Electronically Delivered

May 2, 2023

Licensee
Noble Residential Living
179 Pottok Lane
Shakopee, MN 55379

RE: Project Number(s) SL38348015

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, 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 April 13, 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 and enforcement actions based on the level and scope of the violations; however, no immediate fines are assessed for this survey of your facility.

DOCUMENTATION OF ACTION TO COMPLY
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.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,

Jessica Sellner, Supervisor
State Rapid Response Team
Email: jessica.sellner@state.mn.us
Telephone: 320-223-7370 Fax: 651-215-6894

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38348	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE RESIDENTIAL LIVING	179 POTTOK LANE SHAKOPEE, MN 55379

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #SL38348015 On April 10, 2023 to April 13, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey and investigation, there were 2 residents receiving services under the provider's Provisional Assisted Living Facility license.	0 000		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by:	0 480		

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0 480	Continued From page 1 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 April 10, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.	0 630		

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0 630	Continued From page 2 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement individual abuse prevention plans that included individualized assessments of the resident's susceptibility to abuse by another individual, including other vulnerable adults and self-abuse; the resident's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse for two of two residents (R1, R2) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 admitted to the facility on February 1, 2023, with diagnoses that included hypertension, diabetes, and chronic kidney disease. R1's service agreement indicated he received assistance with medications, bathing, grooming, dressing, and toileting. R1's record did not include an individual abuse prevention plan. R2 admitted to the facility on January 22, 2023, with diagnoses that included diabetes, asthma, and chronic back pain. R2's service agreement indicated he received assistance with medication management, treatments, bathing, hygiene, and skin care. R2's record did not include an individual abuse prevention plan.	0 630		

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0 630	Continued From page 3 On April 10, 2023, at approximately 3:00 p.m., registered nurse (RN)-B stated individual abuse prevention plans had not been completed for R1 or R1. The facility policy titled 6.05 Individual Abuse Prevention Plan, dated July 2022, indicated the facility will develop and implement an individual abuse prevention plan for each vulnerable adult. No further information was provided. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	0 630		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 660		

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0 660	Continued From page 4 licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers., based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) regarding screening for active or latent TB for one of five employees (owner) (OW)-A. 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). Findings include: Unlicensed personnel owner (OW)-A's employee file lacked a TB history and symptom screen and lacked evidence that a tuberculin skin test or chest x-ray was completed. On April 10, 2023, at approximately 1:08 p.m. OW-A confirmed he had not completed TB screening and testing. The Minnesota Department of Health (MDH) document "Regulations for Tuberculosis Control in Minnesota Health Care Settings" dated July 2013 noted training was required at the time of hire and included: pathogenesis, signs, symptoms, and the licensee's infection control plan. In addition, baseline screening for all health care workers (HCW) included a history and symptom screen and testing for the presence of TB infection. The regulations noted a blood test	0 660		

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0 660	Continued From page 5 should include the date of the test. According to the regulations, if a HCW had documentation for latent TB, documentation could be substituted for documentation of a previous positive TST or blood test. The facility policy titled 8.04 Infection Control Policy, dated July 2022, indicated the licensee's infection control program would be consistent with current guidelines from CDC for prevention control in long-term care facilities, where applicable in assisted living facilities. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility.	0 810		

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0 810	Continued From page 6 (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on record review, observation, and interview, the licensee failed to provide training on fire safety and evacuation to residents capable of self-evacuation; failed to show fire protection procedures necessary for residents, and procedures for movement, evacuation, or relocation including identification of unique or unusual resident needs and failed to complete required employee evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: An interview and record review were conducted	0 810		

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0 810	Continued From page 7 on April 13, 2023, at approximately 10:00 a.m. with the Licensed Assisted Living Director (LALD)-C, the Employee (ULP)-C, and the Owner (Owner)-D on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility. LALD-A was not present at the time of the survey, and the interview with LALD-A was conducted over the phone. Record review of the available documentation indicated that the plan did not have employee actions to be taken in the event of a fire or similar emergency. During the interview, LALD-A stated that the fire safety and evacuation plan did not have provisions for this requirement. Record review of the available documentation indicated that the plan did not have provisions for fire protection procedures necessary for residents or 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. During the interview, LALD-A was unable to locate these provisions and verified that the plan lacked these provisions. Record review of the available documentation indicated that the licensee did not provide annual training to residents who can assist in their own evacuation on the proper actions to take in the event of a fire or similar emergency. Provided documentation had no policies or records of documented resident training. During the interview, LALD-A was unable to locate these procedures and verified that the plan lacked these provisions. Record review also indicated that evacuation	0 810		

