



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 11, 2024

Licensee
Marvella
822 Woodlawn Avenue
Saint Paul, MN 55116

RE: Project Number(s) SL39444015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility with dementia care 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 November 10, 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.

The Department of Health 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. **Additionally, please note this license is granted while MDH interpretation of Minnesota Statutes Chapter 144G is under review. This grant of license does not constitute a determination related to the issues under review, and additional action by the licensee may be required based on the outcome of this review.**

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 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.

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 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.

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,



Renee Anderson, Supervisor
State Evaluation Team
Email: renee.anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2023
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NAME OF PROVIDER OR SUPPLIER MARVELLA	STREET ADDRESS, CITY, STATE, ZIP CODE 822 WOODLAWN AVENUE SAINT PAUL, MN 55116
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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>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL39444015-0</p> <p>On November 6, 2023, through November 9, 2023, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 39 residents, who received services under the provider's Assisted Living with Dementia Care Facility provisional license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level pursuant to 144G.31 Subd. 1, 2 and 3.</p>	
0 130 SS=C	<p>144G.12, Subd. 1 Application for Licensure</p> <p>Each application for an assisted living facility license, including provisional and renewal applications, must include information sufficient to show that the applicant meets the requirements</p>	0 130		

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

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0 130	<p>Continued From page 1</p> <p>of licensure, including:</p> <p>(1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility;</p> <p>(2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director;</p> <p>(3) the name and e-mail address of the managing agent and manager, if applicable;</p> <p>(4) the licensed resident capacity and the license category;</p> <p>(5) the license fee in the amount specified in section 144.122;</p> <p>(6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant;</p> <p>(7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182;</p> <p>(8) documentation that the facility has liability coverage;</p> <p>(9) a copy of the executed lease agreement between the landlord and the licensee, if applicable;</p> <p>(10) a copy of the management agreement, if applicable;</p> <p>(11) a copy of the operations transfer agreement or similar agreement, if applicable;</p> <p>(12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater and that specifies their relationship with the licensee and with each other;</p> <p>(13) whether the applicant, owner, controlling</p>	0 130		

Minnesota Department of Health

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0 130	<p>Continued From page 2</p> <p>individual, managerial official, or assisted living director of the facility has ever been convicted of:</p> <p>(i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act;</p> <p>(ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service;</p> <p>(iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service;</p> <p>(iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or 1001.201;</p> <p>(v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful</p>	0 130		

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0 130	<p>Continued From page 3</p> <p>manufacture, distribution, prescription, or dispensing of a controlled substance;</p> <p>(vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period;</p> <p>(vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority;</p> <p>(viii) any revocation or suspension of accreditation; or</p> <p>(ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program;</p> <p>(14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings;</p> <p>(15) the signature of the owner of the licensee, or an authorized agent of the licensee;</p> <p>(16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority;</p>	0 130		

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0 130	<p>Continued From page 4</p> <p>(17) statistical information required by the commissioner; and (18) any other information required by the commissioner.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to meet the requirements of licensure for the provisional assisted living (AL) license they possessed. The license indicated a total capacity of 88, however there was potential for 102 residents.</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 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).</p> <p>The findings include:</p> <p>The licensee's provisional AL license effective January 26, 2023, indicated a capacity of 88 assisted living residents. The licensee's Provisional Assisted Living Licensure Information and Application indicated a total resident capacity of 88 and was signed by the licensee's authorized agent (AA)-G on August 29, 2022.</p> <p>On November 6, 2023, at 10:30 a.m., during the entrance conference, licensed assistance living director (LALD)-A stated the licensee had a current census of 39 residents. LALD-A stated the licensee also had "independent living" (IL) residents on part of the 2nd floor, as well as the 3rd and 4th floors directly above the assisted</p>	0 130		

