DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

October 6, 2022

Administrator
First Choice Assisted Living
2301 West 96th Street
Bloomington, MN 55431

RE: Project Number(s) SL35462015

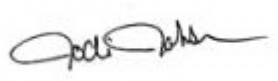
Dear Administrator:

On September 22, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the July 13, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial 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,



Jodi Johnson, Supervisor
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State Evaluation Team
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Telephone: 507-344-2730 Fax: 651-215-9697

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Electronically Delivered

August 22, 2022

Administrator
First Choice Assisted Living
2301 West 96th Street
Bloomington, MN 55431

RE: Project Number(s) SL35462015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on July 13, 2022, for the purpose of evaluating 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, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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 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 . . ."

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, the following fines are assessed pursuant to this evaluation:

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services - $3,000.00

The total amount you are assessed is $3,000.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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 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 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 be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

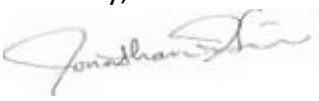
REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

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,



Jonathan Hill, Supervisor
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Telephone: 651-592-5119 Fax: 651-215-9697

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35462	A. BUILDING: _____ B. WING _____	07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST CHOICE ASSISTED LIVING	2301 WEST 96TH STREET 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: SI37301015 On July 11, though July 13, 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 there was four (4) residents who received assisted living service	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.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure licensed assisted living director (LALD-A) was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's 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: LALD-A started employment on May 1, 2020, and began providing services under the licensee's comprehensive home care license, On July 12, 2022, at 12:30 p.m., the Minnesota Board of Executives for Long-Term Services and Support (BELTSS) website indicated LALD-A currently held a LALD license, but LALD-A was not listed as the Director of Record for the licensee. A call was then placed to the Director of Assisted Living and Education. On July 12, 2022, at 2:227 p.m., the Director of	0 110		

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0 110	Continued From page 2 Assisted Living and Education replied via e-mail verifying LALD-A was not listed as Director of Record for the licensee. On July 12, 2022, at 2:40 p.m., LALD-A stated that although she completed LALD process she was unaware of the concept of "Director of Record". No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days On July 12, 2022, at 2:227 p.m., the Director of Assisted Living and Education replied via e-mail verifying LALD-A was not listed as Director of Record for the licensee. On July 12, 2022, at 2:40 p.m., LALD-A stated that although she completed LALD process she was unaware of the concept of "Director of Record". No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (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)	0 480		

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0 480	Continued From page 3 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 ensure food was prepared and served according to the Minnesota Food Code. 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 the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated July 11, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 4 (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 review, the licensee failed to have a written emergency preparedness plan with all the required content and failed to post an emergency preparedness plan prominently. In addition, the licensee failed to provide the minimum frequency of inspection, maintenance, and load test requirements for the emergency power generator as part of the emergency plan to ensure the proper performance of the generator. This had the potential to affect all four (4) residents	0 680		

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0 680	Continued From page 5 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) 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: 1) During the entrance conference on July 11, 2022, at 10:30 a.m., a request was made to review the licensee's emergency preparedness plan. The licensee's plan lacked the following required content: -current, all-hazards approach facility assessment -description of the population served by licensee -process for emergency preparedness (EP) cooperation with state and local EP officials/organizations -subsistence needs for staff and residents during an emergency situation -procedure for tracking staff and residents -development of all policies/procedures, based on assessment, and additional policies for: -potential evacuation -sheltering in place -handling medical documents -handling and use of volunteers -arrangement with other facilities (including sister facilities) -development of a communication plan, including primary and alternate means for communication -methods for sharing information	0 680		

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0 680	Continued From page 6 -EP training and testing program -EP training program for staff (including documentation of training provided) -annual EP testing requirements. On July 13, 2022, at 1:30 p.m., the licensed assisted living director (LALD)--A confirmed the current emergency preparedness plan lacked all required content. LALD-A further explained the licensee did not develop a disaster program to apply specifically to the facility. An emergency preparedness program policy was requested however, the licensee provided policies regarding: -Emergency Procedure -Emergency Preparedness Evacuation -Weather Related Natural Disasters -Communication Plan for Emergency Preparedness -Hazard Vulnerability -Fire Safety Program for the Workplace The provided policies did not address the licensee's Emergency Preparedness program No further information was provided TIME PERIOD FOR CORRECTION: Twenty-one (21) daysTIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
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	0 780		

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0 780	Continued From page 7 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 smoke alarms in the basement bedroom. This had the potential to directly affect all 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, but was not likely to cause serious injury, impairment, or death), and 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 residents). The findings include: On July 12, 2022, between 11:45 a.m. and 1:30	0 780		