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0 810	Continued From page 8 drills for employees had not been performed every other month as required. During the interview, LALD-A stated that evacuation drills had not been performed for the employees at the time of the survey. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01750 SS=F	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: Based on observation, interview and record review, the licensee failed to ensure three of three unlicensed personnel ULP-C, ULP-D, and ULP-E, demonstrated competency for administering subcutaneous medication. 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	01750		

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01750	Continued From page 9 or has the potential to affect a large portion or all of the residents). The findings include: ULP-C was hired on January 1, 2023. ULP-C's training and competency documentation did not include medications documentation of oral or written test or competency. ULP-D was hired on January 1, 2023. ULP-D's training and competency documentation did not include subcutaneous oral or written test or competency. ULP-E was hired on January 1, 2023. ULP-E's training and competency documentation did not include subcutaneous injections documentation of oral or written test or competency. R1 admitted to the facility on February 1, 2023, with diagnoses that included hypertension, diabetes, and chronic kidney disease. R1's service agreement indicated he received assistance with medications, bathing, grooming, dressing, and continence. R1's after visit summary, dated April 5, 2023, indicated R1 should have his blood pressure checked two times a day and blood glucose checked four times per day. R2 admitted to the facility on January 22, 2023, with diagnoses that included diabetes, asthma, and chronic back pain. R2's service agreement indicated he received assistance with medication management, treatments, bathing, hygiene, and skin care. R2's after visit summary, dated December 16,	01750		

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01750	Continued From page 10 2022, indicated R2 should have his blood glucose checked three times per day. On April 10, 2023, at approximately 1:30 p.m., ULP-C stated she assisted R1 with insulin administration during lunch time. On April 11, 2023, at approximately 10:40 a.m., ULP-D was observed preparing R1's insulin pen by adding needle, priming the needle, and dialing the dose of prescribed insulin. ULP-D handed the insulin pen to R2, who then administered the insulin to himself. The facility policy titled 7.15 Medication and Treatment - Administration and Delegation, dated July 2022, indicated written records, signed by a RN, shall be maintained regarding ULP training and competency testing of delegated medication administration and treatment/therapy. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	01750		
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not	01760		

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01760	Continued From page 11 administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to document treatment administration for two of two residents (R1, R2) reviewed who had ordered treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 admitted to the facility on February 1, 2023, with diagnoses that included hypertension, diabetes, and chronic kidney disease. R1's service agreement indicated he received assistance with medications, bathing, grooming, dressing, and continence. R1's after visit summary, dated April 5, 2023, indicated R1 should have his blood pressure checked two times a day and blood glucose checked four times per day. R1's medical record did not include documented blood glucose checks or blood pressure checks. On April 10, 2023, at approximately 1:45 p.m. unlicensed personnel (ULP)-C was observed completing a fingerstick blook glucose check on R1.	01760		

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01760	Continued From page 12 R2 admitted to the facility on January 22, 2023, with diagnoses that included diabetes, asthma, and chronic back pain. R2's service agreement indicated he received assistance with medication management, treatments, bathing, hygiene, and skin care. R2's after visit summary, dated December 16, 2022, indicated R2 should have his blood glucose checked three times per day. R2's medical record did not include documented blood glucose checks. On April 10, 2023, at 1:45 p.m. registered nurse (RN)-B stated resident vital signs, blood glucose's, and blood pressures are checked but not consistently documented. The facility policy titled 7.22 Medication and Treatment Record - Documentation and Refusal, dated July 2022, indicated the person completing the medication, treatment, or therapy administration would document the task immediately after the assistance or administration were completed. The policy also indicated if a medication, treatment, or therapy administration were not completed as ordered that the reason it was not completed and any follow up procedures would be documented. The facility policy titled 7.31 and 7.32 Blood Sugar Testing, dated July 2022, indicated blood sugar results were to be documented. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	01760		

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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
01770	Continued From page 13	01770		
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document all required content for medication set up for two of two residents (R1, R2) reviewed, for medication management. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 admitted to the facility on February 1, 2023, with diagnoses that included hypertension, diabetes, and chronic kidney disease. R1's service agreement indicated he received assistance with medications, bathing, grooming, dressing, and continence. R1's medication administration records dated February 2023, did not include route of administration for acetaminophen, carvedilol, metoprolol, rosuvastatin, senna, tamsulosin, vitamin D, fluticasone, metformin, paroxetine,	01770		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38348	A. BUILDING: _____ B. WING _____	04/13/2023