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0 130	<p>Continued From page 5</p> <p>living apartments. LALD-A provided an AL resident roster which included 39 residents.</p> <p>On November 8, 2023, at 12:30 p.m., with the environmental services director (ESD)-F, the surveyor toured the 3rd and 4th floors located directly above the assisted living units, and noted resident apartments on each floor. (ESD)-F stated there was not a two-hour rated fire separation between the 2nd floor of the assisted living apartments and the 3rd floor independent living apartments.</p> <p>On November 8, at 1:21 p.m., LALD-A stated in an email she was not able to provide a resident roster for the independent living residents "as they do not fall under our AL license." -at 1:31 p.m., LALD-A stated there were a total of "102 IL apartments in this building." There were 16 apartments on the 2nd floor and 43 apartments on each of the 3rd and 4th floors. -at 4:14 p.m., LALD-A stated, "42 of the apartments are occupied above the AL between floors 3 and 4."</p> <p>The combined total of 190 current and potential residents exceeded the licensee's AL license capacity of 88 residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 130		
0 510 SS=D	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and</p>	0 510		

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0 510	<p>Continued From page 6</p> <p>nursing standards for infection control. (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. (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 effective infection control program to comply with accepted health care, medical, and nursing standards for infection control. The licensee failed to ensure direct care staff appropriately gloved and performed adequate hand hygiene (HH) for one of two employees (unlicensed personnel (ULP)-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-E was hired January 16, 2023, to provide direct cares for the licensee's residents.</p> <p>On November 7, 2023, at 7:30 a.m., ULP-E was observed to walk down the facility hallway, knocked on the door and entered R4's apartment.</p>	0 510		

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0 510	<p>Continued From page 7</p> <p>ULP-E performed HH with sanitizing gel, donned a pair of gloves and assisted R4 onto the toilet. ULP-E removed R4's wet brief and placed the brief into a garbage container.</p> <ul style="list-style-type: none"> - Without removing the soiled gloves and performing HH, ULP-E then began searching R4's linen closet and vanity drawers for lotion. ULP-E then assisted R4 with putting on a new pair of pants and a clean brief, applying deodorant, and putting on a clean t-shirt. R4 stood up independently from the toilet and ULP-E wiped R4's buttocks. ULP-E then pulled up R4's brief and pants with the soiled gloves. ULP-E removed the soiled gloves. - Without performing HH, ULP-E assisted R4 with putting on socks. Opened the bathroom door and left the bathroom. - Without performing HH, ULP-E took R4's dirty laundry down the hallway to a staff workstation and set the laundry on a table. ULP-E scrolled through their work device, then picked up R4's laundry and brought it down the hallway and enter the laundry room. ULP-E was observed to place the soiled laundry in a washing machine. <p>-At 7:50 a.m., ULP-E left the laundry room without performing HH, ULP-E walked into R5's open apartment door, donned gloved and assisted R5 to the bathroom. ULP-E assisted R5 to sit onto the toilet and removed R5's wet brief and underwear. ULP-E placed the wet brief into a garbage container.</p> <ul style="list-style-type: none"> - Without removing the soiled glove and performing HH, ULP-E assisted R5 with placing on a new brief and pants. ULP-E then removed R5's old shirt, placed a brazier and assisted R5 into a new shirt. ULP-E assisted R5 to a standing position and proceeded to wipe R5's buttocks. ULP-E pulled up R5's brief and pants and assisted R5 to the bathroom sink. ULP-E removed their gloves. 	0 510		

