

Electronically Delivered

October 30, 2023

Licensee  
Royal Health  
12209 Parkwood Place  
Burnsville, MN 55337

RE: Project Number(s) SL36105015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 4, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

#### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. The 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 the MDH 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 state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jonathan Hill, Supervisor  
State Evaluation Team  
Email: jonathan.hill@state.mn.us  
Telephone: 651-201-3993 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/04/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROYAL HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12209 PARKWOOD PLACE BURNSVILLE, MN 55337</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> SL36105015-0</p> <p>On October 2, 2023, through October 4, 2023, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four (4) residents, all of whom received 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 License providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p><b>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 660 SS=D	<p><b>144G.42 Subd. 9 Tuberculosis prevention and control</b></p> <p><b>(a) The facility must establish and maintain a</b></p>	0 660		

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

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0 660	<p>Continued From page 1</p> <p>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: Based on interview and record review, the licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included documentation of TB training was completed for one of two employees (licensed assisted facility director/clinical nurse supervisor (LALD/CNS)-A).</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>	0 660		

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0 660	<p>Continued From page 2</p> <p>LALD/CNS-A had a hire date of June 11, 2019, to provide supervision and oversight to unlicensed personnel and provide direct services residents under the comprehensive license. LALD/CNS-A began providing assisted living services on August 1, 2021.</p> <p>On October 2, 2023, during the entrance conference at 10:15 a.m., LALD/CNS-A stated they also acted as the clinical nurse supervisor and was responsible to complete admissions, required assessments, change of condition status, service plans, medication management plans and care plans for all residents residing in the facility.</p> <p>RN-B's employee record lacked documentation of TB training at time of hire.</p> <p>On October 4, 2023, at 12:30 p.m., LALD/CNS-A stated TB training was missed. LALD/CNS-A stated they were also employed by a metropolitan hospital where TB training was completed. LALD/CNS-A stated they did not consider completing further training for assisted living facilities or to ensure it was in their employee record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p>	0 780		

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0 780	<p>Continued From page 3</p> <p>(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;</p> <p>This MN Requirement is not met as evidenced by:            Based on observation and interview, the licensee failed to provide interconnected smoke alarms that complied with fire protection requirements. This had the potential to directly affect all residents and staff.</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 the potential to affect a large portion or all of the residents).</p>	0 780		

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0 780	<p>Continued From page 4</p> <p>Findings include:</p> <p>On October 3, 2023, at approximately 1:30 p.m., survey staff toured the facility with the licensed assisted living director (LALD)-A and the executive program manager (EPM)-B. During the tour, survey staff observed that when smoke alarms were tested, the smoke alarms in resident bedrooms 1, 3, and 4 did not test as interconnected so that actuation of one alarm caused all alarms in the dwelling unit to operate.</p> <p>During the facility tour interview, LALD-A and EPM-B confirmed the findings and verified this deficient condition.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 780		
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) employee 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 or unusual resident needs for movement or evacuation.</li> </ul> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year</p>	0 810		

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0 810	<p>Continued From page 5</p> <p>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 employees 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 record review and interview, the licensee failed to develop and maintain fire safety and evacuation plans with the required elements. This had the potential to affect all staff, residents, 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 the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On October 4, 2023, at approximately 11:05 a.m., the licensed assisted living director (LALD)-A provided the fire safety and evacuation plans for the facility. Survey staff reviewed the fire safety</p>	0 810		

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0 810	<p>Continued From page 6</p> <p>and evacuation plans and observed the following:</p> <ol style="list-style-type: none"> <li>1. Record review of the available documentation indicated that the plans had not been developed and maintained for the facility location. The plans reference fire-rated doors, smoke partitions, fire walls, and smoke compartment doors which are not identified in the plans.</li> <li>2. Record review of the available documentation indicated that the plans did not include complete employee actions on how to move or evacuate residents in the event of a fire or similar emergency from this facility location.</li> <li>3. Record review of the available documentation indicated that detailed fire protection procedures necessary for residents were not included in the plans.</li> <li>4. Record review of the available documentation indicated that procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation were not included in the plans.</li> </ol> <p>On October 5, 2023, at approximately 9:00 a.m., the LALD-A and the executive program manager (EPM)-B confirmed the findings and verified these deficient conditions.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
01470 SS=D	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(a) The orientation must contain the following topics:</p> <ol style="list-style-type: none"> <li>(1) an overview of this chapter;</li> <li>(2) an introduction and review of the facility's policies and procedures related to the provision</li> </ol>	01470		

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01470	<p>Continued From page 7</p> <p>of assisted living services by the individual staff person;</p> <p>(3) handling of emergencies and use of emergency services;</p> <p>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p>	01470		

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01470	<p>Continued From page 8</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of two employees licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A) received orientation to assisted living facility licensing requirements and regulations.</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>LALD/CNS-A was hired on June 11, 2019 to provide supervision and oversight to unlicensed personnel and provide direct services to residents under the comprehensive license. LALD/CNS-A began providing assisted living services on August 1, 2021.</p> <p>On October 2, 2023, during the entrance</p>	01470		
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01470	<p>Continued From page 9</p> <p>conference at 10:15 a.m., LALD/CNS-A stated they also acted as the clinical nurse supervisor and was responsible to complete admissions, required assessments, change of condition status, service plans, medication management plans and care plans for all residents residing in the facility.</p> <p>LALD/CNS-A's employee record lacked evidence to indicate the employee had received orientation to include the following topics:</p> <ul style="list-style-type: none"> <li>- an overview of Assisted Living laws 144G.</li> <li>- an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person</li> <li>- handling of emergencies and use of emergency services</li> <li>- the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights</li> <li>- the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person</li> <li>- handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints.</li> <li>- consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services</li> <li>- a review of the types of assisted living services the employee would be providing and the facility's category of licensure</li> </ul> <p>On October 4, 2023, at 12:30 p.m., LALD/CNS-A</p>	01470		

