <p>correction.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure an egress window was installed in an unoccupied bedroom meeting the minimum opening width. This had the potential to directly affect one resident and all staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On December 11, 2023, at 12:00 p.m., survey staff toured the home with licensed assisted living director (LALD)-B. Egress windows in each bedroom were opened and measured. Both windows in unoccupied bedroom 2 did not meet the minimum width opening required for safe egress. Both egress windows in bedroom 2 measured 17 inches (in.) width x 45 in. height with a total clear openable area of 765 square inches.</p> <p>The emergency floor plans label this room as bedroom 2. LALD-B explained during the tour the licensee was aware the windows did not meet the egress size requirements and had been using this bedroom as an office.</p> <p>One window in each resident bedroom must meet</p>	{0 820}		

Minnesota Department of Health

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{0 820}	Continued From page 3 the minimum window opening size of at least 20 inches in height and, a minimum width of 20 inches, with a total of at least 648 square inches (4.5 square feet). On March 10, 2024, at 4:30 p.m., LALD-B sent an email with an egress window update to survey staff. LALD-B stated in the email "We are currently working with the landlord to fix the window. We have previously asked for an extension, but this should be resolved by the end of April at the latest."	{0 820}		
{01060} SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section	{01060}		

Minnesota Department of Health

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{01060}	<p>Continued From page 4</p> <p>144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by: No further action needed.</p>	{01060}		
{01440} SS=F	<p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff</p>	{01440}		

Minnesota Department of Health

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{01440}	Continued From page 5 administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: No further action needed.	{01440}		
{01620} SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a	{01620}		

Minnesota Department of Health

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{01620}	Continued From page 6 prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: No further action needed.	{01620}		
{01650} SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.	{01650}		

Minnesota Department of Health

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{01650}	Continued From page 7 This MN Requirement is not met as evidenced by: No further action needed.	{01650}		
{01750} SS=D	<p>144G.71 Subd. 7 Delegation of medication administration</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <ul style="list-style-type: none"> (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. <p>This MN Requirement is not met as evidenced by: No further action needed.</p>	{01750}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 29, 2023

Licensee

Harmony Homes And Services, LLC
7064 158th Street West
Apple Valley, MN 55124

RE: Project Number(s) SL39358015

Dear Licensee:

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 an initial survey on December 12, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The Department of Health documents state 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 . . ."

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

DOCUMENTATION OF ACTION TO COMPLY

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

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

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

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2023
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL39358015-0</p> <p>On December 11, 2023, through December 12, 2023, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one active resident; one receiving services under the Provisional Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the</p>	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated December 12, 2023, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(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</p>	0 660		

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0 660	<p>Continued From page 2</p> <p>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.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a TB (tuberculosis) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) guidelines and the Minnesota Department of Health (MDH). This had the potential to affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee failed to ensure the licensee's TB Risk Assessment included all required information.</p> <p>The licensee's TB facility risk assessment was dated July 1, 2023, and indicated the licensee was a low risk. However, the licensee's TB</p>	0 660		

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0 660	<p>Continued From page 3</p> <p>facility risk assessment lacked the national, state, and county incidence of TB. In addition, the assessment lacked the names and titles of the health care setting's infection control committee members.</p> <p>On December 12, 2023, at 8:15 a.m. licensed assisted living director (LALD)-B stated the TB risk assessment lacked documented information for the incidence of TB and the infection control committee members.</p> <p>The licensee's Tuberculosis Screening/Prevention policy dated October 5, 2023, noted [The Licensee] would observe the recommended precautions related to TB prevention as identified by the CDC and MDH. Included in the risk assessment are the incidence of reported TB cases in the counties where service is provided, the number of confirmed agency clients with active TB within the past 5 years and the conversion rate if applicable.</p> <p>The MDH guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings" dated July 2013, and based on CDC guidelines, indicated all health care settings in Minnesota should have an up-to-date TB infection control program that included: A team responsible for TB infection control. Information on the number of TB cases by county for the previous year are posted on MDH's web site in May of each year.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 660		

