Electronically Delivered

December 18, 2024

Licensee
The Beatitudes Homes LLC
3812 Commodore Drive
Brooklyn Center, MN 55429

RE: Project Number(s) SL36744015

Dear Licensee:

On November 13, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on August 21, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the August 21, 2024 survey.

The Department of Health 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.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on August 21, 2024, found not corrected at the time of the November 13, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0970 - Waivers Of Liability Prohibited - 144g.50 Subd. 5
1050 - Content Of Notice Of Termination - 144g.52 Subd. 8
1380 - Training And Evaluation Of Unlicensed Personn - 144g.61 Subd. 2 (b)
1470 - Content Of Required Orientation - 144g.63 Subd. 2
1890 - Prescription Drugs - 144g.71 Subd. 20
2310 - Appropriate Care And Services - 144g.91 Subd. 4 (a)

The details of the violations noted at the time of this follow-up survey completed on November 13, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

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

We urge you to review these orders carefully. If you have questions, please contact Jodi Johnson at 507-344-2730.

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,



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
	36744	A. BUILDING: _____ B. WING _____	R 11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BEATITUDES HOMES LLC	3812 COMMODORE DRIVE 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 In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: SL36744015-1 On November 12, 2024, through November 13, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on August 21, 2024. At the time of the survey, there were four residents; four receiving services under the Assisted Living license. As a result of the follow-up survey, the following orders were reissued.	{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:	{0 480}	Not reviewed during this survey	
{0 800} SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by:	{0 800}	Not reviewed during this survey	
{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	{0 970}		

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{0 970}	Continued From page 3 should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property for one of one resident (R5). This had the potential to affect all residents. 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 the residents). The findings included: The licensee had an assisted living license with an expiration date of April 30, 2025, with a licensed capacity of four, and a current census of four residents. On November 12, 2024, at 11:15 a.m. during entrance conference, owner (O)-A stated she had corrected the licensee's contract language to eliminate the liability language as noted with the previous survey. O-A further stated all residents had received the revised version of the contract. R5's Resident Assisted Living Contract was dated September 19, 2024.	{0 970}		

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{0 970}	Continued From page 4 The Assisted Living Contract included the following: -Page 14 included "27. MISCELLANEOUS PROVISIONS-INDEMNIFICATION Resident will indemnify and hold harmless Landlord, its employees, and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident of the rented premises or any other part of Landlord's property, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents." On November 12, 2024, at 1:21 p.m., O-A stated she removed the liability waiver verbiage as previously noted on page 15 but did not identify and remove the indemnification verbiage (found on page 14) in the contract. She stated this verbiage would affect all four residents. No further information was provided.	{0 970}		
{01050} SS=D	144G.52 Subd. 8 Content of notice of termination The notice required under subdivision 7 must contain, at a minimum: (1) the effective date of the termination of the assisted living contract; (2) a detailed explanation of the basis for the termination, including the clinical or other supporting rationale; (3) a detailed explanation of the conditions under which a new or amended contract may be executed; (4) a statement that the resident has the right to appeal the termination by requesting a hearing, and information concerning the time frame within	{01050}		

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{01050}	Continued From page 5 which the request must be submitted and the contact information for the agency to which the request must be submitted; (5) a statement that the facility must participate in a coordinated move to another provider or caregiver, as required under section 144G.55; (6) the name and contact information of the person employed by the facility with whom the resident may discuss the notice of termination; (7) information on how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities to request an advocate to assist regarding the termination; (8) information on how to contact the Senior LinkAge Line under section 256.975, subdivision 7, and an explanation that the Senior LinkAge Line may provide information about other available housing or service options; and (9) if the termination is only for services, a statement that the resident may remain in the facility and may secure any necessary services from another provider of the resident's choosing. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include the required content of a written termination notice for one of one resident (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).	{01050}		

