DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONS ON PROVISIONAL LICENSE - LICENSE GRANTED

Electronic Delivery

May 11, 2023

Licensee
True Care Living LLC
3813 Janet Lane
Brooklyn Center, MN 55429

RE: Initial License Number 406472
Health Facility Identification Number (HFID) 37988
Project Number(s) SL37988015

Dear Licensee:

On April 6, 2023, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed March 8, 2023. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective May 4, 2023.

In addition, 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.

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

Sincerely,

Maria King

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

HHH

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL PROVISONAL LICENSE

Electronically Delivered

March 24, 2023

Licensee
True Care Living LLC
3813 Janet Lane
Brooklyn Center, MN 55429

RE: Conditional License Number 406472
Health Facility Identification Number (HFID) 37988
Project Number(s) SL37988015

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial licensing evaluation on March 8, 2023, for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above mentioned provider. Based on the initial licensing evaluation results, MDH found you not in substantial compliance with the laws pursuant to Minnesota Statute, Chapter 144G.

As a result, per Minn. Stat. § 144G.16, Subd. 3 (b), MDH is extending your provisional license for 90 days and applying conditions necessary to bring the facility to compliance. The conditional provisional license is due to expire on **June 22, 2023.**

LICENSING ORDERS
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 - 0820 - 144g.45 Subd. 2 (g) - Fire Protection And Physical Environment - $3,000.00

The total amount you are assessed is $3,000.00. You will be invoiced approximately 30 days after 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 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

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. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. 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.

CONDITIONAL LICENSE ISSUED:
MDH will issue True Care Living LLC a conditional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up evaluation, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up evaluation, MDH will determine if True Care Living LLC is in substantial compliance.

The following conditions apply on the conditional assisted living facility license:

a. **Egress window requirements:** True Care Living LLC will replace at least one window in bedroom #1 and bedroom #2 to meet the minimum size egress opening of at least 20 inches in height and a minimum width of 20 inches, with a total of at least 648 square inches (4.5 square feet) required for egress.

b. **Contact:** True Care Living LLC will contact Sharon Carlson, Physical Environment Evaluator, when the egress windows are replaced. Sharon Carlson can be reached directly at 218-241-9260.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:

MDH will determine if True Care Living LLC is in substantial compliance based on the results of the follow up evaluation. MDH will make this determination within the 90-day conditional provisional license period. If MDH determines True Care Living LLC is in substantial compliance on the follow up evaluation, MDH will remove the condition(s) and grant True Care Living LLC's assisted living facility license. and True Care Living LLC will correct violations identified during the evaluation to come into substantial compliance. If MDH determines True Care Living LLC is not in substantial compliance, MDH may take additional enforcement action against Rise Up Home Care LLC, or employ any of the enforcement tools listed in Minn. Stat. § 144G, up to and including denial of license.

REQUESTING A HEARING:

Pursuant to Minn. Stat. §144G.20, Subd. 17 (c), the licensee may appeal an order immediately temporarily suspending a license or issuing a conditional license. The appeal must be made in writing by certified mail or personal service. If mailed, the appeal must be postmarked and sent to the commissioner within five calendar days after the license holder receives notice. If an appeal is made by personal service, it must be received by the commissioner within five calendar days after the license holder received the order. The request for hearing 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
Health.HRD.Appeals@state.mn.us

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

If you have any questions, please contact Casey DeVries directly at: 651-201-5917.

Sincerely,

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37988	A. BUILDING: _____ B. WING _____	03/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUE CARE LIVING LLC	3813 JANET LANE BROOKLYN CENTER, MN 55429

(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 ******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: SL37988015-0 On March 6, 2023, through March 8, 2023, 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 were four active residents receiving services under the Assisted Living provisional license. An immediate correction order was identified on March 7, 2023, issued for SL37988015-0, tag identification 0820. On March 8, 2023, the immediacy of correction order 0820 was removed, however non-compliance remained at a scope and level of I.	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 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. 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 subd. 1, 2, and 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: (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 according to the Minnesota Food Code. 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, 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 included in the Food and Beverage Establishment Inspection Reports, dated March 6, 2023. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 485 SS=C	144G.41 Subd 1. (13) (i) (A) and (C) 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	0 485		