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0 780	Continued From page 8 p.m., survey staff toured the facility with the licensed assisted living director (A)-A. During the facility tour, survey staff observed there was no smoke alarm in basement bedroom #5. A-A verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect the four (4) residing in the facility and future residents. 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	0 970		

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0 970	Continued From page 9 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 residents). The findings include: On July 11, 2022, at 10:45 a.m., a copy of the facility's assisted living contract was requested. The licensee's Home Care Consultants, LLC 2021 Forms 5.1 Assisted Living Contract, under the Miscellaneous Provision section, included clauses indicating the provider was not liable to resident any personal injury or property damage including , without limitation, damages to, or loss or theft of, automobiles or personal property of resident) suffered by the resident or the resident's agents, guests or invitees unless and to the extent the injury or damage was caused by the negligence of First Choice or its employees or agents. The resident hereby releases First Choice from liability from any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless cause by the negligence of First Choice or its employees or agents. On July 13, 2022, at 10:30 a.m., the licensed assisted living director (LALD)-A confirmed the assisted living contract required residents to waive the facility's liability for health, safety, or personal property. LALD-A confirmed the same assisted living contract was used for all residents at the facility and was provided by the licensee's consultant team. A policy on content of assisted living contracts was not provided.	0 970		

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0 970	Continued From page 10 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
02310 SS=I	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the care and services were provided according to a suitable and up-to-date plan, and subject to acceptable health care and medical, or nursing standards with bedrails/side rails for two of two residents (R1, R2) with records reviewed. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at widespread 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). This practice resulted in an immediate correction order on July 12, 2022, related to resident identifiers R1 and R2. The findings include:	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35462	A. BUILDING: _____ B. WING _____	07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST CHOICE ASSISTED LIVING	2301 WEST 96TH STREET 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
02310	Continued From page 11 On July 11, 2022, at 12:30 p.m. during the initial tour of the facility, R1's and R2's beds were observed with bilateral (both sides) bedrails attached to the frame, The bedrails were in the raised position. R1 R1 was observed lying in bed. R1's bed was equipped with two half hospital-type bedrails. The bedrails were in the raised position and attached to the upper portion of the bedframe. The bedrails were loose from left to right as well as back and forth on both sides. The Service Plan signed October 18, 2021, indicated R1 required assistance with bathing, dressing, grooming, mobility, transfers, toileting, behavior management, safety checks four (4) times daily and sixty (60) day hospital bed service. The First Choice Assisted Living face sheet dated June 24, 2022, verified R1 had diagnosis including seizure disorder, diabetes, cognitive impairment, behavior outburst related to TBI (traumatic brain injury) and personality disorder. The assessment recommendation included bilateral bed rails to be placed on R1's bed. The First Choice Assisted Living Side Rail Use Assessment Form dated October 20, 2021, indicated R1 had a fluctuating level of consciousness, an alteration in safety awareness related to cognitive decline, had a fall history and poor balance and trunk control. The assessment also verified R1 had were indicated due to medical conditions/symptoms which included high fall risk, seizure, poor bed mobility, and not following safety precautions.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35462	A. BUILDING: _____ B. WING _____	07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST CHOICE ASSISTED LIVING	2301 WEST 96TH STREET BLOOMINGTON, MN 55431

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02310	Continued From page 12 The First Choice Assisted Living Risk Agreement Bed Rails, dated October 18, 2021 encouraged clients an/or client representatives to choose bed rails that comply with 2006 FDA (Food and Drug Administration) dimensional Guidance and to consider alternatives such as a lowered bed and lipped mattress. The assessment did not address whether the device was installed per manufacturer's installation instructions or include measurements of the specific zones within the bedrails as defined in the FDA, "A Guide to Bed Safety". R2 R2's bed was equipped with two half hospital-type bedrails. The bedrails were in the raised position and attached to the upper portion of the bedframe. The bedrails were loose from left to right as well as back and forth on both sides. The bed was not occupied. The Service Plan signed August 1, 2021, indicated R2 required assistance with ambulation, bathing, dressing, grooming, mobility, transfers, and toileting. R2 received respiratory equipment care due to oxygen delivery and safety checks four times daily. The First Choice Assisted Living face sheet dated June 24, 2022, verified R2 had diagnosis including hepatic failure, COPD (chronic obstructive pulmonary disease) seizure disorder, major depression, insomnia, pain, altered mental status, cognitive communication deficit, weakness, and unsteadiness. The First Choice Assisted Living Side Rail Use Assessment Form dated May 1, 2021, indicated R2 had a fluctuating level of consciousness, an alteration in safety awareness related to cognitive	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35462	A. BUILDING: _____ B. WING _____	07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST CHOICE ASSISTED LIVING	2301 WEST 96TH STREET BLOOMINGTON, MN 55431