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{01050}	Continued From page 6 The findings include: On November 12, 2024, at 11:15 a.m. during entrance conference, owner (O)-A stated R1 was still a current resident at the facility, and no changes had occurred regarding R1's termination notice the licensee had originally provided on July 1, 2024. She stated the licensee, case manager, R1's guardian (wife), and R1 had a virtual care conference on October 8, 2024, but no alternate placement options existed for R1. O-A further stated R1's county case manager had since changed, and the licensee had set up another care conference for mid-November. O-A stated she sent an email with the contract termination to the Ombudsman on September 26, 2024, as required. On November 13, 2024, at 1:00 p.m., O-A provided the surveyor with a copy of the same email dated July 1, 2024, written as the termination notification as provided in the licensee's previous survey. O-A stated she had not rewritten R1's contract termination notice to include the required content. The licensee failed to include the required content of a written termination notice to include: - the effective date of the termination of the assisted living contract - a detailed explanation of the basis for the termination, including the clinical or other supporting rationale - a detailed explanation of the conditions under which a new or amended contract may be executed; - a statement that the resident has the right to appeal the termination by requesting a hearing, and information concerning the time frame within	{01050}		

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{01050}	Continued From page 7 which the request must be submitted and the contact information for the agency to which the request must be submitted; - a statement that the facility must participate in a coordinated move to another provider or caregiver, as required under section 144G.55; - the name and contact information of the person employed by the facility with whom the resident may discuss the notice of termination; - information on how to contact the Office of Ombudsman for Long-Term Care to request an advocate to assist regarding the termination; - information on how to contact the Senior LinkAge Line under section 256.975, subdivision 7, and an explanation that the Senior LinkAge Line may provide information about other available housing or service options;]. The licensee's Contract Termination policy dated October 11, 2021, indicated the notice for termination, for any reason, will contain, at a minimum: - The effective date of the termination of the assisted living contract - A detailed explanation of the basis for the termination, including the clinical or other supporting rationale - A detailed explanation of the conditions under which a new or amended contract may be executed - A statement that the resident has the right to appeal the termination by requesting a hearing, and information concerning the time frame within which the request will be submitted and the contact information for the agency to which the request will be submitted - A statement that the facility will participate in a coordinated move to another provider or caregiver - The name and contact information of the person	{01050}		

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{01050}	Continued From page 8 employed by the facility with whom the resident may discuss the notice of termination - Information on how to contact the Office of Ombudsman for Long-Term Care to request an advocate to assist regarding the termination - Information on how to contact the Senior LinkAge Line, and an explanation that the Senior LinkAge Line may provide information about other available housing or service options, and - If the termination is only for services, a statement that the resident may remain in the facility and may secure any necessary services from another provider of the resident's choosing. No further information was provided.	{01050}		
{01380} SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by:	{01380}		

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{01380}	Continued From page 9 Based on observation, interview, and record review, the licensee failed to ensure competency training and evaluations were completed by three of three unlicensed personnel (ULP-D, ULP-E, ULP-F) prior to providing direct cares. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: ULP-D ULP-D had a hire date of June 23, 2024, and provided direct care services under the licensee's assisted living license. On November 12, 2024, at 1:00 p.m., ULP-D was observed providing direct care to R1 in the facility living room. ULP-E ULP-E had a hire date of March 22, 2023, and provided direct care services under the licensee's assisted living license. On November 13, 2024, at 10:00 a.m., ULP-E was observed providing direct care services to R1 in the living room. ULP-F ULP-F had a hire date of August 5, 2024, and provided direct care services under the licensee's assisted living license.	{01380}		

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{01380}	Continued From page 10 On November 13, 2024, at 10:00 a.m., owner (O)-A stated ULP-F was hired as an on-call employee to provide direct care services. ULP-D, ULP-E, and ULP-F's employee records lacked evidence of the following required training topics prior to providing services: - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; and - recognizing physical, emotional, cognitive, and developmental needs of the resident On November 13, 2024, at 10:15 a.m., O-A stated she was the person who assigned the licensee's employee online training courses and just recently started using the training course outline/description to assign the proper courses to meet the regulation requirements. She stated she had not recognized the training course labeled "Aging process" would cover the training topics listed above and would have met the training requirements. O-A further stated she would review all employees and assign this training, as most likely had not been assigned. The licensee's Competency Training Evaluations policy dated May 22, 2023, indicated home health aides (HHA) providing assisted living services and who have not completed a state-approved formal training and competency evaluation program will demonstrate competency through the following process: HHA may not work for the licensee until they have successfully passed the written and demonstration competency evaluation, including satisfactory completion of the following: -basic knowledge of body functioning and	{01380}		

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{01380}	Continued From page 11 changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel, -recognizing physical, emotional, cognitive, and developmental needs of the resident; and No further information provided.	{01380}		
{01470} SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or	{01470}		

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(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
{01470}	Continued From page 12 other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees (unlicensed personnel (ULP)-F) received orientation to assisted living facility licensing requirements and regulations before providing services. 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	{01470}		

