



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

November 30, 2022

Administrator  
MN Best Homecare LLC  
9737 3rd Street Northeast  
Minneapolis, MN 55434

RE: Project Number(s) SL36617015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on November 9, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for 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 imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

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

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

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

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's 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 issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:

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

Free from Maltreatment reconsideration requests should be addressed to:

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*MN Best Homecare LLC*

*November 30, 2022*

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

Sincerely,

A handwritten signature in cursive script that reads "Jess Gallmeier".

Jess Gallmeier, Supervisor  
Health Regulation Division  
State Evaluation Team  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Email: [jess.gallmeier@state.mn.us](mailto:jess.gallmeier@state.mn.us)  
Phone: 651-201-3789 Fax: 651-215-9697

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36617</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MN BEST HOMECARE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9737 3RD STREET NE MINNEAPOLIS, MN 55434</b>
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0 000	<p>Initial Comments</p> <p>Initial comments *****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: SL#36617015-0</p> <p>On November 7, 2022, through November 9, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents, all of whom were receiving services under the provider's Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</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 SUBDIVISION 1-3.</p>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:</p> <p>(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 included document titled, Food and Beverage Establishment Inspection Report dated November 7, 2022, for the specific Minnesota Food Code deficiencies. No further information was provided TIME PERIOD FOR CORRECTION: Twenty-one</p>	0 480		

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0 480	Continued From page 2  (21) days	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: Based on record review and interview the licensee failed to ensure and maintain a current comprehensive tuberculosis (TB) infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC. 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 is issued at a widespread scope (when problems</p>	0 660		

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0 660	<p>Continued From page 3</p> <p>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>The licensee failed to complete a TB facility risk assessment.</p> <p>On November 7, 2022, at 2:00 p.m. a request was made for the licensee's most current TB facility risk assessment. Registered nurse (RN)-A stated the licensee's current TB facility risk assessment was located at their main office.</p> <p>On November 8, 2022, at 12:45 p.m. RN-A confirmed the licensee lacked a completed TB facility risk assessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 660		
0 950 SS=F	<p>144.50 Subd. 3 Designation of representative</p> <p>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain</p>	0 950		

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0 950	<p>Continued From page 4</p> <p>information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract included the designation of representative statutory language for two of two residents (R1 and R2).</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 November 7, 2022, registered nurse (RN)-A provided a blank Assisted Living Contract and indicated the contract was used by the licensee</p>	0 950		

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0 950	<p>Continued From page 5</p> <p>for all residents who received services.</p> <p>R1's record included a copy of the Assisted Living Contract dated August 1, 2021. R1's Assisted Living Contract lacked the verbatim "right to designate a representative for certain purposes" notice required at the time of execution of the contract.</p> <p>R2's record included a copy of the Assisted Living Contract dated August 1, 2021. R2's Assisted Living Contract lacked the verbatim "right to designate a representative for certain purposes" notice required at the time of execution of the contract.</p> <p>On November 7, 2022, at 2:00 p.m. RN-A verified the required verbatim notice was not included in the residents' records. Although a copy of the notice was provided with the required language, it was not included in the residents' records.</p> <p>The licensee's Assisted Living Contract policy dated August 1, 2021, indicated the verbatim notice would be provided to each resident at the time of contract execution.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 950		
01530 SS=D	<p>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</p> <p>(a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics</p>	01530		

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01530	<p>Continued From page 6</p> <p>specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;</p> <p>(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two direct care staff (unlicensed personnel (ULP)-B) received eight hours of initial dementia care training within the first 160 working hours of employment as required.</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</p>	01530		

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01530	<p>Continued From page 7</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-B had a hire date of July 14, 2022.</p> <p>ULP-B's record contained an EduCare (a training software program) transcript which indicated ULP-B had been assigned dementia training; however, ULP-B had not completed the assigned training. ULP-B's record lacked eight hours of initial dementia care training within the first 160 hours of employment.</p> <p>On November 8, 2022, at 2:45 p.m. registered nurse (RN)-A stated all ULP are assigned dementia training, but the licensee was unaware ULP-B had not completed the training. RN-A also stated the licensee was not aware dementia training was required for non-dementia residents.</p> <p>The licensee's undated, Dementia Care Training policy indicated direct care employees would have completed at least eight hours of initial education within 160 working hours of the employment start date in the following topics:</p> <ul style="list-style-type: none"> <li>- an explanation of Alzheimer's disease and other dementias;</li> <li>- assistance with activities of daily living;</li> <li>- problem solving with challenging behaviors;</li> <li>- communication skills; and</li> <li>- person centered planning and service delivery.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01530		