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0 510	<p>Continued From page 8</p> <p>- Without performing HH, ULP-E donned new gloves, placed toothpaste onto R5's toothbrush and handed the toothbrush to R5. Once finished with care, ULP-E assisted R5 back to the edge of the bed to wait for morning medications. ULP-E removed the soiled gloves, and without performing hand hygiene, left R5's room.</p> <p>On November 7, 2023, at 9:35 a.m., ULP-E stated infection control and HH were part of their orientation. ULP-E further stated HH should be performed whenever lotion or any kind of ointment was applied, as well as when gloves were changed.</p> <p>On November 8, 2023, at 9:15 a.m., registered nurse (RN)-D stated staff were expected to use hand sanitizer whenever entering residents' rooms, and whenever gloves were changed. RN-D further stated not every resident had a hand sanitizer dispenser located at the entrance of their room, and staff would then be expected to wash hands in the resident's bathroom.</p> <p>The licensee's Infection Control Standard Precautions policy dated 2020, indicated hand washing (HH) would be performed before and after contact with residents, before donning gloves, and after removing gloves.</p> <p>The CDC guidance titled CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings dated November 29, 2022, indicated healthcare personnel (HCP) should perform HH immediately before touching a patient (resident), after touching a patient or the patient's immediate environment and immediately after glove removal.</p>	0 510		

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0 510	Continued From page 9 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy;	01370		

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01370	<p>Continued From page 10</p> <p>(13) understanding appropriate boundaries between staff and residents and the resident's family;</p> <p>(14) procedures to use in handling various emergency situations; and</p> <p>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency to include all required content was completed for one of two employees (unlicensed personnel (ULP)-E).</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>ULP-E was hired January 16, 2023, to provide direct cares for the licensee's residents.</p> <p>On November 7, 2023, at 7:30 a.m., ULP-E was observed to assist with dressing, grooming, and personal hygiene for R4.</p> <p>ULP-E's employee record lacked documentation of training and competency in the following topics: -maintenance of a clean and safe environment; -training on the prevention of falls; -standby assistance techniques and how to</p>	01370		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2023
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NAME OF PROVIDER OR SUPPLIER MARVELLA	STREET ADDRESS, CITY, STATE, ZIP CODE 822 WOODLAWN AVENUE SAINT PAUL, MN 55116
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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
01370	<p>Continued From page 11</p> <p>perform them; -medication, exercise, and treatment reminders; -communication skills that include preserving the dignity of the resident and showing respect for the resident and the -procedures to use in handling various emergency situations; and -recognizing physical, emotional, cognitive, and developmental needs of the client.</p> <p>On November 8, 2023, at 12:10 p.m., licensed assisted living director (LALD)-A stated she was not able to provide any additional training records for ULP-E. LALD-A further stated the registered nurse supervisor was on leave and may have those records. LALD-A stated, "we will have to look at this."</p> <p>The licensee's Education & Training Policy, revised April 2022, indicated employees would receive orientation and training to assure they possessed the competencies and skills necessary to provide services that met the residents' needs safely and in a manner that promoted each resident's well-being.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01370		
01440 SS=D	<p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being</p>	01440		

Minnesota Department of Health

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01440	<p>Continued From page 12</p> <p>provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual began working for the licensee, for one of one unlicensed personnel (ULP)-E.</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>	01440		

Minnesota Department of Health

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01440	<p>Continued From page 13</p> <p>ULP-E was hired January 16, 2023, to provide direct care services for licensee's residents.</p> <p>On November 7, 2023, from 7:30 a.m. to 9:25 a.m., the surveyor observed ULP-E to assist residents with direct cares.</p> <p>ULP-E's record lacked evidence a RN conducted direct supervision of ULP-E within 30-days of performing delegated tasks.</p> <p>On November 8, 2023, at 12:10 p.m., licensed assisted living director (LALD)-A stated ULP-E's 30-day supervision was not in the employee's record, and she was unable to locate the document.</p> <p>The licensee's MN AL Delegation and Supervision Policy revised August 9, 2022, indicated RN would provide direct supervision of staff performing delegated tasks within 30 calendar days after the staff began working.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01440		
01890 SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 14</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information, including the expiration date for time sensitive medications, for one of three residents (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a 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>Findings include:</p> <p>R1 had diagnoses to include diabetes mellitus and hypertension (high blood pressure).</p> <p>On November 07, 2023, at 11:30 a.m., unlicensed personnel (ULP)-H was observed to assist R1 to administer their own insulin, after ULP-H verified the dose. R1's insulin pen lacked documentation of an opened by or discard by date on the insulin pen. ULP-H confirmed R1's prescribed Lantus (insulin used to treat diabetes) pre-filled pen lacked the dates the pens had been opened and the dates the pens would expire.</p> <p>On November 07, 2023, at approximately 12:00 p.m., registered nurse (RN)-C confirmed R1's insulin pens lacked the dates the pens had been opened, and when the pens would expire. RN-C stated the medication labeling process was for the insulin pens to have the date filled out by</p>	01890		
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Minnesota Department of Health