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0 485	Continued From page 2 recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) 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; and (C) the facility cannot require a resident to include and pay for meals in their contract; (ii) weekly housekeeping; (iii) weekly laundry service; 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 require any resident to include and pay for meals as a part of their assisted living package fee. This had the potential to affect all residents of the facility. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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 Assisted Living Contract page 3 included: "Subject to the Resident's needs, True Care Living will provide the following services which	0 485		

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0 485	Continued From page 3 are included in the basic monthly fee: 1. Food Service: Three (3) meals/day are served in the dining area as planned and prepared by True Care Living staff at the following times: 8:00 AM - 10:00 AM Breakfast 12:30 PM -2:30 PM Lunch 6:00 PM - 8:30 PM Dinner " On March 6, 2023, at 12:35 p.m., licensed assisted living director (LALD)-C stated the contract listed above was used for all residents who resided in the facility. LALD-C stated three meals per day were included in the resident's monthly fee and there was not an option for a resident to opt out of a meal or all meals. In addition, LALD-C stated Community Access for Disability Inclusion (CADI) required all three meals to be provided, and the licensee did not have a different contract to use if a person paid privately to opt out of meals. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 630 SS=E	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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TRUE CARE LIVING LLC	3813 JANET LANE BROOKLYN CENTER, MN 55429

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0 630	Continued From page 4 abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for two of three residents (R1, R3). 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 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: R1 R1 admitted for assisted living services on October 16, 2022. R1's diagnoses included depression, hip pain, decreased oxygen supply, enlarged heart chamber, macrocephaly (abnormally large head size), abnormal brain function, poisoning by phenytoin, physical debility, scoliosis (spine sideways curve), adult failure to thrive, acute on chronic respiratory failure with hypoxia and hypercapnia (below-normal level of oxygen in the blood and high levels of carbon dioxide in the blood), and congenital hydrocephalus (buildup of fluid in the cavities deep within the brain).	0 630		

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0 630	Continued From page 5 R1's Service Plan (Waiver) - Addendum to Contract signed October 17, 2022, indicated R1 received assistance with activities, ambulation, appointment reminders, transportation, bathing assistance, cognitive orientation assistance, dressing, grooming, housekeeping, toileting, laundry, behavior management, meal assistance, safety checks, shopping, positioning assistance, medication management, and oxygen management. R1's IAPP dated January 1, 2023, indicated R1 was at risk to be abused by others and was at risk to abuse other vulnerable adults however, lacked an IAPP to include: - statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. R3 R3 admitted for assisted living services on February 2, 2023. R3's diagnoses included chronic pain and hypertension. R3's unsigned Service Plan (Wavier)- Addendum to Contract dated March 7, 2023, indicated R3 received assistance with activities, appointment reminders, transportation, bathing, bedmaking, dressing, grooming, housekeeping, laundry, meals, safety checks, shopping, and medication administration. R3's IAPP dated February 20, 2023, indicated R3 was not at risk to abuse other vulnerable adults and was at risk to be abused by others however, lacked and IAPP to include: - statements of the specific measures to be taken to minimize the risk of abuse to that person and	0 630		

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0 630	Continued From page 6 other vulnerable adults. On March 8, 2023, at 8:40 a.m., registered nurse (RN)-A stated the IAPP should address if a resident was susceptible to abuse or was at risk to abuse others and interventions should be in place to decrease the risk of abuse. RN-A stated interventions should be listed on the assessment next to the vulnerability, and they were unable to state why R1 and R3's IAPP lacked the content above. The licensee's Vulnerable Adult Policy dated January 7, 2022, indicated the licensee was required to individually assess residents to determine vulnerability to abuse or neglect and develop a specific plan to minimize the risk of abuse to that resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including	0 650		

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0 650	Continued From page 7 qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training documentation was maintained for one of two unlicensed personnel ((ULP)-B) to include all required content. 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 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-B was hired on October 3, 2022, to provide direct care services to the licensee's residents. On March 8, 2023, at 8:00 a.m., the evaluator observed ULP-B complete medication administration on R1. ULP-B's record lacked documentation of completed training for the following topics:	0 650		