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0 790	Continued From page 4	0 790		
0 790 SS=F	<p>144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment</p> <p>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;</p> <p>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the portable fire extinguishers as required by statute. This deficient condition had the potential to affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On December 11, 2023, at 12:00 p.m., survey staff toured the home with licensed assisted living director (LALD)-B and the following observations were made:</p>	0 790		

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0 790	<p>Continued From page 5</p> <p>1. The fire extinguishers installed in the basement and kitchen were dated stamped 2022 on the bottom. Tags or labels were not attached to these portable fire extinguishers showing that annual maintenance had been performed by certified service personnel.</p> <p>2. A tag or label was not attached to the fire extinguisher installed in the basement showing monthly inspections had been completed. LALD-B confirmed the tag was missing during the tour and stated they did not know where the tag was. The tag attached to the fire extinguisher installed in the kitchen showed inspections were completed in August and October but the initials of the person completing the inspections had not been recorded.</p> <p>Fire extinguisher inspections must be conducted every month to ensure that each extinguisher is in its designated place, that it has not been tampered with, and that there is no obvious physical damage or condition that would interfere with its use or operation. Fire extinguisher records must identify the employee who completed each monthly inspection.</p> <p>During an interview on December 12, 2023, at 3:00 p.m., LALD-B explained the licensee had started working on the procedures for fire extinguisher inspections and maintenance but had not completed the process for this yet.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 790		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	0 800		

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0 800	<p>Continued From page 6</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On December 11, 2023, at 12:00 p.m., survey staff toured the home with licensed assisted living director (LALD)-B. The following observations were made:</p> <p>1. The path to the egress window was obstructed by furniture in bedroom 4 occupied by R1. The improper placement of furniture could delay exiting in the event of an emergency. LALD-B verified the egress window was obstructed during</p>	0 800		
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0 800	<p>Continued From page 7</p> <p>the tour and stated the licensee would work on figuring out how to rearrange the furniture so this would be corrected.</p> <p>2. The disposal of burnt cigarettes was discussed during the tour. LALD-B explained residents would bring ashtrays from their rooms outside to use when they smoke. The contents of the ashtrays would then be disposed of in the garbage container stored outside of the home. LALD-B confirmed during the tour that a listed disposal container for cigarettes was not provided.</p> <p>3. The evacuation floor plans label the door leading from the home into the garage as an exit. Emergency exits are required to lead directly to the exterior of the building and not through a higher hazard room. The evacuation floor plans label the door leading from the sunroom onto a deck enclosed by railings as an exit. All paths of egress must provide unobstructed exiting.</p> <p>During an interview with survey staff on December 12, 2023, at 3:00 p.m., LALD-B stated the evacuation floor plans would be revised to remove the exit labels from these doors.</p> <p>4. The door knob was missing from the service door in the garage. LALD-B verified this deficient condition during the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and</p>	0 810		

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0 810	<p>Continued From page 8</p> <p>maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> (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. <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to develop fire safety and evacuation plans with the required content, and provide the required training and drills. This had the potential to directly affect all residents, staff,</p>	0 810		
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0 810	<p>Continued From page 9</p> <p>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 potential to affect a large portion or all of the residents). The findings include: On December 11 and 12, 2023, the licensee provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and employee evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN The FSEP was comprised of templates that had not been developed for use at this facility. The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The actions were limited to directing staff to use the RACE acronym (Remove, Alarm, Confine and Extinguish or Evacuate). The fire safety policy did not identify specific fire protection procedures for residents evident by limited instructions directing residents to stoop or crawl to avoid smoke. No additional fire protection procedures necessary for residents to take were included. The FSEP instructs employees to assist residents during an evacuation, but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The policy failed to include where residents should relocate in the event of a fire. During an interview with survey staff on</p>	0 810		

