



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

Electronically Delivered

February 26, 2025

Licensee

Hawthorne House Inc.

6931 Country Club Drive

Golden Valley, MN 55427

RE: Project Number(s) SL30304016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 17, 2025, 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.

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

### **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

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/17/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HAWTHORNE HOUSE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6931 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427</b>
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0 000	<p><b>Initial Comments</b></p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></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><b>INITIAL COMMENTS:</b></p> <p>SL30304016</p> <p>On January 13, 2025, through January 17, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 3 residents receiving services under the Assisted Living Facility 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 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><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><b>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.</b></p>	
0 510 SS=D	<p><b>144G.41 Subd. 3 Infection control program</b></p> <p>(a) All assisted living facilities must establish and</p>	0 510		

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

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0 510	<p>Continued From page 1</p> <p>maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. The deficient practice had the potential to affect all residents, employees, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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>During observation on January 13, 2025, at 11:45 a.m., unlicensed personnel (ULP)-B washed both hands with soap and water at a sink in the licensee's restroom and dried both hands with paper towels. ULP-B opened the medication</p>	0 510		

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0 510	<p>Continued From page 2</p> <p>closet in the office and obtained R1's medication storage container which held R1's blood glucose testing supplies. ULP-B then entered R1's room and with a non-gloved right hand obtained an alcohol wipe and cleansed R1's left middle finger. ULP-B then obtained a lancet from the blood glucose testing container and obtained a blood sample from R1's left middle finger using their non-gloved right hand. ULP-B squeezed R1's left middle finger with their non-gloved right hand and when blood emerged from R1's left middle finger, ULP-B placed a blood collection testing strip to the blood on R1's left middle finger. ULP-B placed the test strip into the blood glucose testing machine using their non-gloved right hand and placed the used alcohol wipe on the remaining blood of R1's left middle finger. After wiping the blood from R1's left middle finger, ULP-B placed the used alcohol wipe with blood in the trash container using ULP-B's non-gloved right hand to dispose of the alcohol wipe. ULP-B returned to the medication closet and placed the blood glucose testing supplies in R1's container. ULP-B did not perform any disinfection of the blood glucose monitor before returning it to R1's storage container. ULP-B entered the licensee's restroom and performed hand washing with soap and water to both hands. ULP-B dried both hands with paper towels.</p> <p>During interview on January 13, 2025, at 12:05 p.m., ULP-B stated she viewed training videos on hand washing, glove use, and blood glucose testing when she was hired November 7, 2024. ULP-B stated registered nurse (RN)-A had demonstrated the process of obtaining a blood glucose sample and ULP-B was competency tested by RN-A to ensure ULP-B performed the blood glucose testing process correctly.</p>	0 510		

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0 510	<p>Continued From page 3</p> <p>On January 13, 2025, at 12:05 p.m., licensed assisted living director (LALD)-C stated all ULPs were required to watch training videos through Educare (an online training platform), observe the RN performing the delegated task and the RN would ensure staff were performing the delegated tasks before they were able to work on their own.</p> <p>The licensee's Hand Washing policy dated August 1, 2021, indicated hand washing would be performed before and after any gloving.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		
0 660 SS=D	<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:</p>	0 660		

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0 660	<p>Continued From page 4</p> <p>Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included completion of a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test for one of one employee (unlicensed personnel (ULP)-B).</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>The licensee's TB risk assessment dated December 1, 2024, indicated the licensee was a low risk setting for TB transmission.</p> <p>ULP-B had a hire date of November 7, 2024. ULP-B provided direct care to residents of the assisted living.</p> <p>ULP-B's employee record indicated a completed TB screening form was completed on November 7, 2024, and documentation of a two-step TST testing was completed on February 19, 2024, and February 28, 2024. ULP-B did not have any evidence of two-step TST testing or a TB blood test at the time of hire or before they began providing direct care to residents of the assisted living.</p>	0 660		