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0 650	Continued From page 8 -vital signs; and -appropriate and safe techniques in person hygiene and grooming, including: - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; and - dressing and assisting with toileting. On March 8, 2023, at 7:47 a.m., ULP-B stated they were trained on vital signs and activities of daily living by the licensee's training platform and from a person at the facility prior to completing a competency on the tasks. On March 6, 2023, at 2:56 p.m., licensed assisted living director (LALD)-C stated they were unable to locate the content listed above. In addition, LALD-C stated ULP-B was trained in person at the facility and they would continue to look for the training documents. The evaluator was not provided the documents of training during the survey. The licensee's Personnel Records policy dated January 7, 2022, indicated records of annual training, infection control training, orientation, and competency evaluations would be kept in the personnel record and each personnel record shall be maintained for at least three years after an employee ceases to be employed by licensee. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control	0 660		

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0 660	Continued From page 9 (a) The facility must establish and maintain a 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. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) including documentation of completion of a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test, for one of three employees, (unlicensed personnel (ULP)-B). 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).	0 660		

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	37988	A. BUILDING: _____ B. WING _____	03/08/2023

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0 660	Continued From page 10 The findings include: The licensee's TB risk assessment dated July 1, 2022, indicated the TB risk level for the licensee's setting was low. ULP-B was hired on October 3, 2022, to provide direct care services to the licensee's residents. ULP-B's employee record contained a TST completed on September 29, 2022. ULP-B's record lacked a second step TST. On March 7, 2023, at 12:04 p.m., licensed assisted living director (LALD)-C verified ULP-B's record lacked a second step TST or other evidence of TB screening. LALD-C stated, "the TB said negative so that is how we took it." On March 8, 2023, at 8:54 a.m., registered nurse (RN)-A stated they were unaware ULP-B's employee record lacked a second step TST or other evidence of TB screening. In addition, RN-A stated they do not follow up on TB screens unless they are told to and "it was my fault for not following up." The CDC's Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC dated May 16, 2019, recommend all health care professionals complete a TB screening including a symptom evaluation and a interferon gamma release assay (IGRA) or TST. The licensee's Tuberculosis Screening / Prevention policy dated January 7, 2022, indicated baseline TB screening at the time of	0 660		

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0 660	Continued From page 11 hire was required and included TB testing by administering either a two-step TST or a single blood test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
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 12 by: Based on interview and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents receiving services under the assisted living license. 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 disaster preparedness plan lacked evidence of the following required content: - updated annually; - developed strategies for addressing facility and community-based risks including staffing surges /shortages; - emergency plan (EP) program patient population; - subsistence needs for staff and residents; - procedures for tracking of staff and residents; - policies and procedures for medical documentation; - policies and procedure for volunteers; and - emergency prep testing requirements. On March 8, 2023, between 8:21 a.m. and 8:37 a.m., licensed assisted living director (LALD)-C and registered nurse (RN)-A verified the licensee's EPP lacked the content listed above.	0 680		

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0 680	Continued From page 13 LALD-C stated the licensee purchased an EPP and believed it contained all content. In addition, LALD-C stated the licensee had not conducted an exercise to test the EP however they had been open for less than seven months and planned to conduct one in the near future. The licensee's Emergency Preparedness policy dated January 7, 2022, indicated the licensee would have an identified plan in place to assure the safety and well-being of resident and staff during periods of an emergency or disaster that disrupts services. In addition, a disaster drill would be conducted at the residence at least annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 820 SS=I	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.	0 820		

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0 820	Continued From page 14 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the minimum size egress window openings for occupied resident bedrooms, this affected two of the four occupied resident bedrooms. This had the potential to directly affect all residents and staff. 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 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: On March 07, 2023, between the hours of 10:35 a.m. and 11:45 a.m., survey staff toured the home with Licensed Assisted Living Director (LALD)-C. At approximately 10:50 a.m., survey staff measured the windows in bedrooms #1, #2 and explained to the LALD-C that the window in these bedroom's did not meet the minimum size egress window openings required for safe egress. At least one window in each resident bedroom must meet the minimum window opening size of at least 20 inches in height and, a minimum width of 20 inches, with a total of at least 648 square inches (4.5 square feet) required for egress. LALD-C verbally confirmed survey staff observations during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Immediate	0 820	On March 8, 2023, the immediacy of correction order 0820 was removed, however non-compliance remained at a scope and level of I.	