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01470	<p>Continued From page 10</p> <p>stated they did complete classes when the licensee was under home care licensure, but they did not complete the orientation training required with the assisted living facility license.</p> <p>On October 4, 2023, at 12:30 p.m., the executive program manager (EPM)-B added, "Going forward I will ensure all required training will be assigned to all required staff. I did not consider (LALD/CNS-A) needed this (orientation training) but now I am aware."</p> <p>The Royal Crown Homes Orientation of Staff and Supervisors policy, dated August 1, 2021, indicated all staff of Royal Crown Homes providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01470		
01500 SS=D	<p>144G.63 Subd. 5 Required annual training</p> <p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p>	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/04/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROYAL HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12209 PARKWOOD PLACE BURNSVILLE, MN 55337</b>
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01500	<p>Continued From page 11</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and</p>	01500		

Minnesota Department of Health

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01500	<p>Continued From page 12</p> <p>involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an employee received at least eight hours of annual training for each 12 months of employment for one of two employees, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A).</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>LALD/CNS-A had a hire date of June 11, 2019, to provide supervision and oversight to unlicensed personnel and provide direct services residents under the comprehensive license. LALD/CNS-A began providing assisted living services on August 1, 2021.</p> <p>On October 2, 2023, during the entrance conference at 10:15 a.m., LALD/CNS-A stated they also acted as the clinical nurse supervisor and was responsible to complete admissions, required assessments, change of condition status, service plans, medication management plans and care plans for all residents residing in</p>	01500		

Minnesota Department of Health

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01500	<p>Continued From page 13</p> <p>the facility.</p> <p>LALD/CNS-A's record lacked evidence of at least eight hours of annual training to include:</p> <ul style="list-style-type: none"> <li>- training on reporting of maltreatment of vulnerable adults under section 626.557.</li> <li>- review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases.</li> <li>- review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li> <li>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</li> </ul> <p>On October 4, 2023, at 12:30 p.m., LALD/CNS-A stated, "This was an oversight. I thought having a LALD license preceded all other training. Going forward I will complete on an annual basis."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01500		
01530 SS=D	<p><b>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</b></p> <p>(a) All assisted living facilities must meet the following training requirements:</p>	01530		

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01530	<p>Continued From page 14</p> <p>(1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;</p> <p>(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to provide evidence of dementia care training on required topics for one of two employees (licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A).</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</p>	01530		
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Minnesota Department of Health

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01530	<p>Continued From page 15</p> <p>a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>LALD/CNS-A had a hire date of June 11, 2019, to provide supervision and oversight to unlicensed personnel and provide direct services residents under the comprehensive license. LALD/CNS-A began providing assisted living services on August 1, 2021.</p> <p>On October 2, 2023, during the entrance conference at 10:15 a.m., LALD stated they also acted as the clinical nurse supervisor and was responsible to complete admissions, required assessments, change of condition status, service plans, medication management plans and care plans for all residents residing in the facility.</p> <p>LALD/CNA's record lacked documentation of the required eight (8) hours of dementia training within 120 working hours of the employment start date.</p> <p>On October 4, 2023, at 12:30 p.m., LALD/CNS-A stated although they were responsible to train staff in dementia care, they did not complete the training as required.. LALD/CNS-A stated the licensee planned to use Edu care (an electronic education system) to ensure all employees were compliant with required training to include eight (8) hours of dementia training within 120 working hours of the employment start date and two additional hours of dementia care training annually...</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen</p>	01530		

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01530	Continued From page 16  (14) days	01530		



Minnesota Department of Health  
Environmental Health, FPLS  
P.O Box 64975  
Saint Paul  
651-201-4500

Type: Full  
Date: 10/02/23  
Time: 08:16:39  
Report: 1018231172

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Royal Health  
12209 Parkwood Place  
Burnsville, MN55337  
Dakota County, 19

**Establishment Info:**

ID #: 0038574  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 9528004733  
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.

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

ESTABLISHMENT IS A RESIDENTIAL HOUSE WITH A RESIDENTIAL KITCHEN.

ALL FOOD IS SERVED SAME DAY WITH NO REHEATING OR COOLING.

DISHWASHER IS EQUIPPED WITH SANITIZE FUNCTION AND SINK HAS SEPARATE BASINS FOR DISHWASHING AND HAND WASHING.

DISCUSSED EMPLOYEE ILLNESS AND PEST CONTROL POLICIES.

NO ORDERS ISSUED.

Type: Full  
Date: 10/02/23  
Time: 08:16:39  
Report: 1018231172  
Royal Health

# 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 1018231172 of 10/02/23.

Certified Food Protection Manager: ZIPPORAH N BOGONKO

Certification Number: FM109984 Expires: 02/01/25

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

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

ZIPPORAH BOGONKO

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

2204 Rebecca Prestwood  
Sanitarian 3  
6512013777  
rebecca.prestwood@state.mn.us