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0 810	<p>Continued From page 10</p> <p>December 12, 2023, at 3:00 p.m., LALD-B confirmed the FSEP required more detail. LALD-B explained residents would relocate to the mailbox in the event of an evacuation and verified this was not included in the plans.</p> <p>TRAINING</p> <p>Record review indicated the licensee failed to provide training to employees on the FSEP upon hire and/or at least twice per year as evident by the lack of training documentation. No employee training records were provided.</p> <p>Record review indicated the licensee failed to provide fire safety and evacuation training to residents at least once per year as evident by the lack of training documentation. No resident training records were provided for review.</p> <p>The Fire Safety Policy dated October 5, 2023, specified employees will be trained upon hire and twice per year thereafter on the fire safety and evacuation plans. This policy specified residents will be offered annual training on fire safety and evacuation.</p> <p>During an interview with survey staff on December 12, 2023, at 3:00 p.m., LALD-B explained employees and residents had been trained on fire safety and evacuation, but documentation was not available to support this training had been completed.</p> <p>DRILLS</p> <p>Record review indicated the licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month as evident by fire drill records lacking the required documentation and frequency. The fire drill log showed fire drills were completed in June, August, and September. The year and the time or shift of these fire drills had not been recorded on the log. No fire drills were recorded during October or September.</p> <p>During an interview with survey staff on</p>	0 810		

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0 810	Continued From page 11 December 12, 2023, at 3:00 p.m., LALD-B confirmed fire drills had not been completed in October or November and stated future fire drills would be completed twice per year per shift and at a frequency of every other month. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 820 SS=D	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure an egress window was installed in an unoccupied bedroom meeting the minimum opening width. This had the potential to directly affect one resident and all staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of</p>	0 820		

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0 820	<p>Continued From page 12</p> <p>residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On December 11, 2023, at 12:00 p.m., survey staff toured the home with licensed assisted living director (LALD)-B. Egress windows in each bedroom were opened and measured. Both windows in unoccupied bedroom 2 did not meet the minimum width opening required for safe egress. Both egress windows in bedroom 2 measured 17 inches (in.) width x 45 in. height with a total clear openable area of 765 square inches.</p> <p>The emergency floor plans label this room as bedroom 2. LALD-B explained during the tour the licensee was aware the windows did not meet the egress size requirements and had been using this bedroom as an office.</p> <p>One window in each resident bedroom must meet the minimum window opening size of at least 20 inches in height and, a minimum width of 20 inches, with a total of at least 648 square inches (4.5 square feet).</p> <p>During an interview with survey staff on December 12, 2023, at 3:00 p.m., LALD-B stated the licensee had already spoken with the landlord about needing a window in bedroom 2 that would meet the egress size requirements. LALD-B stated that the licensee had no intention of placing a resident in this bedroom until a compliant egress window was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 820		

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01060 SS=F	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <ul style="list-style-type: none"> (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <ul style="list-style-type: none"> (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. 	01060		
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(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
01060	<p>Continued From page 14</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a written notice with the required content for an emergency relocation for the licensee's one resident (R1) who was hospitalized.</p> <p>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).</p> <p>The findings include:</p> <p>R1's record lacked evidence of a written notice provided to the resident, the residents' legal representative, and designated representative that contained, at a minimum:</p> <ul style="list-style-type: none"> - the reason for the relocation; - the name and contact information for the location to which the resident had been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care (OOLTC); - if known and applicable, the approximate date or range of dates within which the resident was expected to return to the facility, or a statement that a return date was not currently known; and - a statement that, if the facility refused to provide 	01060		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2023
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01060	<p>Continued From page 15</p> <p>housing or services after a relocation, the resident had the right to appeal and the contact information for the agency to which the resident may submit an appeal.</p> <p>R1's diagnoses included alcoholism, stridor (noisy breathing due to obstructed air flow through a narrowed airway), right above the knee amputation, and substance use disorder.</p> <p>R1's Service Plan dated September 5, 2023, indicated the resident received services including assistance with bathing, grooming, incontinence care, behavior management, and medication administration.</p> <p>On December 12, 2023, at 8:50 a.m. unlicensed personnel/licensed assisted living director (ULP/LALD)-B was observed administering R1's scheduled morning medications.</p> <p>R1's progress notes dated October 22, 2023, at 8:00 p.m. noted R1 was taken to the emergency room for evaluation and was admitted to the hospital. R1's progress notes dated October 24, 2023, at 1:58 p.m. noted R1 had been discharged from the hospital and returned to the facility following gallbladder surgery.</p> <p>On December 12, 2023, at 11:00 a.m. ULP/LALD-B stated R1 returned to the facility on October 24, 2023, and said he was not aware of the requirement to provide this information to the resident, legal representative, and designated representative.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01060		