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0 660	<p>Continued From page 5</p> <p>During an interview on January 13, 2025, at 11:30 a.m., licensed assisted living director (LALD)-C stated she was aware ULP-B did not have evidence of TB testing at the time of hire and was in the process of having ULP-B obtain testing.</p> <p>The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, noted 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 should include the date of the test.</p> <p>The licensee's Employee Tuberculosis and Screening Prevention policy, dated August 1, 2021, indicated baseline TB screening and testing at the time of hire was required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 810 SS=F	<p>144G.45 Subd. 2 (b-f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> <li>(2) staff actions to be taken in the event of a fire or similar emergency;</li> <li>(3) fire protection procedures necessary for residents; and</li> <li>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique</li> </ul>	0 810		

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0 810	<p>Continued From page 6</p> <p>or unusual resident needs for movement or evacuation.</p> <p>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with required content, make the plan readily available, and provide required training and documentation. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p>	0 810		

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0 810	<p>Continued From page 7</p> <p>The findings include:</p> <p>On January 13, 2025, at approximately 2:40 p.m., licensed assisted living director (LALD)-C provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility</p> <p>The licensee FSEP failed to include the following:</p> <p>The FSEP did not include fire procedures for residents.</p> <p>The FSEP included annual educare training, but no further records of staff training on the FSEP. Employees should receive training on the FSEP upon hire and at least twice a year thereafter.</p> <p>The FSEP did not include any documentation of trainings provided to residents on evacuation. Trainings should be made available to residents at least once a year.</p> <p>During the record review and interview on January 13, 2025, LALD-C verified the above listed documents were absent from the FSEP.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 810		
0 950 SS=A	<p>144G.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>	0 950		

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0 950	<p>Continued From page 8</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 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 offer the opportunity to identify a designated representative for one of one resident (R1).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at 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>	0 950		

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0 950	<p>Continued From page 9</p> <p>The findings include:</p> <p>R1 was admitted on January 13, 2023, and had a diagnosis which included, but was not limited to, a cerebral vascular accident.</p> <p>R1's service plan dated January 13, 2023, indicated R1 received services which included medication administration, housekeeping, laundry, meal preparation, and reminders for bathing, grooming and dressing.</p> <p>R1's resident record, indicated R1 had a health care directive and a power of attorney which included R1's spouse as R1's personal representative.</p> <p>R1's assisted living contract included a section to identify or to decline a designated representative. The designated representative section was blank and had not been completed. Additionally, the contract lacked documentation showing R1 refused to indicate a representative.</p> <p>On January 13, 2025, at approximately 10:55 a.m., licensed assisted living director (LALD)-C indicated R1 and/or their representatives had not completed a designated representative form and also stated there was no documentation showing R1 refused to indicate a representative. LALD-C stated R1 was currently in the process of a divorce with their spouse and LALD-C found it difficult to communicate with the spouse.</p> <p>On January 13, 2025, at 11:05 a.m., LALD-C stated R1 was not able to sign paperwork and requested several times via email and phone calls for the spouse to sign the required paperwork indicating R1's request for a personal</p>	0 950		

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0 950	Continued From page 10  representative. LALD-C stated she made no other attempts other than emails or phone calls to have R1's designated representative form completed and signed by resident representative.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
0 970 SS=A	144G.50 Subd. 5 Waivers of liability prohibited  The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for the health, safety, or personal property of a resident for one of one resident (R1).  This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at 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).	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/17/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HAWTHORNE HOUSE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6931 COUNTRY CLUB DRIVE 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
0 970	<p>Continued From page 11</p> <p>The findings include:</p> <p>R1 was admitted on January 13, 2023.</p> <p>R1's Housing with Services Contract &amp; Lease Agreement was signed on January 13, 2023. R1's Housing with Services Contract &amp; Lease Agreement included a clause that indicated the licensee was not responsible for any damage or injury suffered by residents or to residents' property that was not caused by licensee.</p> <p>On January 13, 2025, at 1:50 p.m., licensed assisted living director (LALD)-C stated the licensee's Housing with Services Contract &amp; Lease Agreement had contained liability waiver language as indicated above and that the licensee had been in the process of having contracts re-worded to remove the liability clause. LALD-C stated at the time of the survey they had not removed the liability language from R1's assisted living contract.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 970		

