Electronically Delivered

December 18, 2024

Licensee
Our Caring Hands LLP
18712 Euclid Path
Farmington, MN 55024

RE: Project Number(s) SL31747016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 13, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. 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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31747	A. BUILDING: _____ B. WING _____	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR CARING HANDS LLP	18712 EUCLID PATH FARMINGTON, MN 55024

(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 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: SL31747016 On November 12, 2024, through November 13, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were five residents; five receiving services under the Assisted Living Facility license.	0 000	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 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 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 13, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		

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0 485 SS=F	144G.41 Subdivision 1.a (a) Minimum requirements; required food services All assisted living facilities must offer to provide or make available 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 menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to offer at least three nutritious meals daily, according to the recommended dietary allowances in the United Stated Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables and to provide substitution meals of similar nutritional value. This had the potential to affect all 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 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).	0 485		

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0 485	Continued From page 4 The findings include: On November 12, 2024, at 8:45 a.m. during the entrance conference, licensed assisted living director (LALD)-A stated the licensee served three meals per day, served per Minnesota Food Code. The November menu was posted in the kitchen and included breakfast, lunch, and supper for November 11, 2024-November 17, 2024. Lunch for November 11, 2024, indicated turkey and cheddar sliders with strawberry spinach salad and jello. Lunch for November 12, 2024, indicated chicken stir-fry with white rice. On November 12, 2024, at 11:00 a.m., unlicensed personal (ULP)-C stated he creates the menu and has the kitchen sanitation certificate. ULP-C stated the ULP normally makes the meal during their shift but during the survey, it will be easier if they just order out. On November 12, 2024, at 11:29 a.m., ULP-C was observed asking R2 what she would like from McDonalds for lunch today. On November 13, 2024, at 7:45 a.m., ULP-E stated they have a cook who delivers the food. ULP-E was unaware if the delivered meals followed the menu. On November 13, 2024, at 11:30 a.m., R2 stated licensed assisted living director (LALD)-A's family member makes the food and brings it in daily, but today they were having chicken and mashed potatoes from Cub's deli. On November 13, 2024, at 1:00 p.m., LALD-A	0 485		

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0 485	Continued From page 5 denied using an outside kitchen to make their meals. LALD-A was unaware meal substitutions were required to be of similar nutritional value. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing 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	0 680		

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0 680	Continued From page 6 by: Based on interview and record review, the licensee failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors of 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: The licensee's Emergency Preparedness (EP) manual contained an annual review of their hazard risk assessment. The EP manual lacked evidence of conducting exercises to test EP at least twice per year, including unannounced staff drills using EP, including participating in an annual full-scale exercise community based or annual individual facility based functional exercise or if facility experiences an actual emergency requiring evacuation of plan, facility is exempt from engaging in its next required full scale exercise; conduct an additional annual exercise that may include a second full scale exercise community based or an individual; facility based functional exercise or mock disaster drill or table top exercise. On November 13, 2024, at 11:10 a.m., licensed assisted living director (LALD)-A and registered nurse (RN)-B stated they were not aware of the	0 680		

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0 680	Continued From page 7 requirement for a full-scale drill or collaboration with the community, and had not done that. The licensee's Emergency Preparedness program policy July 18, 2024, indicated the licensee will participate in a full-scale exercise that is community-based, or when a community -based exercises is not accessible, and individual, a facility-based tabletop exercise. Community-based exercises will generally be done in coordination with our Regional Health Care Preparedness Coordinator. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
01290 SS=D	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by:	01290		

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01290	Continued From page 8 Based on observation, interview, and record review, the licensee failed to ensure a background study was affiliated with the licensee for one of two employees (unlicensed personnel (ULP)-C). 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). The findings include: ULP-C was hired on March 5, 2024, to provide direct care services. On November 13, 2024, at 11:00 a.m., ULP-C was observed administering medication to R2 and obtain R2's vital signs. ULP-C's employee record contained a background study affiliated with another license owned by the same licensee, dated July 23, 2024. ULP-C's employee record lacked evidence the licensee affiliated a background study for their license. On November 13, 2024, at 2:15 p.m., licensed assisted living director (LALD)-A reviewing employee's background study in NETStudy 2.0. with business manager (BM)-D on the phone. LALD-A confirmed ULP-C's background study was not affiliated with this license. LALD-A thought they had everyone affiliated appropriately, and must have missed this.	01290		

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01290	Continued From page 9 The licensee's undated, Personal Records policy indicated the personnel record for an employee will include documentation of background study required by MN Statute. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01750 SS=E	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) documented resident-specific instructions for medications for two of two residents (R2, R3) whose medication administration was delegated to unlicensed personnel (ULP). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01750		