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01620  01620 SS=D	<p>Continued From page 8</p> <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 observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing client monitoring and reassessment, not to exceed 90 calendar days from the last date of the assessment for one of two residents (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</p>	01620  01620		

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01620	<p>Continued From page 9</p> <p>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>R1 R1 started services with the licensee on February 20, 2020, under the comprehensive home care license and began receiving assisted living services on August 1, 2021. R1's diagnoses included type II diabetes and Schizophrenia.</p> <p>R1's service plan dated March 21, 2022, indicated R1 was receiving the following services: medication administration, blood glucose monitoring, and comprehensive nursing assessment.</p> <p>R1's resident record included two ongoing resident monitoring assessments completed on May 10, 2022, and August 11, 2022. The assessments were 94 days apart, which was more than the required 90 days from the last date of the last assessment.</p> <p>On November 8, 2022, at 2:15 p.m. RN-A verified R1's comprehensive assessments were over the required 90 days from the last date of the last assessment. RN-A stated their previous assessment program was not able to alert when the assessments were due, but that has changed with their new assessment program.</p> <p>The licensee's undated, Nursing Assessment and Reassessment of Residents policy indicated resident on-going reassessment and monitoring will be conducted at least every 90 calendar days</p>	01620		

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NAME OF PROVIDER OR SUPPLIER  <b>MN BEST HOMECARE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9737 3RD STREET NE MINNEAPOLIS, MN 55434</b>
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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
01620	Continued From page 10 from last assessment.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36617</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/09/2022</b>
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01650	<p>Continued From page 11</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content 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 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 November 7, 2022, at 10:35 a.m. registered nurse (RN)-A provided the surveyor with a blank service plan (SP) and indicated the service plan was used for all licensee residents. The licensee's SP lacked:</p> <ul style="list-style-type: none"> <li>- the fees for services;</li> <li>- information and a method to contact the facility;</li> <li>- 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</li> <li>- 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.</li> </ul> <p>R1 started services with the licensee on February 20, 2020, under the comprehensive home care license and began receiving assisted living</p>	01650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36617</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/09/2022</b>
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01650	<p>Continued From page 12</p> <p>services on August 1, 2021. R1's diagnoses included type II diabetes, and Schizophrenia.</p> <p>R1's service plan dated March 21, 2022, indicated R1 was receiving the following services: medication administration, blood glucose monitoring, and comprehensive nursing assessment.</p> <p>On November 8, 2022, at 3:10 p.m. RN-A verified all residents' service plans were missing the content above. RN-A stated the licensee was aware the content was missing and was updating forms to reflect the requirement.</p> <p>The licensee's Service Plan policy dated August 1, 2022, indicated resident service plan will include all the missing content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01650		
01880 SS=F	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure all medications were securely locked in substantially constructed compartments and permit only authorized personnel to have access. This had the potential to affect all four</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36617</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/09/2022</b>
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01880	<p>Continued From page 13</p> <p>residents in the facility.</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>On November 7, 2022, at 9:36 a.m. the surveyor observed a basket of resident prescribed medications on the dining table. The medications included: two tubes of fluticasone propionate nasal spray, clindamycin phosphate topical solution, and Fixodent adhesive cream.</p> <p>On November 7, 2022, at 10:26 a.m. registered nurse (RN)-A verified the basket on the dining table contained resident prescribed medications. RN-A stated R1 preferred to have creams and as needed medications on the table.</p> <p>The licensee's undated, Medication Storage policy indicated medications would be kept securely locked and stored per manufacturer's directions, and only authorized staff would have access to stored medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		