Type: Full  
Date: 01/14/25  
Time: 14:43:20  
Report: 7963251002

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Hawthorne House Inc  
6931 Country Club Drive  
Golden Valley, MN55427  
Hennepin County, 27

**Establishment Info:**

ID #: 0038489  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6123859200  
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

Chlorine: = 100ppm at Degrees Fahrenheit  
Location: sani bucket  
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit  
Location: dishwasher rinse  
Violation Issued: No

### Food and Equipment Temperatures

Process/Item: milk  
Temperature: 35 Degrees Fahrenheit - Location: refrigerator  
Violation Issued: No

Process/Item: lunch meat  
Temperature: 36 Degrees Fahrenheit - Location: refrigerator  
Violation Issued: No

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

MET WITH ESTABLISHMENT REPRESENTATIVE ANN KISSOONDATH. MDH NURSE EVALUATOR ELYSE JONES WAS NOT ON SITE DURING THE INSPECTION.

THIS IS A RESIDENTIAL KITCHEN DOING SAME DAY SERVICE OF FOOD. A DISHWASHER IS USED FOR WAREWASHING.

KITCHEN HAS WOOD FLOORS, WOOD CABINETS, LAMINATE COUNTERTOP.

Type: Full  
Date: 01/14/25  
Time: 14:43:20  
Report: 7963251002  
Hawthorne House Inc

# Food and Beverage Establishment Inspection Report

DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
- HIGHLY SUSCEPTIBLE POPULATION RESTRICTIONS
- SAME-DAY SERVICE REQUIREMENTS
- CERTIFIED FOOD MANAGER REQUIREMENTS
- HOW TO SANITIZE DISHES- MUST USE DISHWASHER SINCE THERE IS NO THREE COMPARTMENT SINK. FACT SHEET ON SANITIZING DISHES SENT WITH 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 7963251002 of 01/14/25.

Certified Food Protection Manager: Ann Kissoondath

Certification Number: FM 71061 Expires: 12/20/25

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

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

Ann Kissoondath

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

Peggy Spadafore  
Sanitarian Supervisor  
metro  
651-201-4500  
peggy.spadafore@state.mn.us

Report #: 7963251002

# Food Establishment Inspection Report



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

No. of RF/PHI Categories Out 0

Date 01/14/25

No. of Repeat RF/PHI Categories Out 0

Time In 14:43:20

Legal Authority MN Rules Chapter 4626

Time Out

Hawthorne House Inc	Address 6931 Country Club Drive	City/State Golden Valley, MN	Zip Code 55427	Telephone 6123859200
License/Permit # 0038489	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	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
<b>Employee Health</b>			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
<b>Good Hygienic Practices</b>			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
<b>Preventing Contamination by Hands</b>			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
<b>Approved Source</b>			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
14	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
<b>Protection from Contamination</b>			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		

Compliance Status		COS	R
<b>Time/Temperature Control for Safety</b>			
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
19	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
20	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
21	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
<b>Consumer Advisory</b>			
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
<b>Highly Susceptible Populations</b>			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
<b>Food and Color Additives and Toxic Substances</b>			
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
<b>Conformance with Approved Procedures</b>			
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		

**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	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
<b>Food Temperature Control</b>			
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Food Identification</b>			
37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Prevention of Food Contamination</b>			
38	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
39	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
43	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
44	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
45	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
46	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Utensil Equipment and Vending</b>			
47	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
48	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
49	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Physical Facilities</b>			
50	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
51	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
52	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
53	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
54	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
55	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
56	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
57	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
58	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		

Food Recalls:

Person in Charge (Signature)

Date: 01/15/25

Inspector (Signature)