DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

January 4, 2023

Licensee
MAS Home Health Care LLC
8019 Upton Avenue South
Bloomington, MN 55431

RE: Project Number(s) SL38350015

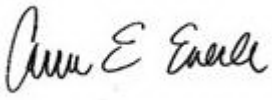
Dear Licensee:

On December 1, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the November 8, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,



Carrie Euerle, Supervisor
Health Regulation Division
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Email: carrie.euerle@state.mn.us
Phone: 651-242-8846 Fax: 651-215-5963

HHH

Electronically Delivered

November 28, 2022

Administrator
MAS Home Health Care LLC
8019 Upton Avenue South
Bloomington, MN 55431

RE: Project Number(s) SL38350015

Dear Administrator:

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 a complaint evaluation OR an initial evaluation on November 8, 2022, for the purpose investigating complaint number SL38350015 and (OR delete green assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing 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 . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4(a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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.

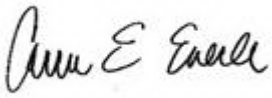
A state licensing order under Minn. Stat. § 144G.91 Subd. 8), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general 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

Free from Maltreatment reconsideration requests should addressed 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 this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



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Email: carrie.euerle@state.mn.us
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HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38350	A. BUILDING: _____ B. WING _____	11/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAS HOME HEALTH CARE LLC	8019 UPTON AVENUE SOUTH BLOOMINGTON, MN 55431

(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 Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#38350015 On November 7, 2022 and November 8, 2022, 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 two residents receiving services under the provider's Provisional Assisted Living Facility license. The following tags were issued: 0680 and 1290.	0 000	Assisted Living Provider 144G. 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 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. 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.	

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0 000	Continued From page 1	0 000	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.	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	0 680		

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0 680	Continued From page 2 review the licensee failed to post an emergency preparedness plan prominently. This had the potential to affect all two residents receiving services under the assisted living license, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During a facility tour on November 7, 2022 at 10:50 a.m., the Minnesota Department of Health (MDH) surveyor observed there was no evidence of signage posted or information regarding the licensee's emergency plan. On November 7, 2022 at 1:30 p.m., the MDH surveyor observed emergency exit diagrams posted on each floor but did not indicate any emergency procedure. During an interview, the licensed assisted living director (LALD)-B, on November 8, 2022 at 2:00 p.m., stated an emergency preparedness plan poster was in process of being printed. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
01290 SS=F	144G.60 Subdivision 1 Background studies required	01290		

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01290	Continued From page 3 (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure background studies were conducted prior to staff providing services for one of two employees, unlicensed personnel (ULP)-D, who had background study clearance affiliation with another facility with records reviewed. This had the potential to affect all residents currently receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). During an interview, dated November 8, 2022, at 1:35 p.m., the licensed assisted living director, (LALD)-B stated ULP-D started the background	01290		

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01290	Continued From page 4 study application process, but was not able to complete the process due to a scheduling issue. LALD-B stated ULP-D had completed the fingerprinting portion of the background check., LALD-B stated ULP-D was immediately removed from the schedule until a background study had been completed and ULP-D was completing the process effective November 8, 2022. A search of the Minnesota Department of Human Services background study website (https://netstudy2.dhs.state.mn.us/Live/PersonSearch) conducted on November 10, 2022 at 4:30 p.m., indicated ULP-D had started a background study clearance on the following dates but did not complete the process: September 21, 2022, October 7, 2022, October 17, 2022, and November 2, 2022. This same website indicated ULP-D's net study application initiated on November 2, 2022, background study was in process as of November 8, 2022. This same website indicated ULP-D had a background study clearance dated March 4, 2020. TIME PERIOD FOR CORRECTION: Two (2) days	01290		

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

Type: Full
Date: *11/08/22*
Time: 11:58:51
Report: 1021221357

Food and Beverage Establishment Inspection Report

Location:
MAS Home Care LLC
8019 UPTON AVENUE SOUTH
BLOOMINGTON, MN55431
Hennepin County, 27

Establishment Info:
ID #: N038350
Risk:
Announced Inspection: Yes

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.

The following orders were issued during this inspection.

4-200 Equipment Design and Construction

4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

RESIDENTIAL DISHWASHING MACHINE DID NOT HAVE SANITIZING BUTTON OPTION. UNABLE TO VERIFY IF DISH MACHINE IS ABLE TO REACH THE REQUIRED TEMPERATURE OF 160F FOR SANITIZING. INFORMATION ABOUT RESIDENTIAL NSF/ANSI STANDARD 184 SENT WITH REPORT.

Comply By: 11/08/22

4-300 Equipment Numbers and Capacities

4-303.11B

MN Rule 4626.0721B Provide chemical sanitizers to sanitize equipment and utensils during all hours of operation.

NO APPROVED CHEMICAL SANITIZERS ON-SITE. STAFF WILL GET APPROVED FOOD-CONTACT SURFACES BLEACH BEFORE WASHING ANY DISHES/UTENSILS . ESTABLISHMENT HAS A BLEACH TEST KIT ON-SITE. ENSURE SANITIZING SOLUTION IS PROVIDED AT ALL TIMES.

Comply By: 11/08/22

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

PER CONVERSATION WITH AHMED, THE DISH MACHINE STOPPED WORKING LAST NIGHT. HE ALREADY CALLED SOMEONE TO SERVICE THE DISH MACHINE. STAFF ARE WASHING AND SANITIZING IN THE TWO COMPARTMENT SINK. REPAIR DISH MACHINE. SEE COMMENTS.

Comply By: 11/08/22

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: MILK - FRIGIDAIRE REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: SLICED HAM - FRIGIDAIRE REFRIGERATOR
Violation Issued: No

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

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH DIRECTOR, AHMED FARAH AND HEALTH REGULATION DIVISION NURSE EVALUATOR, LORI POKELA.

THIS IS A RESIDENTIAL HOME. CURRENTLY THERE ARE TWO RESIDENTS WITH A MAXIMUM NUMBER OF FIVE.

PER CONVERSATION WITH AHMED, FOOD IS MADE FOR SAME DAY SERVICE. NO LEFTOVERS ARE KEPT.

ONE COMPARTMENT OF THE TWO COMPARTMENT SINK HAS BEEN ASSIGNED AS A HANDWASHING SINK AND THE OTHER AS A PREPARATION SINK. SINCE THE DISH MACHINE IS NOT WORKING, STAFF ARE USING THE TWO COMPARTMENT SINK TO WASH AND RINSE DISHES/UTENSILS AND THEY ARE FILLING A CONTAINER WITH BLEACH AND WATER TO SANITIZE.

DISCUSSED WITH AHMED THE APPROVED TYPES OF BLEACH SANITIZER FOR FOOD CONTACT SURFACES. MAKING SURE THAT THE LABEL MENTIONS THAT IT CAN BE USED WITH NONPOROUS FOOD CONTACT SURFACES.

THE KITCHEN HAS RESIDENTIAL EQUIPMENT AND WOOD FLOORS. PHYSICAL FACILITY ITEMS WILL BE MONITORED AT FUTURE INSPECTIONS.

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 1021221357 of 11/08/22.

Certified Food Protection Manager: AHMED A. FARAH

Certification Number: FM111970 Expires: 02/11/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

AHMED FARAH
DIRECTOR

Signed: _____

Melissa Ramos
Environmental Health Specialist
Metro District Office
651-201-4495
Melissa.Ramos@state.mn.us