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01440 SS=F	<p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted direct supervision for one of one employee (unlicensed personnel/administrator (ULP/A)-A) performing delegated nursing or therapy tasks within 30 days of first providing those services.</p> <p>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</p>	01440		
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01440	<p>Continued From page 17</p> <p>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).</p> <p>The findings include:</p> <p>ULP/A-A began providing direct care services to R1 on August 25, 2023. ULP/A-A's employee record lacked documentation of a RN supervising ULP/A-A performing delegated tasks within 30 days of beginning work with the licensee's resident.</p> <p>On December 11, 2023, at 2:55 p.m. ULP/A-A was observed administering medication to R1.</p> <p>On December 12, 2023, at 1:27 p.m. unlicensed personnel/licensed assisted living director (ULP/LALD)-B and unlicensed personnel/administrator (ULP/A)-A stated clinical nurse supervisor (CNS)-D had not been completing 30-day supervisions on staff doing delegated tasks. ULP/LALD-B and ULP/A-A indicated no staff would have 30-day supervisions in their employee file as neither of them nor CNS-D were aware of the requirement.</p> <p>The licensee's Supervision: Unlicensed Staff policy dated October 5, 2023, noted: 4. Direct supervision of home health aides performing delegated tasks will be provided within 30 days after the individual begins working for the assisted living provider and thereafter as needed based on performance.</p> <p>No further information was provided.</p>	01440		

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01440	Continued From page 18 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01620 SS=F	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a change of condition assessment for the licensee's one resident (R1) upon return from hospitalization.</p>	01620		

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01620	<p>Continued From page 19</p> <p>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).</p> <p>The findings include:</p> <p>R1's diagnoses included alcoholism, stridor (noisy breathing due to obstructed air flow through a narrowed airway), right above the knee amputation, and substance use disorder.</p> <p>R1's Service Plan dated September 5, 2023, indicated the resident received services including assistance with bathing, grooming, incontinence care, behavior management, and medication administration.</p> <p>R1's progress notes dated October 22, 2023, at 8:00 p.m. noted R1 was taken to the emergency room for evaluation and was admitted to the hospital. R1's progress notes dated October 24, 2023, at 1:58 p.m. noted R1 had been discharged from the hospital and returned to the facility following gallbladder surgery.</p> <p>R1's medical record did not include evidence a change of condition assessment had been completed upon return from the hospital.</p> <p>On December 12, 2023, at 1:29 p.m. clinical nurse supervisor (CNS)-D stated she did not complete a change of condition assessment for R1 upon return from hospitalization. CNS-D stated she spoke to the resident, did a</p>	01620		

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01620	<p>Continued From page 20</p> <p>reconciliation of orders, and documented a progress note which identified R1 had restrictions to avoid strenuous physical activity or lifting greater than 20 pounds for one week, not to soak the surgical incision in tub or pool for two weeks, and a new low-fat diet.</p> <p>The licensee's Assessment and Reassessment policy dated October 5, 2023, noted ongoing resident monitoring must be conducted as needed based on changes in the needs of the resident. The assessment shall be revised regularly and as appropriate.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
01650 SS=F	<p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include:</p> <p>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;</p> <p>(2) the identification of staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring assessments of the resident;</p> <p>(4) the schedule and methods of monitoring staff providing services; and</p> <p>(5) a contingency plan that includes:</p> <p>(i) the action to be taken if the scheduled service cannot be provided;</p> <p>(ii) information and a method to contact the facility;</p> <p>(iii) the names and contact information of persons</p>	01650		

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01650	<p>Continued From page 21</p> <p>the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included all the required content for the licensee's one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1's diagnoses included alcoholism, stridor (noisy breathing due to obstructed air flow through a narrowed airway), right above the knee amputation, and substance use disorder.</p> <p>R1's Service Plan dated September 5, 2023, indicated the resident received services including assistance with bathing, grooming, incontinence care, behavior management, and medication administration.</p>	01650		
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Minnesota Department of Health