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01770	Continued From page 14 Lantus insulin, and pregabalin. R1's medication administration record dated March 2023, did not include route of administration for acetaminophen, carvedilol, metoprolol, rosuvastatin, senna, tamsulosin, vitamin D, fluticasone, metformin, paroxetine, Lantus insulin, and pregabalin. R1's medication administration records dated April 2023, did not include route of administration for senna, pregabalin, and polyethylene glycol. Documentation of medication set up was not found in R1's medical records. R2 admitted to the facility on January 22, 2023, with diagnoses that included diabetes, asthma, and chronic back pain. R2's service agreement indicated he received assistance with medication management, treatments, bathing, hygiene, and skin care. R2's medication administration records dated January 2023, did not include route of administration for Xarelto, metoprolol, sennosides, famotidine, acetaminophen, loratadine, SM tussin, glipizide, Lantus, flecainide, metformin, calcium carbonate. R2's medication administration records dated February 2023, did not include route of administration for Xarelto, metoprolol, sennosides, famotidine, and acetaminophen. R2's medication administration records dated March 2023, did not include route of administration for Xarelto, metoprolol, sennosides, famotidine, acetaminophen, loratadine, SM tussin, glipizide, Lantus, flecainide,	01770		

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01770	Continued From page 15 metformin, calcium carbonate. Documentation of medication set up was not found in R1's medical records. When interviewed on April 10, 2023 at 1:30 p.m. registered nurse (RN)-B state she sets up the medications for R1 and R2 in day of the week pill boxes, but does not document setting up the medication. The facility policy titled 7.09 Medication Management - Dosage Box Setup, dated July 2022, indicated a licensed nurse will set up resident dosage boxes timely and accurately. The licensed nurse will assure the medication orders are transcribed onto the Medication Administration Record (MAR) including dates of medication set up, medication name, quantity of dose, times to be administered, route of administration, name of the person completing the medication setup, visual description of medication, drug classification and special precautions. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	01770		
01820 SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview, and record review, the	01820		

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01820	Continued From page 16	01820		

licensee failed to ensure there were current written or electronically recorded orders for prescribed medications the facility was managing for two of two residents (R1,R2), with medications reviewed.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).

The findings include:

R1 admitted to the facility on February 1, 2023, with diagnoses that included hypertension, diabetes, and chronic kidney disease. R1's service agreement indicated he received assistance with medications, bathing, grooming, dressing, and continence.

R1's medication administration records dated February 2023, March 2023, and April 2023, indicated facility staff members assisted R1 with administration of acetaminophen, carvedilol, metoprolol, rosuvastatin, senna, tamsulosin, vitamin d, fluticasone, metformin, paroxetine, pregabalin, amlodipine, ferrous gluconate, carboxymethylcellulose, aspart flexpen, lantus solostar, and sildenafil.

The licensee provided an after visit summary for R1, dated April 5, 2023, that contained a medication list, however, listed medications were not signed as physician orders and information regarding the medications did not consistently list frequency, dose, or reason for medication.

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01820	Continued From page 17 R2 admitted to the facility on January 22, 2023, with diagnoses that included diabetes, asthma, and chronic back pain. R2's service agreement indicated he received assistance with medication management, treatments, bathing, hygiene, and skin care. R2's medication administration records dated January 2023, February 2023, March 2023, April 2023, indicated facility staff members assisted R2 with administration of Xarelto, metoprolol, sennosides, famotidine, acetaminophen, loratadine, SM tussin, glipizide, lantus solostar, flecainide, metformin, calcium, flecainide, and pantoprazole. The licensee provided a medications list for R2, dated January 25, 2023, however the document contained verbiage stating "This report is for documentation purposes only. The patient should not follow medication instructions within." On April 10, 2023, at 1:13 p.m. registered nurse (RN)-B stated the current medication orders for R1 was in the after visit summary, dated April 5, 2023, and was in the medication list dated January 25, 2023 for R2. The facility policy titled 7.20 Medication and Treatment Orders, dated July 2022, indicated a written prescriber's order must be obtained for any treatment or medication administration provided to a resident. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	01820		

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01950	Continued From page 18	01950		
01950 SS=F	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident 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 record; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure three of three unlicensed personnel, ULP-C, ULP-D, and ULP-E, demonstrated competency for administering treatments of blood glucose checks and vital signs. 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).	01950		

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01950	Continued From page 19 The findings include: ULP-C was hired on January 1, 2023. ULP-C's training and competency documentation did not include vital signs documentation of oral or written test or competency. ULP-D was hired on January 1, 2023. ULP-D's training and competency documentation did not include vital signs documentation of oral or written test or competency. ULP-E was hired on January 1, 2023. ULP-E's training and competency documentation did not include blood glucose testing and vital signs documentation of oral or written test or competency. R1 admitted to the facility on February 1, 2023, with diagnoses that included hypertension, diabetes, and chronic kidney disease. R1's service agreement indicated he received assistance with medications, bathing, grooming, dressing, and continence. R1's after visit summary, dated April 5, 2023, indicated R1 should have his blood pressure checked two times a day, and blood glucose checked four times per day. R2 admitted to the facility on January 22, 2023, with diagnoses that included diabetes, asthma, and chronic back pain. R2's service agreement indicated he received assistance with medication management, treatments, bathing, hygiene, and skin care. R2's after visit summary, dated December 16, 2022, indicated R2 should have his blood glucose	01950		