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0 970 SS=C	144G.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 licensee's liability for health, safety, or personal property of a resident. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), 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 Assisted Living Contract included language which indicated waivers of liability for the following: Page 11: Insurance Liability and Release "The resident agrees that True Care Living will not be liable to the resident for any personal injury or property damage (including, without limitation, damage to, or loss or theft of, automobiles or	0 970		

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0 970	Continued From page 16 personal property of resident) suffered by the resident or the resident's agents, guests or invitees, unless and to the extent that the injury or damage is caused by the negligence of True Care Living or its employees or agents. The resident hereby releases True Care Living from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of True Care Living or its employees or agents." Page 13: Indemnification "True Care Living shall not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or In common areas thereof, and the resident agrees to hold True Care Living harmless from any claims or damages unless caused solely by negligence of True Care Living." Page 13: Liability "The resident agrees to be liable and responsible for all obligations herein referenced, monetary and otherwise, of the resident and where this Contract has been executed by a party designated below." On March 6, 2023, at 12:33 p.m., licensed assisted living director (LALD)-C stated the contract listed above was used for all residents who resided in the facility. LALD-C stated they were familiar with waivers of liability, however, would have to review the statute. The evaluator reviewed statute with LALD-C. LALD-C verified the contract used by all residents contained waivers of liability and stated the licensee would revise current contract. No further information was provided.	0 970		

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0 970	Continued From page 17 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01610 SS=E	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to a conduct a nursing assessment by a registered nurse (RN) of the physical and cognitive needs for two of three residents (R2, R3) on or before the admission date. 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	01610		

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01610	Continued From page 18	01610		

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 admitted for assisted living services on October 27, 2022.

R2's diagnosis included schizoaffective disorder (a mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms, such as depression or mania).

R2's Service Plan (Wavier)- Addendum to Contract dated November 30, 2022, indicated R2 received assistance with activities, appointment reminders, transportation, housekeeping, laundry, behavior, meals, safety checks, and medication administration monthly.

R2's record included a comprehensive assessment dated November 11, 2022, 15 days after admission.

R3
R3 admitted for assisted living services on February 2, 2023.

R3's diagnoses included chronic pain and hypertension.

R3's unsigned Service Plan (Wavier)- Addendum to Contract dated March 7, 2023, indicated R3 received assistance with activities, appointment

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01610	Continued From page 19 reminders, transportation, bathing, bedmaking, dressing, grooming, housekeeping, laundry, meals, safety checks, shopping, and medication administration. R3's record included a comprehensive assessment dated February 3, 2023, one day after admission. On March 8, 2023, at 8:58 a.m., RN-A verified R2 and R3's initial assessments were completed after date of admission. RN-A stated they do not complete an assessment on a prospective resident prior to arrival, rather, they would normally complete an assessment on the move-in date or within five days. The licensee's Assessment and Reassessment policy dated January 7, 2022, indicated an initial RN assessment shall be completed prior to the date on which the prospective resident executes a contract or on the date on which the prospective resident moves in, whichever is earlier. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01610		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days	01620		

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01620	Continued From page 20 from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted a reassessment, not to exceed 14 calendar days from the initiation of services, for three of three residents (R1, R2, R3) and failed to ensure the RN conducted ongoing resident assessment and reassessment, not to exceed 90 calendar days from the last date of the assessment for one of three residents (R1). 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).	01620		

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01620	Continued From page 21 The findings include: R1 R1 admitted for assisted living services on October 16, 2022. R1's diagnoses included depression, hip pain, decreased oxygen supply, enlarged heart chamber, macrocephaly (abnormally large head size), abnormal brain function, poisoning by phenytoin, physical debility, scoliosis (spine sideways curve), adult failure to thrive, acute on chronic respiratory failure with hypoxia and hypercapnia (below-normal level of oxygen in the blood and high levels of carbon dioxide in the blood), and congenital hydrocephalus (buildup of fluid in the cavities deep within the brain). R1's Service Plan (Waiver) - Addendum to Contract signed October 17, 2022, indicated R1 received assistance with activities, ambulation, appointment reminders, transportation, bathing assistance, cognitive orientation assistance, dressing, grooming, housekeeping, toileting, laundry, behavior management, meal assistance, safety checks, shopping, positioning assistance, medication management, and oxygen management. R1's record included an initial nursing assessment completed on October 11, 2022, and 90-day nursing assessment dated January 10, 2023, indicating a R1's record lacked a 14-day assessment and 91 days passed between assessments. On March 7, 2023, at 8:41 a.m., licensed assisted living director (LALD)-C and RN-A verified a 14-day assessment was not completed on R1.	01620		

