Electronically Delivered

July 21, 2022

Administrator
Twins Home Care Service, LLC
13413 Parkwood Drive
Burnsville, MN 55337

RE: Project Number(s) SL37960015 and HL37960001M/HL37960002C

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 (HL37960001M/ HL37960002C) and an initial evaluation (SL37960015) on June 22, 2022, for the purpose investigating complaint number HL37960001M/HL37960002C and 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,

Jessica Sellner, Supervisor
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 320-223-7370 Fax: 651-281-9796

mpm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37960	A. BUILDING: _____ B. WING _____	C 06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWINS HOME CARE SERVICE LLC	13413 PARKWOOD DRIV BURNSVILLE, MN 55337

(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# 37960015 On June 21 and 22, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued 0480, 0780, 0800, and 0810. In addition, on June 22, 2022, the Minnesota Department of Health initiated an investigation of complaint #HL37960001M/# HL37960002C. No correction orders are issued. At the time of the survey and investigation, there were 2 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 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. 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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to comply with Minnesota Food Code, Chapter 4626. This had the potential to affect all two residents residing at the facility. 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: Please refer to the additional documentation	0 480		

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0 480	Continued From page 2 included in the Food and Beverage Establishment Inspection Reports dated June 21, 2022. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 480		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with 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 the interconnection of all smoke alarms in the home. This has the potential to	0 780		

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0 780	Continued From page 3 directly affect occupied residents, 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) 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). The findings include: On June 21, 2022, approximately from 1:35 p.m. to 3:00 p.m., survey staff toured the home with the licensed assisted living director (LALD)-B. During the facility tour, survey staff observed the following findings: 1) The smoke alarms when tested failed to sound all smoke alarms throughout as required for interconnection of all smoke alarms for proper notification. The finding was evident when the smoke alarms located in resident room #5 (lower level) and the alarm outside the vicinity of the upper-level bedrooms were tested and sounded local. Survey staff explained to the LALD-B that the smoke alarm outside the bedroom on the upper-level floor was a hardwired type of smoke alarm, and not connected to the other battery smoke alarms in the home and therefore, only sounded local. Survey staff also clarified that when one smoke alarm in the home is activated, all smoke alarms must sound throughout for notification. 2) The smoke alarms were incorrectly installed on the walls of the lower-level bedrooms, hallway, and main-level living room at 28 inches and 40	0 780		

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0 780	Continued From page 4 inches below the ceiling. The smoke alarms must be installed on the ceiling or walls at less than 12 inches below the ceiling for proper detection of smoke. The licensee must review with the local administrative authority for the proper installation of smoke alarms. On June 21, 2022, at approximately 3:35 p.m., the LALD-B acknowledged the findings at the exit interview. The LALD-B stated that she hired a contractor on Craig's list to perform the smoke alarm work. Survey staff advised the LALD-B to verify for proper Minnesota licensure when hiring contractors from Craig's list. No further information was provided. TIME PERIOD FOR CORRECTION: Fourteen (14) 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: 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 occupied residents and staff.	0 800		

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0 800	Continued From page 5 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 are: On June 21, 2022, approximately from 1:35 p.m. to 3:00 p.m., survey staff toured the home with the licensed assisted living director (LALD)-B. During the facility tour, survey staff observed the following findings: 1) The front entrance door on the main floor had double-keyed deadbolt hardware that required a key to lock and unlock the door from the interior of the home. Survey staff explained to the LALD-B that the lock door hardware for the front door must function in a manner that prior and special knowledge must not be necessary or required to exit the home during an emergency or evacuation for a resident, staff, or visitor. A key required to exit from the inside of the home is not considered common knowledge and is not allowed. The LALD-B agreed to not use a double-keyed deadbolt and use the other lower door hardware lock (with turn button) for security until the double-keyed deadbolt is replaced. 2) The upper-level hallway near the bedrooms lacked carbon monoxide detection protection. The LALD-B verified the finding. On June 21, 2022, at approximately 3:35 p.m.,	0 800		