Minnesota Department of Health

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01960  01960 SS=D	<p>Continued From page 14</p> <p>144G.72 Subd. 5 Documentation of administration of treatments</p> <p>Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatments or therapies were administered as prescribed, and/or documented the reason they were not provided to meet the resident's needs for one of one resident (R1) with tube feeding managed by the provider.</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>R1's diagnoses included type II diabetes, Schizophrenia disorder and gastrostomy.</p> <p>R1's service plan dated March 21, 2022,</p>	01960  01960		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36617</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/09/2022</b>
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01960	<p>Continued From page 15</p> <p>indicated R1 was receiving the following services: medication administration, blood glucose monitoring, and gastrostomy tube care.</p> <p>R1's treatment and therapy management plan dated August 11, 2022, indicated R1 received all medications through gastrostomy tube.</p> <p>On November 8, 2022, at 8:15 a.m. the surveyor observed unlicensed personnel (ULP)-C start gastrostomy tube feeding for R1. ULP-C stated R1's feeding runs continuously at 65 milliliters/hour (ml/h), and all medications were given through the gastrostomy tube.</p> <p>R1's record lacked documentation for gastrostomy tube cares the ULP provided for R1.</p> <p>On November 8, 2022, at 11:40 a.m. registered nurse (RN)-A verified R1's record lacked documentation for gastrostomy tube cares provided by the ULP. RN-A stated all ULP were trained to give medication and start gastrostomy feeding, use warm water and soap to clean around the gastrostomy site and change the gauze bandage (a dressing around gastrostomy site) daily.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01960		
01970 SS=D	<p>144G.72 Subd. 6 Treatment and therapy orders</p> <p>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a</p>	01970		

Minnesota Department of Health

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01970	<p>Continued From page 16</p> <p>description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to obtain prescriber orders for all treatments and therapies, including the frequency, duration and other information needed to administer the treatment or therapy 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 service plan dated March 21, 2022, indicated R1 was receiving the following services: medication administration, blood glucose monitoring, and gastrostomy tube care.</p> <p>R1's treatment and therapy management plan dated August 11, 2022, indicated R1 received all medications through gastrostomy tube.</p> <p>On November 8, 2022, at 8:15 a.m. the surveyor observed unlicensed personnel (ULP)-C start gastrostomy tube feeding for R1. ULP-C stated R1's feeding runs continuously at 65</p>	01970		

Minnesota Department of Health

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01970	<p>Continued From page 17</p> <p>milliliters/hour (ml/h), and all medications were given through the gastrostomy tube.</p> <p>R1's Vital Signs record dated between September 13, 2022, through November 7, 2022, indicated blood glucose reading ranges between 94 milligram/deciliter (mg/dL) and 176 mg/dL.</p> <p>R1's record lacked a signed prescriber order for gastrostomy tube and blood glucose monitoring.</p> <p>On November 8, 2022, at 1:55 p.m. registered nurse (RN)-A verified there were no current orders for R1's gastrostomy tube or blood glucose monitoring. RN-A stated the licensee had requested the orders from the provider but had not yet received them.</p> <p>The licensee's undated, Medication &amp; Treatment Orders policy indicated the RN was responsible for assuring current, authorized prescriber orders for medications or treatments administered by the staff were kept on file in the residents' records.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01970		



Type: Full  
Date: 11/07/22  
Time: 12:45:03  
Report: 1029221372

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Mn Best Homecarellc  
9737 3rd Street Ne  
Blaine, MN55434  
Ramsey County, 62

**Establishment Info:**

ID #: 0037821  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6128065003  
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.

### 2-200 Employee Health

#### 2-201.11C

**\*\* Priority 1 \*\***

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

No evidence of employee illness log for foodborne illness. Instructed Peter to maintain an up-to-date employee illness log on site. Employee illness log emailed to Peter.

Comply By: 11/08/22

### 4-600 Cleaning Equipment and Utensils

#### 4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

Interiors of some kitchen drawers and cabinets had accumulation of food debris. Instructed Peter to clean and maintain clean.

Comply By: 11/08/22

### 6-300 Physical Facility Numbers and Capacities

#### 6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

No handwashing reminder sign at handwash sink in kitchen. Instructed Peter to put signs at all sinks that are used by employees. Handwashing signs emailed to Peter.

Comply By: 11/08/22

Type: Full  
Date: 11/07/22  
Time: 12:45:03  
Report: 1029221372  
Mn Best Homecarellc

# Food and Beverage Establishment Inspection Report

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## Food and Equipment Temperatures

Process/Item: Milk  
Temperature: 36 Degrees Fahrenheit - Location: Refrigerator  
Violation Issued: No

---

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

This inspection was conducted in conjunction with an HRD survey at MN Best Home Care LLC, located at 9737 3rd Street NE, Blaine, MN 55434. Establishment serves two residents aged 55 and 93 years old.