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01650	<p>Continued From page 22</p> <p>On December 12, 2023, at 8:50 a.m. unlicensed personnel/licensed assisted living director (ULP/LALD)-B was observed administering R1's scheduled morning medications.</p> <p>R1's Service Plan lacked the following:</p> <ul style="list-style-type: none"> - the schedule and methods of monitoring assessments of the resident; - the schedule and methods of monitoring staff providing services; and - a contingency plan that includes: <ul style="list-style-type: none"> -the action to be taken if the scheduled service cannot be provided; -the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and -the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. <p>On December 12, 2023, at 11:00 a.m. unlicensed personnel/licensed assisted living director (ULP/LALD)-B stated the content was lacking on the service plan as noted above and stated they had used the incorrect service plan form from the computer software.</p> <p>The licensee's Service Plan policy dated October 5, 2023, noted the service plan would include:</p> <ul style="list-style-type: none"> -the schedule and methods of monitoring reviews or assessments of the resident -the schedule and method of monitoring staff providing services 	01650		

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01650	<p>Continued From page 23</p> <p>-a contingency plan that includes: -the action to be taken if the scheduled service cannot be provided; -the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition; and -the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	01650		
01750 SS=D	<p>144G.71 Subd. 7 Delegation of medication administration</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure administration of an inhaler was completed per</p>	01750		

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01750	<p>Continued From page 24</p> <p>manufacturer instructions for one of one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1's diagnoses included alcoholism and stridor (noisy breathing due to obstructed air flow through a narrowed airway).</p> <p>R1's Service Plan dated September 5, 2023, indicated the resident received services including medication administration.</p> <p>R1's signed physician orders dated October 4, 2023, included the following orders: Symbicort (reduces irritation and swelling of airways) 80/4.5 micrograms per actuation inhale two puffs by mouth twice a day.</p> <p>On December 12, 2023, at 8:50 a.m. unlicensed personnel/licensed assisted living director (ULP/LALD)-B was observed preparing and administering R1's medications which included a Symbicort inhaler. ULP/LALD-B gave the inhaler to R1 whom shook the inhaler and administered self both puffs as ordered. ULP/LALD-B did not offer or instruct R1 to rinse his mouth after administering the inhaler. When interviewed immediately following R1's medication administration, ULP/LALD-B stated he had not</p>	01750		
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01750	<p>Continued From page 25</p> <p>been trained nor was he aware that R1 should rinse his mouth after using the inhaler.</p> <p>On December 12, 2023, at 1:29 p.m. clinical nurse supervisor (CNS)-D stated she would expect staff to have the resident rinse their mouth after using the inhaler. CNS-D further stated she would add those instructions to the medication administration record for staff to follow.</p> <p>The licensee's Medication Administration policy dated October 5, 2023, indicated all staff with responsibility for medication administration have access to information about the medication being administered, including but not limited to:</p> <ul style="list-style-type: none"> a. purpose b. dosage c. route d. frequency e. instruction related to the medication and specific to the residents, as appropriate. <p>The Symbicort Instructions for Use revised January 2017, indicated: After you finish taking SYMBICORT (2 puffs), rinse your mouth with water. Spit out the water. Do not swallow it.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01750		



Minnesota Department of Health
 Food, Pools and Lodging Services Section
 625 N Robert St
 St Paul, MN 55164
 651-201-4500

Type: Full
 Date: 12/12/23
 Time: 08:17:53
 Report: 7963231149

Food and Beverage Establishment Inspection Report

Location:

Harmony Homes and Services LLC
 7064 158th Street W
 Apple Valley, MN55124
 Dakota County, 19

Establishment Info:

ID #: 0042201
 Risk:
 Announced Inspection: Yes

License Categories:

Expires on: 12/31/23

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.

The following orders were issued during this inspection.

2-100 Supervision

2-102.12AMN

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

NO CERTIFIED FOOD MANAGER AT THIS ESTABLISHMENT. MAHAMED DAHIR HAS TAKEN A FOOD SAFETY CLASS BUT HAS YET TO TAKE THE EXAM. FACT SHEET AND CFM APPLICATION SENT WITH REPORT.

Comply By: 12/12/23

Food and Equipment Temperatures

Process/Item: MILK

Temperature: 40 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Process/Item: DELI MEAT

Temperature: 34 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

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

MET WITH HRD NURSE SURVEYOR SUSAN KALIS AND ESTABLISHMENT REPRESENTATIVE MAHAMED DAHIR.

DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
- REPORTABLE DISEASES

Type: Full
Date: 12/12/23
Time: 08:17:53
Report: 7963231149
Harmony Homes and Services LLC

Food and Beverage Establishment Inspection Report

- SAME DAY SERVICE
- DATEMARKING
- THERMOMETERS FOR TAKING FOOD AND REFRIGERATOR TEMPS
- SUSCEPTIBLE POPULATION RESTRICTIONS

THIS ESTABLISHMENT IS A RESIDENTIAL HOUSE AND IS DOING SAME DAY FOOD SERVICE. KITCHEN HAS A SMOOTH PAINTED CEILING, WOOD CABINETS, LAMINATE COUNTERTOPS AND LINOLEUM FLOORING.

KITCHEN HAS BOTH A DISHWASHER (NSF/ANSI STANDARD 184) AND A THREE COMPARTMENT SINK FOR DISH WASHING AND SANITIZING.

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 7963231149 of 12/12/23.


Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Mahamed Dahir

Signed:  _____

Peggy Spadafore
Sanitarian Supervisor

metro

651-201-4500

peggy.spadafore@state.mn.us

Report #: 7963231149

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164

No. of RF/PHI Categories Out

1

Date 12/12/23

No. of Repeat RF/PHI Categories Out

0

Time In 08:17:53

Legal Authority MN Rules Chapter 4626

Time Out

Harmony Homes and Services LLC

Address

7064 158th Street W

City/State

Apple Valley, MN

Zip Code

55124

Telephone

License/Permit #

0042201

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS=corrected on-site during inspection

R= repeat violation

Compliance Status			COS	R
Supervision				
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC knowledgeable; duties & oversight		
2	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT N/A	Certified food protection manager, duties		
Employee Health				
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Mgmt/Staff; knowledge, responsibilities & reporting		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & exclusion		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting & diarrheal events		
Good Hygienic Practices				
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands				
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	Hands clean & properly washed		
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks supplied/accessible		
Approved Source				
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
12	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O	Food received at proper temperature		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated		
14	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination				
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Food separated and protected		
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Food contact surfaces: cleaned & sanitized		
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status			COS	R
Time/Temperature Control for Safety				
18	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O	Proper cooking time & temperature		
19	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A N/O	Proper reheating procedures for hot holding		
20	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A N/O	Proper cooling time & temperature		
21	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O	Proper hot holding temperatures		
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Proper cold holding temperatures		
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Proper date marking & disposition		
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A N/O	Time as a public health control: procedures & records		
Consumer Advisory				
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations				
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances				
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Food additives: approved & properly used		
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures				
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R= repeat violation

Compliance Status			COS	R
Safe Food and Water				
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Pasteurized eggs used where required		
31	<input type="radio"/> IN <input type="radio"/> OUT	Water & ice obtained from an approved source		
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods		
Food Temperature Control				
33	<input type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control		
34	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O	Plant food properly cooked for hot holding		
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Approved thawing methods used		
36	<input type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate		
Food Identification				
37	<input type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container		
Prevention of Food Contamination				
38	<input type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present		
39	<input type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food prep, storage & display		
40	<input type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness		
41	<input type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored		
42	<input type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables		

Compliance Status			COS	R
Proper Use of Utensils				
43	<input type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored		
44	<input type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled		
45	<input type="radio"/> IN <input type="radio"/> OUT	Single-use/single service articles: properly stored & used		
46	<input type="radio"/> IN <input type="radio"/> OUT	Gloves used properly		
Utensil Equipment and Vending				
47	<input type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	<input type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips		
49	<input type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean		
Physical Facilities				
50	<input type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure		
51	<input type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices		
52	<input type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed		
53	<input type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned		
54	<input type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained		
55	<input type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean		
56	<input type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used		
57	<input type="radio"/> IN <input type="radio"/> OUT	Compliance with MCIAA		
58	<input type="radio"/> IN <input type="radio"/> OUT	Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 12/14/23

Inspector (Signature)