



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

Electronically Delivered

October 18, 2024

Licensee  
Epiphany Care Homes LLC  
6443 Westchester Circle  
Golden Valley, MN 55427

RE: Project Number(s) SL30748015

Dear Licensee:

On September 17, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the July 11, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kelly Thorson'.

Kelly Thorson, Supervisor  
State Evaluation Team  
Email: Kelly.Thorson@state.mn.us  
Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH



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August 16, 2024

Licensee

Epiphany Care Homes LLC

6443 Westchester Circle

Golden Valley, MN 55427

RE: Project Number(s) SL30748015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 11, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

### **STATE CORRECTION ORDERS**

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

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

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

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

The correction order documentation should include the following:

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

**CORRECTION ORDER RECONSIDERATION PROCESS**

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: [Jess.Schoenecker@state.mn.us](mailto:Jess.Schoenecker@state.mn.us)

Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30748</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EPIPHANY CARE HOMES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6443 WESTCHESTER CIRCLE GOLDEN VALLEY, MN 55427</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
0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144G.01 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><b>INITIAL COMMENTS:</b> Project # SL30748015</p> <p>On July 8, 2024, through July 11, 2024, 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 (4) residents receiving services under the provider's 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><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></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>	
0 820 SS=F	<p><b>144G.45 Subd. 2 (g) Fire protection and physical environment</b></p> <p><b>(g) Existing construction or elements, including</b></p>	0 820		

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

Minnesota Department of Health

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0 820	<p>Continued From page 1</p> <p>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 maintain the facility's physical environment in a continuous state of good repair and operation regarding 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>Findings include:</p> <p>During the facility tour on July 10, 2024, at 12:30 p.m. with maintenance (M)-D, it was observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms #1 and #5. Neither of these rooms were</p>	0 820		

Minnesota Department of Health

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0 820	<p>Continued From page 2</p> <p>occupied.</p> <p>Resident room #1 window measured 17"X40"X32" and resident room #5 measured 23"X24"X36".</p> <p>Existing emergency escape and rescue openings are required to meet a minimum 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. The windowsill height from the floor to the clear opening shall be not more than 48 inches.</p> <p>Surveyor explained to M-D that at least one compliant emergency escape and rescue opening is required within each resident sleeping room. He stated they would not have a resident sleep in these rooms until a code compliant escape window is installed.</p> <p>These deficient conditions were visually verified by M-D accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 820		
02310 SS=D	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record</p>	02310		

Minnesota Department of Health

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02310	<p>Continued From page 3</p> <p>review, the licensee failed to ensure care and services were provided according to a suitable and up-to-date plan, and subject to acceptable health care and medical, or nursing standards with siderails 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>On July 9, 2024, at 10:00 a.m., the surveyor observed R1 was lying in a hospital bed with half siderails on left side of the bed. R1 stated he used the siderails to get in and out of bed. R1 stated education regarding siderails was provided to him.</p> <p>R1's Service Plan dated June 11, 2024, included services of medication administration, hands on assistance with transfers, behavior monitoring, bathing assistance, transfer assistance, meal assistance, laundry, and assistance with dressing.</p> <p>R1's Nursing Assessment with effective date December 13, 2023; March 13, 2024; and June 11, 2024, indicated siderails were in use. R1's assessment lacked specific measurements of the zones of entrapment.</p> <p>On July 10, 2024, at 2:00 p.m., licensed assisted living director/registered nurse (LALD/RN)-C</p>	02310		

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02310	<p>Continued From page 4</p> <p>stated an assessment which included measurements of the zones was expected to be completed for R1's siderails. RN-A stated it appeared the assessment did not include measurements of zones and the assessment was not thorough.</p> <p>The March 10, 2006, Food and Drug Administration (FDA) Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (within the rail) should not exceed 4 and 3/4 inches, zone 2 (under the rail, between rail supports or next to a single rail support) should not exceed 4 and 3/4 inches, zone 3 (between the rail and the mattress), should not exceed 4 and 3/4 inches, and zone 4 (under the rail, at the ends of the rail) should not exceed 2 and 3/8 inches or be greater than a 60 degree angle.</p> <p>The licensee's Side Rail Pamphlet dated 2021, indicated "Before side rail is utilized, a number of issues should be considered and address such as; the side rail being considered meet or exceed the FDA's dimensional guidance to reduce entrapments."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	02310		



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

Type: Full  
 Date: 07/09/24  
 Time: 11:05:00  
 Report: 1043241174

# Food and Beverage Establishment Inspection Report

**Location:**

Epiphany Care Homes LLC  
 6443 Westchester Circle  
 Golden Valley, MN55427  
 Hennepin County, 27

**Establishment Info:**

ID #: N112233  
 Risk:  
 Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #:  
 ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

**Surface and Equipment Sanitizers**

Hot Water: = at 164 Degrees Fahrenheit  
 Location: DISH MACHINE  
 Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: MILK  
 Temperature: 41 Degrees Fahrenheit - Location: COOLER  
 Violation Issued: No

Process/Item: MILK  
 Temperature: 42 Degrees Fahrenheit - Location: COOLER  
 Violation Issued: No

Process/Item: SALAMI  
 Temperature: 42 Degrees Fahrenheit - Location: COOLER  
 Violation Issued: No

Process/Item: HAM  
 Temperature: 42 Degrees Fahrenheit - Location: COOLER  
 Violation Issued: No

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

Inspection was completed with Safia Hassan as the lead Health Regulation Division Nurse Evaluator completing the site survey and Derek Slaughter, among others.

Discussed highly susceptible populations, illness policy, sanitizer use, ware washing, temperature control,

Type: Full  
Date: 07/09/24  
Time: 11:05:00  
Report: 1043241174  
Epiphany Care Homes LLC

# Food and Beverage Establishment Inspection Report

cleaning, pest control, vomit/fecal procedures, test kits, food storage, and food handling procedures.

\*\*Foods cooked by the facility staff should be fully cooked and prepared for same day service only with leftovers discarded.

\*\*This facility has a residential kitchen with residential equipment. The kitchen finishes and surfaces are well maintained. Contact Health Regulation Division for plan review when facility undergoes remodeling.

**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 1043241174 of 07/09/24.

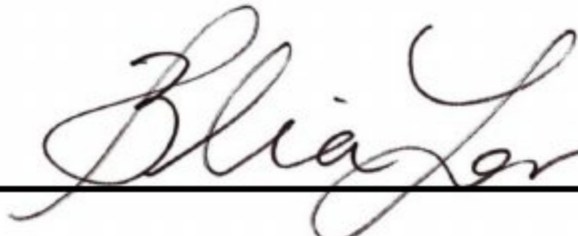
Certified Food Protection Manager: Joel Gysland

Certification Number: FM122028 Expires: 03/11/27

**Inspection report reviewed with person in charge and emailed.**

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

Derek Slaughter  
Operator

Signed: 

Blia Lor  
Public Health Sanitarian I  
651-355-0641  
blia.lor@state.mn.us