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01750	Continued From page 10 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly, but is not found to be pervasive). The findings include: R2 R2's diagnosis included atrial fibrillation (irregular heartbeat). R2's service plan dated March 1, 2024, indicated R2 needed assistance with medication management. R2's October 2024, Medication Administration Record (MAR) instructed daily blood pressure (BP) and pulse should be taken prior to morning medications. Notify RN if BP is less than 90/60. The medication administration record failed to identify parameters of when to notify the nurse for a high blood pressure reading or for a pulse reading. On November 13, 2024, at 11:00 a.m., the surveyor observed ULP-C administer medication to R2. ULP-C obtained R2's blood pressure and it was 168/99. ULP-C contacted RN-B due to a high diastolic number. R3 R3's diagnosis included high blood pressure and diabetes. R3's October 2024, MAR indicated daily blood	01750		

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01750	Continued From page 11 pressure and pulse taken prior to morning medications. Notify RN for BP less than 90/60. The MAR failed to identify parameters of when to notify the nurse for a high blood pressure reading or for a pulse reading. On November 13, 2024, at 8:30 a.m., the surveyor observed ULP-E set up and administer R3's morning medication. After morning medication was taken, ULP-E checked R3's blood pressure (153/96) and pulse (65). ULP-E did not obtain vital signs prior to medication administration as instructed on the MAR. On November 13, 2024, at 12:30 p.m., RN-B stated the MAR did not include parameters for when to notify the nurse for a pulse reading or for a high blood pressure reading and should have. The licensee's undated, Delegation of Nursing tasks/therapy tasks policy indicated the plan will include procedures for notifying a registered nurse or other licensed health professional if problems arise. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		

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

Type: Full
Date: *11/13/24*
Time: 10:00:00
Report: 1043241334

Food and Beverage Establishment Inspection Report

Location:
Our Caring Hands LLP
18712 Euclid Path
Farmington, MN55024
Dakota County, 19

Establishment Info:
ID #: 0038859
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6513448627
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.

7-200 Toxic Supplies and Applications

7-201.11A ***** Priority 1 *****

MN Rule 4626.1600A Separate poisonous or toxic materials from food, equipment, utensils, linens, and single-service and single-use articles by spacing or partitioning.

BOTTLE OF CHLORINE SANITIZER STORED IN PANTRY BESIDE CLEAN LINENS AND DRY INGREDIENTS (MASH POTATOES, ETC). ADVISED STAFF TO STORE CHEMICALS BELOW ITEMS LISTED IN ABOVE RULE OR IN A DESIGNATED CHEMICAL AREA. CORRECTED ON SITE. COMPLY WITH ABOVE RULE.

Comply By: 11/13/24

2-100 Supervision

2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

NO CFPM CERTIFICATE POSTED. ADVISED STAFF TO OBTAIN AND POST. COMPLY WITH ABOVE RULE.

Comply By: 11/13/24

Surface and Equipment Sanitizers

Chlorine: = 100 PPM at Degrees Fahrenheit
Location: SANI SPRAY BOTTLE
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Type: Full
Date: *11/13/24*
Time: 10:00:00
Report: 1043241334
Our Caring Hands LLP

Food and Beverage Establishment Inspection Report

Food and Equipment Temperatures

Process/Item: CHEESE
Temperature: 40 Degrees Fahrenheit - Location: MAIN FRIDGE
Violation Issued: No

Process/Item: MILK
Temperature: 40 Degrees Fahrenheit - Location: MAIN FRIDGE
Violation Issued: No

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

Inspection was completed with Tracey Fearon as the lead Health Regulation Division Nurse Evaluator completing the site survey.

Discussed highly susceptible populations, date marking, illness policy, sanitizer use, ware washing, temperature control, cleaning, pest control, vomit/fecal procedures, test kits, food storage, and food handling procedures.

Foods cooked in house must be fully cooked (exception for pasteurized eggs) and must only be available for same day service for highly susceptible populations, discard any leftovers by the end of the day. Staff supervision must be provided to ensure proper/safe food handling procedures and cooking temperatures if/when foods are cooked/reheated by clients.

This facility has one kitchen on the main floor and one kitchen space on the bottom floor. Per staff, only the main floor kitchen is used by the facility staff for food service operations. Bottom floor kitchen has a fridge and microwave that is used by clients for personal foods.

Main kitchen has residential equipment, wooden cabinetry, popcorn ceiling, and smooth and easily cleanable floors. Utensil surface temperature of dish machine must reach at least 160F degrees (or 150F degrees for NSF/ANSI 184 residential dish machine). Sanitizing option on dish machine must always be used when running a cycle.

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling.

***Notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

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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 1043241334 of 11/13/24.

Certified Food Protection Manager: Gabriella Nowrang

Certification Number: FM111879 Expires: 06/22/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Ann Murgasen
PIC

Signed: _____
Blia Lor
Public Health Sanitarian I
651-355-0641
blia.lor@state.mn.us