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02310	Continued From page 13 decline, fall history and poor balance. The assessment recommendation included one bedrail place on the right side only of R2's bed.. The First Choice Assisted Living Risk Agreement Bed Rails dated April 29, 2022, encouraged clients and/or client representatives to choose bed rails that complied with 2006 FDA (Food and Drug Administration) dimensional Guidance and to consider alternatives such as a lowered bed and lipped mattress. The assessment did not address whether the device was installed per manufacturer's installation instructions or include measurements of the specific zones within the bedrails as defined in the FDA, "A Guide to Bed Safety". On July 11, 2022, at 1:15 p.m. the administrator (A)-A stated the registered nurse contacted the manufacturer to obtain guidance for measuring the bedrails. On July 11, 2022, at 2:00 p.m. R2 stated she did not use the bedrails and were only on her bed because "the owner wanted me to keep them on." On July 12, 2022 at 8:30 a.m. the LALD-A stated the RN (registered nurse) was responsible for measuring the bed rails upon placement and assess quarterly to ensure safety standards were met. LALD-A further explained although the measurements and the assessment were completed as per protocol, the licensee did not have the documentation. A-a stated the licensee followed the Guidance for Industry and FDA Staff -Hospital Bed system Dimensional and Assessment Guidance to Reduce Entrapment issued March 10, 2006. The March 10, 2006, FDA Side Rail Entrapment	02310		

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02310	Continued From page 14 Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (within the rail) should not exceed 4 and 3/4 inches, zone 2 (under the rail, between rail supports or next to a single rail support) should not exceed 4 and 3/4 inches, zone 3 (between the rail and the mattress), should not exceed 4 and 3/4 inches, and zone 4 (under the rail, at the ends of the rail) should not exceed 2 and 3/8 inches or be greater than a 60 degree angle. The FDA recognizes that zones 6 and 7 present a risk of either neck or chest entrapment and acknowledge that this space may change when raising or lowering the head or foot sections of the bed. The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's [resident's] physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The First Choice Assisted Living Inc. Use of Side Rails policy, undated, directed side rails would not be used in the assisted setting except in situations where assessment determined they were necessary for the safety of the resident. If the resident or resident's representative wanted side rails on the bed, the facility RN would educate the resident or the resident's representative about the risks related to side rails	02310		

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02310	Continued From page 15 and would assess weather the side rails met FDA standards. No further information provided. TIME PERIOD FOR CORRECTION: Immediate	02310		

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

Type: Full
Date: *07/11/22*
Time: 13:00:48
Report: 8075221130

Food and Beverage Establishment Inspection Report

Location:
First Choice Assisted Living
2301 West 96th Street
Bloomington, MN55431
Hennepin County, 27

Establishment Info:
ID #: 0038844
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9529559749
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.

3-500B Microbial Control: hot and cold holding
3-501.16A2 ** Priority 1 **
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

Time/temperature control for safety food measured above 41 degrees Fahrenheit in fridge. Fridge turned down onsite. See report temperature log for details.
Comply By: 07/11/22

2-100 Supervision
2-102.12AMN
MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

No state certified food protection manager.
Comply By: 10/11/22

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 46 Degrees Fahrenheit - Location: fridge - cream cheese
Violation Issued: Yes

Process/Item: Cold Holding
Temperature: 45 Degrees Fahrenheit - Location: fridge - alfredo sauce
Violation Issued: Yes

Type: Full
Date: *07/11/22*
Time: 13:00:48
Report: 8075221130
First Choice Assisted Living

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 47 Degrees Fahrenheit - Location: fridge - milk
Violation Issued: Yes

Process/Item: Cold Holding
Temperature: 46 Degrees Fahrenheit - Location: fridge - butter
Violation Issued: Yes

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

Note: Facility prepares time/temperature control for safety food for same day service. In accordance with MN Rules, part 4626.0506, subpart G, facility is exempt from the equipment requirements of MN Rules, part 4626.0506, subpart A.

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 8075221130 of 07/11/22.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Signed:_____

Nawal Hirsi
Assisted Living Director

Signed: Erin Tibbetts

Erin Tibbetts
Public Health Sanitarian
Metro District Office
651-201-3987
erin.tibbetts@state.mn.us