The inspection was conducted in the presence of Peter Gachukia, Assisted Living Director - RN, and other staff. All issues were discussed with Peter during and after the inspection. Employee illness reporting and exclusion procedures were also discussed in addition to general food safety practices and highly susceptible populations. All issues were communicated to lead HRD surveyor, Benard Nyangena, BSN, RN, Nurse Evaluator II, following the inspection.

Kitchen has vinyl flooring, laminate countertops, wood backsplash, and smooth painted walls and ceiling. Cabinetry is composite/wood material with faux-wood and laminate surfaces. Excluding splitting in the laminate countertop behind the sink and minor splattering on the ceiling, the kitchen is in adequate condition.

The importance of adequate cold holding, and sanitizing was emphasized. The Bosch dishwasher did not bear the NSF/ANSI 184 for residential dishwashers, but it did have NSF and UL identifiers. Information from the Bosch website reported that this model (SHX4AP06UC/02) is NSF/ANSI 184 compliant, and therefore able to reach the required sanitizing temperatures, granted it is run on the "Power Scrub" setting. Following the inspection, Peter obtained a temperature of 161.4°F from the dishwasher from their DeltaTrak (NSF) min/max thermometer, thereby providing verification of the manufacturer's claims regarding sanitization.

Employee illness log, handwashing reminder signage, and usage information about their Bosch dishwasher was emailed to Peter following the inspection.

Type: Full  
Date: 11/07/22  
Time: 12:45:03  
Report: 1029221372  
Mn Best Homecarellc

# Food and Beverage Establishment Inspection Report

**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 1029221372 of 11/07/22.

Certified Food Protection Manager Lydia K. Nalwoga

Certification Number: FM74077 Expires: 10/27/24

Signed: \_\_\_\_\_

Peter Gachukia  
RN-Assisted Living Director

Signed:  \_\_\_\_\_

Trevor McCliment  
Public Health Sanitarian  
Metro District Office  
651-201-3957  
trevor.mccliment@state.mn.us

Report #: 1029221372

# Food Establishment Inspection Report



**Minnesota Department of Health**  
**Food, Pools, and Lodging Services**  
 625 Robert Street North  
 St. Paul

No. of RF/PHI Categories Out

2

Date 11/07/22

No. of Repeat RF/PHI Categories Out

0

Time In 12:45:03

Legal Authority MN Rules Chapter 4626

Time Out

Mn Best Homecarellc

Address

9737 3rd Street Ne

City/State

Blaine, MN

Zip Code

55434

Telephone

6128065003

License/Permit #  
0037821

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

Compliance Status		COS	R
<b>Time/Temperature Control for Safety</b>			
18	IN OUT N/A (N/O)		
Proper cooking time & temperature			
19	IN OUT N/A (N/O)		
Proper reheating procedures for hot holding			
20	IN OUT N/A (N/O)		
Proper cooling time & temperature			
21	IN OUT N/A (N/O)		
Proper hot holding temperatures			
22	(IN) OUT N/A		
Proper cold holding temperatures			
23	IN OUT N/A (N/O)		
Proper date marking & disposition			
24	IN OUT (N/A) N/O		
Time as a public health control: procedures & records			
<b>Consumer Advisory</b>			
25	IN OUT (N/A)		
Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>			
26	(IN) OUT N/A		
Pasteurized foods used; prohibited foods not offered			
<b>Food and Color Additives and Toxic Substances</b>			
27	IN OUT (N/A)		
Food additives: approved & properly used			
28	(IN) OUT		
Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>			
29	IN OUT (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
<b>Safe Food and Water</b>			
30	IN OUT (N/A)		
Pasteurized eggs used where required			
31			
Water & ice obtained from an approved source			
32	IN OUT (N/A)		
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
33			
Proper cooling methods used; adequate equipment for temperature control			
34	IN OUT N/A (N/O)		
Plant food properly cooked for hot holding			
35	IN OUT N/A (N/O)		
Approved thawing methods used			
36			
Thermometers provided & accurate			
<b>Food Identification</b>			
37			
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
38			
Insects, rodents, & animals not present			
39			
Contamination prevented during food prep, storage & display			
40			
Personal cleanliness			
41			
Wiping cloths: properly used & stored			
42			
Washing fruits & vegetables			

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

Food Recalls:

Person in Charge (Signature)

Date: 11/08/22

Inspector (Signature)