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	36744	A. BUILDING: _____ B. WING _____	R 11/13/2024

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{01470}	Continued From page 13 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-F was hired on August 5, 2024, to provide direct care services to the licensee's residents. On November 13, 2024, at 10:00 a.m. owner (O)-A stated ULP-F was hired as an on-call employee and provided direct care services. ULP-F's undated, Educare (the licensee's online training program) training transcript indicated multiple training courses from October 29, 2022, through July 2, 2024. The training course were completed prior to her hire date with the licensee. ULP-F's record lacked evidence she received orientation to assisted living facility to include the following required content: -an overview of this chapter; -an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; -handling of emergencies and use of emergency services; - compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;	{01470}		

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{01470}	Continued From page 14 -handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and -a review of the types of assisted living services the employee will be providing and the facility's category of licensure On November 13, 2024, at 10:15 a.m., O-A stated ULP-F had previous assisted living work experience and had assisted living orientation from her previous employer. O-A stated she thought the employee orientation training was transferable to this licensee and met the orientation training requirements. The licensee's Orientation or Staff and Supervisors and Content policy dated October 11, 2021, indicated all the licensee's employees must complete the orientation to assisted living facility requirements before providing assisted living services to residents. The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting	{01470}		

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{01470}	Continued From page 15 Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure No further information was provided.	{01470}		
{01890} SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to label a time sensitive medication with an opened date or included a	{01890}		

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{01890}	Continued From page 16 proper label for one of one resident (R1) with medication administration. 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 included: R1's Service Plan Waiver-Addendum to the Contract (used as the Service Plan) dated August 6, 2024, indicated he received medication administration. R1's signed prescriber's orders dated March 1, 2024, indicated: - Novolog (for treatment of diabetes) 10 units subcutaneously (SQ-injected just below the skin) three times daily. Discard the pen 28 days after first use. Do not refrigerate after opening. - Lantus Solostar (for treatment of diabetes) 25 units SQ daily, discard 28 days after first use. Do not refrigerate after opening. On November 12, 2024, at 12:40 p.m., the surveyor and unlicensed personnel (ULP-E) reviewed the contents of the licensee's locked medication cabinet. R1's medication container included one Novolog and two Lantus insulin pens. All three insulin pens lacked a proper label and an open date. ULP-E stated she didn't know why the pens were not labeled or have an open date. She further stated she didn't know why there were two opened Lantus insulin pens.	{01890}		

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{01890}	Continued From page 17 On November 12, 2024, at 12:45 p.m., clinical nurse supervisor (CNS)-B stated the insulin pens have labels in the packaging sent by the pharmacy and the staff have been instructed to place a label on the pens when they are removed from the mini-medication refrigerator. She further stated she expected and had trained staff to write an open date on the label when the insulin pens were opened. The licensee's Medication Prescription Drugs and Prohibitions policy dated October 21, 2021, indicated when the licensee receives a prescription drug, prior to being set up for immediate or later administration, the prescription drug must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. No further information was provided.	{01890}		
{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 ensure care and services were provided according to acceptable health care and medical or nursing standards for	{02310}		

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{02310}	Continued From page 18 one of two residents (R5) with side rails. 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: R5 started receiving assisted living services on May 23, 2023. R5 had diagnoses to include history of stroke. R5's Service Plan Addendum to the Contract dated September 14, 2024, indicated he received services to include medication management, blood sugar checks/management, assistance with compression wraps, dressing, bathing, and grooming, and behavior management. On November 12, 2024, at 11:30 a.m., clinical nurse supervisor (CNS)-B stated R5 had moved/discharged from the facility on August 9, 2024, and returned/readmitted to the facility on September 13, 2024. Upon R5's return/readmission to the facility, he stated he no longer wanted the hospital bed (with side rails) he returned to and wanted a regular style bed (without side rail system). The licensee obtained a regular style bed at that time within the following days. CNS-B stated approximately two weeks ago R5 agreed he needed the hospital bed with bed rails again to aid in repositioning and independence in getting to a standing position.	{02310}		