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01950	Continued From page 20 checked three times per day. On April 10, 2023, at 10:00 a.m. registered nurse (RN)- B stated if a resident experiences a change of condition or injury, staff are trained to take resident vital signs. RN-B stated staff members check blood glucose levels because R1 and R2 are diabetics. The facility policy titled 7.15 Medication and Treatment - Administration and Delegation, dated July 2022, indicated written records, signed by a RN, shall be maintained regarding ULP training and competency testing of delegated medication administration and treatment/therapy. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	01950		
01960 SS=F	144G.72 Subd. 5 Documentation of administration of treatments 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to document treatment	01960		

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01960	Continued From page 21	01960		

administration for two of two residents, R1 and R2, reviewed for treatments.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).

The findings include:

R1 admitted to the facility on February 1, 2023, with diagnoses that included hypertension, diabetes, and chronic kidney disease. R1's service agreement indicated he received assistance with medications, bathing, grooming, dressing, and continence.

R1's after visit summary, dated April 5, 2023, indicated R1 should have his blood pressure checked two times a day and blood glucose checked four times per day.

R1's medical record did not include documented blood glucose checks or blood pressure checks.

On April 10, 2023, at 1:45 p.m. unlicensed personnel (ULP)-C was observed doing a fingerstick blood glucose check on R1.

R2 admitted to the facility on January 22, 2023, with diagnoses that included diabetes, asthma, and chronic back pain. R2's service agreement indicated he received assistance with medication management, treatments, bathing, hygiene, and skin care.

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01960	Continued From page 22 R2's current medication list, dated December 16, 2022, indicated R2 should have his blood glucose checked three times per day. R2's medical record did not include documented blood glucose checks. On April 10, 2023, at 1:45 p.m. registered nurse (RN)-B stated resident vital signs, blood glucose's, and blood pressures are checked but all staff, but not consistently documented. The facility policy titled 7.22 Medication and Treatment Record - Documentation and Refusal, dated July 2022, indicated the person completing the medication, treatment, or therapy administration would document the task immediately after the assistance or administration were completed. The policy also indicated if a medication, treatment, or therapy administration were not completed as ordered that the reason it was not completed and any follow up procedures would be documented. The facility policy titled 7.31 and 7.32 Blood Sugar Testing, dated July 2022, indicated blood sugar results were to be documented. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	01960		

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

Type: Full
Date: *04/10/23*
Time: 10:00:00
Report: 8041231081

Food and Beverage Establishment Inspection Report

Location:
Noble Residential Living
179 Pottok Lane
Shakopee, MN55379
Scott County, 70

Establishment Info:
ID #: 0041186
Risk:
Announced Inspection: No

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.

4-300 Equipment Numbers and Capacities

4-302.12B ** Priority 2 **

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

FOOD THERMOMETER RECENTLY BROKE. ESTABLISHMENT IS PLANNING TO PURCHASE A NEW THERMOMETER TO MONITOR FOOD TEMPERATURES.

Comply By: 04/17/23

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: kitchen refrigerator: milk
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: kitchen refrigerator: lettuce
Violation Issued: No

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

Inspection was completed with Ayan Jigre (Owner) and Ahmed Bileh (Director). Danyell Eccleston was the lead Health Regulation Division Nurse Evaluator. Facility had two residents on site at time of inspection. Meals are prepared on site by staff with occasional assistance from residents.

This establishment has a residential kitchen. Food must be prepared for same day service only. The kitchen has wood cabinets with a hollow base and a solid surface countertop and wood flooring. All found to be in good condition.

A two basin sink is located in the kitchen with one basin designated for handwashing. Bosch (NSF standard 184 residential) dish machine has a sanitizing cycle option. The operator verified the utensil surface temperature inside the dish machine is at least 160 Deg. F.

Discussed the following:
-Employee illness policy and logging requirements
-Handwashing
-Glove-use and bare hand contact
-Food storage and preventing cross contamination
-Date marking
-Vomit clean up procedures
-Restrictions concerning serving a highly susceptible population

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 8041231081 of 04/10/23.

Certified Food Protection Manager: Ahmed Bilen

Certification Number: fm112260 Expires: 05/26/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Ayan Jigre
Owner

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