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01620	Continued From page 22 RN-A stated R1 transferred from a sister facility and "I did not realize I had to start over [with assessments] when they moved houses." R2 R2 admitted for assisted living services on October 27, 2022. R2's diagnosis included schizoaffective disorder (a mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms, such as depression or mania). R2's Service Plan (Wavier)- Addendum to Contract dated November 30, 2022, indicated R2 received assistance with activities, appointment reminders, transportation, housekeeping, laundry, behavior, meals, safety checks, and medication administration monthly. R2's record included a 14-day nursing assessment dated November 22, 2022, indicating resident reassessment and monitoring occurred 26 days after initiation of services. R3 R3 admitted for assisted living services on February 2, 2023. R3's diagnoses included chronic pain and hypertension. R3's unsigned Service Plan (Wavier)- Addendum to Contract dated March 7, 2023, indicated R3 received assistance with activities, appointment reminders, transportation, bathing, bedmaking, dressing, grooming, housekeeping, laundry, meals, safety checks, shopping, and medication administration.	01620		

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01620	Continued From page 23 R3's record included a 14-day nursing assessment dated February 20, 2023, indicating resident reassessment and monitoring occurred 18 days after initiation of services. On March 8, 2023, at 9:01 a.m., RN-A stated the licensee completes an admission, 14-day, 90-day, and change of condition assessments on residents. RN-A stated it was an oversite the assessments listed above were late. The licensee's Assessment and Reassessment policy dated January 7, 2022, indicated the RN would provide a reassessment visit to update the evaluation of the resident and services no more than 14 days after initiation of services and ongoing resident assessments would be conducted by an RN and cannot exceed 90 days from the last date of assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident	01640		

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01640	Continued From page 24 about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the resident or resident's designated representative and the licensee to document agreement on the services to be provided for one of three residents (R3). 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: R3 admitted for assisted living services on February 2, 2023. R3's diagnoses included chronic pain and hypertension.	01640		

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01640	Continued From page 25 R3's unsigned Service Plan (Wavier)- Addendum to Contract dated March 7, 2023, indicated R3 received assistance with activities, appointment reminders, transportation, bathing, bedmaking, dressing, grooming, housekeeping, laundry, meals, safety checks, shopping, and medication administration. R3's service plan lacked a signature or other authentication by the resident or resident's designated representative and the licensee to document agreement on the services to be provided. On March 7, 2023, at 12:26 p.m., licensed assisted living director (LALD)-C stated they had not provided R3 with their service plan because the licensee was waiting for the service agreement from the state prior to authenticating R3's service plan. The licensee's Service Plan policy dated January 7, 2022, indicated the initial service plan and any service plan revisions were signed by a representative of the licensee and the resident or resident representative, indicating an agreement with the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management	01730		

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01730	Continued From page 26 services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01730		

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01730	Continued From page 27 review, the licensee failed to develop and maintain a current individualized medication management record for each resident to include all required content for one of three residents (R1). 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: R1's diagnoses included depression, hip pain, decreased oxygen supply, enlarged heart chamber, macrocephaly (abnormally large head size), abnormal brain function, poisoning by phenytoin, physical debility, scoliosis (spine sideways curve), adult failure to thrive, acute on chronic respiratory failure with hypoxia and hypercapnia (below-normal level of oxygen in the blood and high levels of carbon dioxide in the blood), and congenital hydrocephalus (buildup of fluid in the cavities deep within the brain). R1's Service Plan (Waiver) - Addendum to Contract signed October 17, 2022, indicated R1 received assistance with activities, ambulation, appointment reminders, transportation, bathing assistance, cognitive orientation assistance, dressing, grooming, housekeeping, toileting, laundry, behavior management, meal assistance, safety checks, shopping, positioning assistance, medication management, and oxygen management.	01730		

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01730	Continued From page 28 R1's individualized medication management record dated January 10, 2023, lacked identification of any specific resident instructions regarding medications the licensee's staff would administer. R1's Medication Admin Summary -Actual - Month dated February 1, 2023, through February 28, 2023, included lidocaine 4 percent (%) patch, apply patch to intact skin covering area of most pain. The order lacked specific instructions on where medication was to be applied. On March 8, 2023, at 8:03 a.m., the evaluator observed unlicensed personnel (ULP)-B apply lidocaine 4 % patch to R1's lower back. ULP-B did not ask R1 where their pain was located. On March 8, 2023, at 8:08 a.m., the evaluator inquired how ULP-B knew were to apply R1's lidocaine 4 % patch. ULP-B stated they knew R1 had back problems and the nurse verbally told her on a previous day to apply the patch to R1's lower back. On March 8, 2023, at 9:28 a.m., registered nurse (RN)-A stated staff should ask R1 where their pain was located and document the location where the patch was applied. RN-A stated staff should not apply the patch to the R1's face however, the back or calf they could. The evaluator inquired if they had written instructions with in R1's record that would describe to the ULP where the patch could or could not be placed. RN-A stated they had verbally told staff, but they did not have anything in writing. The Licensee's Medication Management Program policy dated 2022 indicated the following services	01730		