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01890	<p>Continued From page 15</p> <p>staff, when first taken out of the medication refrigerator for use and discarded after 28 days.</p> <p>The licensee's document titled, AL RTask Nurse Review Expectations, dated April 27, 2023, indicated the nurse would conduct a weekly review of medication expiration dates. The document further indicated insulin pens would be reviewed weekly and include verification of the date on the insulin pen.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		

Type: Full
Date: 11/07/23
Time: 10:18:18
Report: 1023231238

Food and Beverage Establishment Inspection Report

Page 1

Location:

Marvella
822 Woodlawn Avenue
St Paul, MN55116
Ramsey County, 62

Establishment Info:

ID #: 0042185
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.

2-400 Hygienic Practices

2-401.11B

MN Rule 4626.0105B Food employees must use a closed beverage container within the food preparation or utensil washing areas.

OPEN EMPLOYEE BEVERAGE CONTAINER IN FOOD PREP AREA.

Comply By: 11/07/23

Surface and Equipment Sanitizers

Hot Water: = at 174 Degrees Fahrenheit

Location: DISH WASHER

Violation Issued: No

S&S: = 700PPM at Degrees Fahrenheit

Location: 3 COMP SINK

Violation Issued: No

S&S: = 700PPM at Degrees Fahrenheit

Location: SANI BUCKET

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/CHEESE

Temperature: 40 Degrees Fahrenheit - Location: PREP COOLER

Violation Issued: No

Process/Item: Cold Hold/CHICKEN

Temperature: 39 Degrees Fahrenheit - Location: WALK IN COOLER

Violation Issued: No

Type: Full
Date: 11/07/23
Time: 10:18:18
Report: 1023231238
Marvella

Food and Beverage Establishment Inspection Report

Process/Item: Cold Hold/CUT MELON
Temperature: 40 Degrees Fahrenheit - Location: REACH IN COOLER
Violation Issued: No

Process/Item: Cold Hold/BEEF
Temperature: 41 Degrees Fahrenheit - Location: DRAWER COOLER
Violation Issued: No

Process/Item: Hot Hold/SOUP
Temperature: 153 Degrees Fahrenheit - Location: STEAM WELL
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. INSPECTION CONDUCTED IN PRESENCE OF THE PERSON IN CHARGE.

THIS FACILITY HAS COMMERCIAL EQUIPMENT IN A MAIN KITCHEN AND BISTRO LOCATED IN THE INDEPENDENT LIVING AREA (EH LICENSE) AS WELL AS A SATELLITE KITCHEN IN THE MEMORY CARE ARE (HRD SERVICE). FOOD SERVICE IS PROVIDED BY CARE FACILITY STAFF.

FOODS SUCH AS PRE-COOKED CHICKEN, ROASTS, AND ROP SOUPS ARE PREPARED AT THE PRES HOMES COMMISSARY KITCHEN AND DELIVERED FROZEN.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:

- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- GLOVE CHANGING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- FOOD REHEATING METHODS
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- PASTEURIZED SHELL EGGS

Type: Full
Date: 11/07/23
Time: 10:18:18
Report: 1023231238
Marvella

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1023231238 of 11/07/23.

Certified Food Protection Manager: JUSTIN SPANO

Certification Number: 66277 Expires: 01/23/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

JUSTIN SPANO
PERSON IN CHARGE

Signed: Gregory T Nelson

Gregory T. Nelson
Public Health Sanitarian
Freeman Building
651-201-4259
greg.nelson@state.mn.us