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{02310}	Continued From page 19 CNS-B stated she completed a bed rail assessment and discussed the risks verses benefits at the time of R5's return to the facility on September 13, 2024; however, she failed to complete measurements of zones one, two, three, and four as required at the time of his readmission nor at the time the hospital bed was returned for his use two weeks ago. On November 12, 2024, at 12:25 p.m., R5 was observed sitting in his wheelchair next to the hospital style bed in his room. The bed was observed to have bilateral upper rails firmly attached and in the upright position. R5's comprehensive registered nurse (RN) assessment dated September 13, 2024, included a bed rail assessment, and indicated a discussion regarding the risks verses benefits occurred; however, the assessment lacked evidence of side rail measurements were completed. The licensee's Side Rails policy dated October 11, 2021, indicated when the licensee is aware a resident is utilizing side rails (a medical device) on a bed, the licensee will assess the use, educate the resident, and when appropriate, the responsible person, regarding the risks and benefits of side rails, and verify that the side rail in use is of a safe design and utilized consistent with the manufacturer's directions. The licensee will determine if the side rail is considered to be safe. "Safe" shall be defined as meeting all the requirements listed below: a. The side rail is used consistent with manufacturer's directions. Be aware of side rails that slide between the mattress and box spring designed for toddler use. b. The side rails are installed securely and maintained in good operating condition. Be aware	{02310}		

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{02310}	Continued From page 20 of "wobbly" side rails. c. The side rail design is consistent with the FDA's 2006 recommended dimensional measurements to reduce entrapment. This means side rail zones 1, 2, and 3 must not exceed 4.75". The Food and Drug Administration's (FDA), A Guide to Bed Safety, dated 2000, and revised April 2010, indicated following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (within the rail) should not exceed 4 and 3/4 inches, zone 2 (under the rail, between rail supports or next to a single rail support) should not exceed 4 and 3/4 inches, zone 3 (between the rail and the mattress), should not exceed 4 and 3/4 inches, and zone 4 (under the rail, at the ends of the rail) should not exceed 2 and 3/8 inches or be greater than a 60 degree angle. No further information was provided.	{02310}		

Electronically Delivered

September 11, 2024

Licensee
The Beatitudes Homes LLC
3812 Commodore Drive
Brooklyn Center, MN 55429

RE: Project Number(s) SL36744015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 21, 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.

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

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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: SL# 36744015-0 On August 19, 2024, through August 21, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three residents; three receiving services under the provider's 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.	
0 250 SS=F	144G.20 Subdivision 1 Conditions (a) The commissioner may refuse to grant a	0 250		

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0 250	Continued From page 1 provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility: (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules; (2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services; (3) performs any act detrimental to the health, safety, and welfare of a resident; (4) obtains the license by fraud or misrepresentation; (5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the facility's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the facility's residents; (8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1; (9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department; (10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter;	0 250		

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0 250	Continued From page 2 (11) refuses to initiate a background study under section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on August 19,	0 250		

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0 250	Continued From page 3 2024, at 11:15 a.m., owner (O)-A stated the licensee's employees in charge of the facility were familiar with the assisted living regulations and the licensee provided medication and treatment management services. The licensee's Application for Assisted Living License, section titled Official Verification of Owner or Authorized Agent, (page four and five of the application), identified, I certify I have read and understand the following: [a check mark was placed before each of the following]: - I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17. - I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing	0 250		

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	36744	A. BUILDING: _____ B. WING _____	08/21/2024

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0 250	Continued From page 4 of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices. - I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license. - I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and	0 250		

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0 250	Continued From page 5 Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable. Page six was electronically signed by owner (O)-A on April 16, 2024. The licensee had an assisted living license issued on May 1, 2024, with an expiration date of April 30, 2025. The licensee failed to ensure the following policies and procedures were developed and/or implemented: - conducting and handling background studies on employees; - orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; - handling complaints regarding staff or services provided by staff; - conducting initial evaluations of residents' needs and the providers' ability to provide those services; - conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; - conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; - medication and treatment management; and - delegation of tasks by registered nurses or licensed health professionals As a result of this survey, the following orders were issued: 0550, 0660, 1290, 1370, 1380,	0 250		

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0 250	Continued From page 6 1470, 1610, 1620, 1790, 1880, 1890, 1970, and 2310; indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 250		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the	0 470		

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0 470	Continued From page 7 appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the required staffing plan was developed as required, potentially affecting the licensee's residents, staff, and any visitors of the licensee. This practice resulted in a level two violation (a violation that did not harm a licensee'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 held and assisted living license and was licensed for a capacity of four residents with a current census of three residents. On August 19, 2024, at 12:30 p.m. the facility staffing plan was requested. The licensee failed to develop and implement a staffing plan for determining its staffing level that: - included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility. August 21, 2024, at 1:30 p.m. owner (O)-A provided the facility's staffing plan which included various information, but lacked an indication of the number of staff needed each shift for	0 470		