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01730	Continued From page 29 were included in their medication management program: - performing medication setup; - administering medications; - storing and securing medications; - documenting medication activities; - verifying and monitoring the effectiveness of systems to ensure safe handling and administration; - coordinating refills; - handling and implementing changes to prescriptions; - communicating with the pharmacy about the resident's medications; and - coordinating and communicating with the prescriber. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.	01760		

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01760	Continued From page 30 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to administer medications according to provider orders for one of two residents (R1). 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: R1 admitted for assisted living services on October 16, 2022. R1's Service Plan (Waiver) - Addendum to Contract signed October 17, 2022, indicated R1 received assistance with activities, ambulation, appointment reminders, transportation, bathing assistance, cognitive orientation assistance, dressing, grooming, housekeeping, toileting, laundry, behavior management, meal assistance, safety checks, shopping, positioning assistance, medication management, and oxygen management. R1's provider order signed November 10, 2022, included calcium carbonate with vitamin D 600 milligrams (mg) - 12.5 microgram (mcg) (500 units (u)) one tablet by mouth twice per day. R1's Med Admin Summary -Actual - Month dated	01760		

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01760	Continued From page 31 February 1, 2023, through February 28, 2023, indicated R1 received calcium with vitamin D 600 mg - 5 mcg (200 u) twice per day through the month of February. On March 8, 2023, at 8:00 a.m., the evaluator observed ULP-B administer calcium with vitamin D 600mg -5 mcg (200 u) to R1. On March 8, 2023, at 9:05 a.m., the evaluator asked for R1's calcium with vitamin D signed provider order. Registered nurse (RN)-A provided the evaluator with order listed above. The evaluator inquired why the medication dosages did not match. RN-A stated they were unaware the medication dosages did not match and they were unable to find a prescription in R1's record that match the electronic medication administration record (EMAR). In addition, RN-A stated the licensee provided R1 with the medication that was provided by pharmacy. On March 8, 2023, at 9:20 a.m., RN-A stated they spoke with the pharmacy after they became aware of the medication dosages not matching and the pharmacy told them they sent calcium with vitamin D 600 mg - 5 mcg (200 u) because they were unable to provide the calcium with vitamin D 600 mg - 12.5 mcg (500 u) however, pharmacy was going to contact the provider to obtain a new order for the medication dose they could provide. The licensee's Prescriber's Orders dated January 7, 2022, indicated written orders from an authorized prescriber will be obtained for all medications with which the assisted living facility assists residents, including over the counter medications.	01760		

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01760	Continued From page 32 The licensee's Medication Management Program policy dated 2022 indicated the licensee's medication management program included administering medications, documenting medications activities, handling and implementing changes to prescriptions, and communicating with the pharmacy about the resident's medications. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of three residents (R3). 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).	01820		

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01820	Continued From page 33 The findings include: R2 admitted for assisted living services on October 27, 2022. R2's diagnosis included schizoaffective disorder (a mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms, such as depression or mania). R2's Service Plan (Wavier)- Addendum to Contract dated November 30, 2022, indicated R2 received assistance with activities, appointment reminders, transportation, housekeeping, laundry, behavior, meals, safety checks, and medication administration monthly. R2's Med Admin Summary -Actual -Month included Invega Sustenna inject 234 milligrams (mg) / 1.5 milliliter (ml), 1.5 ML intramuscularly every month. R2's record prescription transfer report dated March 7, 2023, included Invega Sustenna 234 mg) / 1.5 ml, inject 1.5 ml intramuscularly every month however, lacked a practitioner's electronic or manual signature. On March 8, 2023, at 9:26 a.m., registered nurse (RN)-A stated prescriptions for medications were obtained from pharmacy. In addition, RN-A stated the resident's records should include prescriptions for each medication administered by licensee and prescriptions should be renewed yearly. The licensee's Prescriber's Orders policy dated January 7, 2022, indicated all orders must be signed and dated by the prescriber.	01820		

