DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

June 29, 2023

Licensee
Pleasant Assisted Living LLC
6932 Jersey Avenue North
Brooklyn Park, MN 55428

RE: Project Number(s) SL37975015

Dear Licensee:

On May 22, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the March 23, 2023, 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,

Paul T. Spencer

Paul Spencer, Supervisor
State Rapid Response Team
Email: paul.spencer@state.mn.us
Telephone: 651-587-4460 Fax: 651-215-6894

JMD

Electronically Delivered

April 24, 2023

Licensee
Pleasant Assisted Living LLC
6932 Jersey Avenue North
Brooklyn Park, MN 55428

RE: Project Number(s) SL37975015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on March 23, 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,

Paul Spencer's, Supervisor
State Rapid Response Team
Email: paul.spencer@state.mn.us
Telephone: 651-587-4460 Fax: 651-215-6894

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37975	A. BUILDING: _____ B. WING _____	03/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	6932 JERSEY AVENUE NORTH BROOKLYN PARK, MN 55428

(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 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: SL37975015 On March 21 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 3 residents receiving services under the provider's Provisional Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with	0 780		

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0 780	Continued From page 1 the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide a working smoke alarm outside within the vicinity of the basement bedroom. This has the potential to directly affect occupied residents and staff. 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	0 780		

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0 780	Continued From page 2 of the residents). The findings include: On March 23, 2023, approximately from 10:15 am to 11:35 a.m., survey staff toured the home with the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed the smoke alarm located outside of the basement bedroom failed to sound when the smoke alarm inside the basement bedroom and the upstairs smoke alarms were tested. The LALD-A verified the finding and stated maybe it was the battery since all smoke alarms sounded yesterday when they tested them. On March 23, 2023, at approximately 12:15 p.m..during the exit interview. The LALD-A acknowledged the above finding. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by:	0 800		

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0 800	Continued From page 3 Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents and staff. 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). The findings include: On March 23, 2023, approximately from 10:15 am to 11:35 a.m., survey staff toured the home with the licensed assisted living director (LALD)-A. During the home tour, survey staff observed the following: 1. Resident Bedroom Egress Windows: -The egress window in bedroom number 2 (unoccupied) was blocked/obstructed by a mattress that was stored in the room. The LALD-A and her employee moved the mattress to open the window for survey staff to measure the egress window. -The egress windows in resident main-level bedrooms #1 (occupied) and #2 (unoccupied) failed to be readily operable for immediate use in case of an emergency. The LALD-A and her employee had difficulty opening the egress windows but were able to open the egress windows after multiple attempts. Survey staff observed the top window panes of the	0 800		

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0 800	Continued From page 4 double-hung windows were not secured in place and therefore, the top window panes were sliding down obstructing the operation of the window openings required for immediate egress. In addition, the windows had debris build-ups inside the tracks and window sills that restricted the operability of the windows. Survey staff explained to the LALD-A that the egress window must be easily and readily operable for immediate use. The LALD-A explained to survey staff they will repair and immedately clean out the windows. The above findings were verbally and/or visually verified by the LALD-A accompanying the tour. 2.The kitchen fan above the stovetop had a loud rattling noise when the fan was turned on and in need of repair and/or replacement. On March 23, 2023, at approximately 12:15 p.m..during the exit interview. The LALD-A acknowledged the above findings. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 820 SS=G	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must	0 820		

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0 820	Continued From page 5 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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure physical facility elements did not constitute a distinct hazard to life. The licensee failed to provide resident bedroom # 4 with the minimum window opening meeting the minimum state standard for egress. This affected the occupied resident bedroom #4 on the main floor. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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). The findings include: On March 23, 2023, approximately from 10:15 a.m. to 11:35 a.m., survey staff toured the home with the licensed assisted living director (LALD)-A. At approximately 11:15 a.m., survey staff asked LALD-A to open the windows in occupied resident bedroom #4 on the main floor for measurement. The LALD-A was not able to open any of the windows in bedroom #4 as there were no windows that can be opened for egress to measure inside bedroom #4. Survey staff explained to the LALD-A that at least one egress window must be provided to meet the minimum state standard for an egress window to be a	0 820		

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0 820	Continued From page 6 complying bedroom for resident occupancy. The LALD-A verbally confirmed the finding and made a phone call for window measurement arrangements. New bedroom egress windows must meet the minimum net clear opening of 5.7 square feet with a minimum window opening height of 24 inches and minimum width of 20 inches. On March 23, 2023, at approximately noon, at the exit interview, survey staff explained to the LALD-A that an immediate correction order was issued for the above finding. The LALD-A acknowledged the above finding. The LALD-A stated that she will relocate the resident to bedroom #2 until the egress window in bedroom #4 is corrected. On March 23, 2023, at approximately 3:40 p.m., survey staff explained to the LALD-A via teleconference call that the home floor plan layout previously submitted to our office during the plan review and approval did not show bedroom #4 on the main level floor as being approved for use as a resident bedroom, but rather a family room. Survey staff explained to the LALD-A that she must not use the family room as resident bedroom until the revised construction floor plans are submitted to our office to convert the family room into a resident bedroom and contact the local city building department for any required permit and/or inspections. The new bedroom must not be used for resident occupancy until approval is given by our office. No Further information was provided. TIME PERIOD FOR CORRECTION: Immediate. On March 23, 2023, at 10:22 p.m., the immediacy was removed, however, non-compliance remains at a scope of G. An email was received from the licensee stating that the resident from room #4 had been permanently relocated to bedroom #2	0 820		

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0 820	Continued From page 7 in the same facility. The immediate plan of correction (POC) is for an egress window that meets the required measurements for egress to be provided in bedroom #4. On March 24, 2023, at 3:35 p.m., an email was received from the licensee that included photos of a double-hung window and an updated egress plan with the family room labeled as bedroom #4. No evidence was provided that the window in the photo was measured to meet the minimum dimensions required for egress. The licensee still must not use the family room as a resident bedroom until evidence has been provided that they are in substantial compliance with this citation. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 820		

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

Type: Full
Date: *03/21/23*
Time: 14:00:00
Report: 1013231087

Food and Beverage Establishment Inspection Report

Location:
Pleasant Assisted Living LLC
6932 Jersey Avenue N
Brooklyn Park, MN55428
Hennepin County, 27

Establishment Info:
ID #: 0041112
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit
Location: Dish machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot dogs
Temperature: 41 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

Process/Item: Milk
Temperature: 41 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

Process/Item: Cheese
Temperature: 40 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

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

The inspection was completed with the operator and reviewed with MDH Nurse Evaluator Maggie R.

The establishment has a residential kitchen and serves food that is prepared that day. The kitchen has wood cabinets, laminate floor, painted walls, laminate counter top, and a painted ceiling. The kitchen finishes and surfaces were well maintained.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

Food and Beverage Establishment Inspection Report

A residential dish machine is located in the kitchen. The sanitize cycle is used to wash ware. The facility kept records for weekly dish machine testing.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, and food handling procedures.

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 1013231087 of 03/21/23.

Certified Food Protection Manager: Chizoleston Azonwu

Certification Number: 110665 Expires: 03/30/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Chizoleston Azonwu
Operator

Signed: JM

Jerry Malloy
Public Health Sanitarian
FPLS Metro
651-201-3998
jerry.malloy@state.mn.us