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0 800	Continued From page 6 the LALD-B acknowledged the findings during the exit interview. No Further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (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. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (f) Evacuation drills are required for employees twice per year per shift with at least one	0 810		

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0 810	Continued From page 7 evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to provide all required content on the fire safety and evacuation plan, the required training on fire safety and evacuation plan, and the minimum number of evacuation drills. This has the potential to directly affect the safety of occupied residents receiving care, 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) 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). The findings include: On June 21, 2022, at approximately 3:05 p.m., survey staff received and reviewed the home's fire safety and evacuation documentation, the evacuation drill, and the training documentation from the licensed assisted living director (LALD)-B. FIRE SAFETY AND EVACUATION PLAN 1)The plan lacked an accurate floor plan of the home to show the location and numbers of resident rooms and exit routes. The posted floor plan layout incorrectly indicated there were four bedrooms on the upper level when there were	0 810		

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0 810	Continued From page 8 three, and one bedroom on the lower level when there were two bedrooms. 2)The plan documentation lacked fire protection procedures for residents. DRILLS Documentation review indicated there was a lack of evacuation drills performed by employees. Record review indicated one drill performed on February 22, 2022, since licensure. Survey staff explained to the LALD-B that their policy (no date) had adopted the correct minimum required number of fire safety and evacuation drills of twice per year per shift, with at least one evacuation drill every other month, but will need to carry out the drills and maintain records to show compliance with the requirement. TRAINING The licensee failed to meet the required employee training on the fire safety and evacuation plan to date. Survey staff explained to the LALD-B that the training must be specific to the facility's fire safety and evacuation plan. Survey staff also explained that fire safety and evacuation training is specifically required at minimum upon hire and twice a year, and the training is in addition to the required emergency preparedness training. On June 21, 2022, at approximately 3:35 p.m., the LALD-B acknowledged the above findings at the exit interview. Survey staff advised the LALD-B to perform employee drills as required and to cover all shifts as well as the required training that must be specific to the home's fire safety and evacuation plan. No further information was provided.	0 810		

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0 810	Continued From page 9 TIME PERIOD FOR CORRECTION: Fourteen (14) days	0 810		

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

Type: Full
Date: *06/21/22*
Time: 12:14:09
Report: 1018221080

Food and Beverage Establishment Inspection Report

Location:
Twins Home Care
13413 Parkwood Drive
Burnsville, MN55337
Dakota County, 19

Establishment Info:
ID #: 0040363
Risk:
Announced Inspection: No

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.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) ***** Priority 1 *****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

EGGS OBSERVED TO BE STORED OVER READY TO EAT FOODS IN THE COOLER. COMPLY WITH RULE.

Comply By: 06/21/22

4-200 Equipment Design and Construction

4-201.11GMN

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

FIRM IS COOKING, COOLING AND RE-SERVING FOOD THAT HAS BEEN PREPARED IN THE FACILITY. DUE TO THE STANDARD OF EQUIPMENT PRESENT AND THE POPULATION BEING SERVED, FIRM IS ONLY ALLOWED TO DO SAME DAY SERVICE. COMPLY WITH RULE.

Comply By: 06/21/22

Food and Equipment Temperatures

Process/Item: Cold Holding/ YOGURT
Temperature: 40 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

Type: Full
Date: *06/21/22*
Time: 12:14:09
Report: 1018221080
Twins Home Care

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding/ LETTUCE
Temperature: 40 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

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

FIRM HAS A DISHWASHER WITH SANITIZE FUNCTION AVAILABLE.

PHYSICAL FACILITIES WERE OBSERVED TO BE IN GOOD CONDITION.

EMPLOYEE ILLNESS TRACKING AND POLICY DISCUSSED.

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 1018221080 of 06/21/22.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____
BEZA MEKONENE
MANAGER

Signed:_____
Inspector Number 1018

6512014500