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01820	Continued From page 34 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed ensure up-to-date written or electronically recorded orders were maintained for one of three residents (R1) receiving treatments. 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: R1 admitted for assisted living services on	01970		

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01970	Continued From page 35 October 16, 2022. R1's diagnoses included depression, hip pain, decreased oxygen supply, enlarged heart chamber, macrocephaly (abnormally large head size), abnormal brain function, poisoning by phenytoin, physical debility, scoliosis (spine sideways curve), adult failure to thrive, acute on chronic respiratory failure with hypoxia and hypercapnia (below-normal level of oxygen in the blood and high levels of carbon dioxide in the blood), and congenital hydrocephalus (buildup of fluid in the cavities deep within the brain). R1's Service Plan (Waiver) - Addendum to Contract signed October 17, 2022, indicated R1 received assistance with activities, ambulation, appointment reminders, transportation, bathing assistance, cognitive orientation assistance, dressing, grooming, housekeeping, toileting, laundry, behavior management, meal assistance, safety checks, shopping, positioning assistance, medication management, and oxygen management. On March 6, 2023, at 10:47 a.m., the evaluator observed oxygen equipment in R1's room. R1's Med Admin Summary -Actual -Month dated February 1, 2023, through February 28, 2023, indicated R1 received 2 liters (L) of oxygen via nasal cannula at bedtime. R1's provider order dated January 29, 2021, included oxygen 2 L per minute at night continuous and as needed (PRN) to maintain oxygen saturation levels over 90 percent (%) during the day. R1's therapy order was not renewed at least every 12 months.	01970		

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01970	Continued From page 36 The licensee's Treatment and Therapy Management Plan dated January 7, 2022, indicated the RN or licensed health professional would obtain orders or prescriptions for all treatments and therapies. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		
02310 SS=D	144G.91 Subd. 4 (a) 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 provide care and services according to acceptable health care standards, medical, or nursing standards for one of one resident (R1) who utilized oxygen. 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:	02310		

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02310	Continued From page 37 On March 6, 2023, at 10:47 a.m., during the facility tour, the evaluator observed one oxygen concentrator, one homefill oxygen system, and two unsecured oxygen cylinders in front of the oxygen concentrator standing upright on the floor, and not secured to prevent tipping in R1's room. The evaluator inquired if the licensee used any type of device to secure oxygen cylinders. Licensed assisted living director (LALD)-C stated no because of space issues. On March 6, 2023, at 11:00 a.m., registered nurse (RN)-A stated oxygen cylinders were stored in R1's room. The evaluator inquired how the licensee ensured the cylinders were secured to prevent tipping. RN-A stated oxygen was stored upright on a flat surface and staff periodically check on the oxygen cylinders. The licensee's Oxygen policy dated December 20, 2019, indicated oxygen cylinders and vessels must remain upright at all times. Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, recommended cylinders be secured with chains or racks to prevent cylinders from falling over. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

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P.O. Box 64975
St Paul, MN 55164-0975
651 201 4500

Type: Full
Date: *03/06/23*
Time: 14:05:55
Report: 8058231049

Food and Beverage Establishment Inspection Report

Location:
True Care Living LLC
3813 Janet Lane
Brooklyn Center, MN55429
Hennepin County, 27

Establishment Info:
ID #: 0041108
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/23

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.

3-500B 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.

ITEMS IN COOLER ABOVE 41DF - ADJUSTED ON SITE

Corrected on Site

Food and Equipment Temperatures

Process/Item: LASAGNA
Temperature: 45 Degrees Fahrenheit - Location: COOLER
Violation Issued: Yes

Process/Item: BROC.
Temperature: 47 Degrees Fahrenheit - Location: COOLER
Violation Issued: Yes

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

HRD INSPECTOR ASHLEY CREWS

FACILITY PIC: MOHAMED JAMA

RESIDENTIAL FACILITY TYPE KITCHEN SET IN RESIDENTIAL NEIGHBORHOOD

Type: Full
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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 8058231049 of 03/06/23.

Certified Food Protection Manager: KHASIN ABDI

Certification Number: 110917 Expires: 02/11/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: _____
Inspector Number 8058
Sanitarian 3
MDH Metro Office
651 201 4500
health.foodlodging@state.mn.us