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0 470	Continued From page 8 adequate coverage for the resident needs and acuity. O-A verified the above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 20, 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	0 480		

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0 480	Continued From page 9 to the FBEIR for any compliance dates.	0 480		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required information related to the grievance procedure as well as the required information related to the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	0 550		

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0 550	Continued From page 10 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On August 19, 2024, at 12:35 p.m. the surveyor observed the facility postings located on the wall in the facility living room; however, the complaint procedure and contact information for the Ombudsman was not found. On August 19, 2024, at 12:36 p.m. clinical nurse supervisor CNS-B stated the required postings had been placed on the wall in the living room by a marker board with general staff information and was uncertain as to why it was now missing. The licensee failed to post the required information about the facility's grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. Additionally, the posting lacked contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 550		
0 570 SS=C	144G.42 Subdivision 1 Display of license The original current license must be displayed at the main entrance of each assisted living facility.	0 570		

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0 570	Continued From page 11 The facility must provide a copy of the license to any person who requests it. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to display the original current license at the main entrance of the assisted living facility as required. This had the potential to affect all the licensee's current residents, staff, and visitors. 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 the residents). The findings include: On August 19, 2024, at 12:35 p.m. the surveyor observed the facility entrance area with clinical nurse supervisor (CNS)-B, and noted the license was not posted as required. The facility license was later found on a wall in the downstairs office area. Owner (O)-A stated she was unaware the license needed to be posted at the main entrance. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 570		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c	0 640		

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0 640	Continued From page 12 The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to support protection and safety by not posting 911 emergency number and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557 as required. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On August 19, 2024, at 12:35 p.m. during a facility tour with clinical nurse supervisor (CNS)-B, the surveyor noted no 911 emergency number	0 640		

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0 640	Continued From page 13 posting in the facility common areas or by facility supplied telephones, nor the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557 as required. At 12:26 p.m. CNS-B stated she had all required postings hung by a general staff marker board in the living room area; however, there was no evidence of the postings currently. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640		
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 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	0 650		

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0 650	Continued From page 14 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 employee records included evidence of training/competency content for blood sugar monitoring for one of one unlicensed personnel (ULP-D). 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-D was hired on June 23, 2024, to provide direct care services to residents of the facility. On August 19, 2024, at 1:05 p.m. ULP-D was observed to administer R1's midday medications. ULP-D stated she had checked R1's blood sugar earlier, prior to insulin administration. ULP-D stated the licensee's registered nurse had trained and ensured ULP-D's competency prior to completing the blood sugar procedure independently. ULP-D's employee file lacked evidence of her blood sugar monitoring competency as completed by the licensee's registered nurse.	0 650		

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0 650	Continued From page 15 On August 21, 2024, at 10:30 a.m. clinical nurse supervisor (CNS)-B stated ULP-D received training and competency of blood sugar monitoring procedure along with other trainings/competencies completed; however, CNS-B forgot to document the training/competency on the appropriate form for ULP-D's employee file. The licensee's Employee Records policy dated October 11, 2021, indicated the employee record must contain records of orientation, required annual training, infection control training and competency evaluations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 660 SS=E	144G.42 Subd. 9 Tuberculosis prevention and control (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.	0 660		

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0 660	Continued From page 16 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) which included documentation of a completed health history and symptom screening for two of two unlicensed personnel (ULP-D, ULP-E). 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: The licensee's TB Risk Assessment Worksheet for Health Care settings was last dated March 7, 2024, and indicated the licensee was a low-risk health care setting. On August 19, 2024, at 11:15 a.m. owner (O)-A indicted she and the registered nurse oversaw the TB assessment and she managed the employee files. ULP-D ULP-D's employee record indicated a hire date of June 23, 2024, to provide direct care services to the licensee's residents.	0 660		

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0 660	Continued From page 17 On August 19, 2024, at 1:05 p.m. ULP-D was observed to administer R1's medications through his gastric feeding tube. ULP-D's employee file included a physician's report dated June 19, 2024, to indicate no evidence of pulmonary (lung) tuberculosis; however, ULP-D's employee record lacked a completed a symptom screening related to the X-ray and the provider's visit completed on June 19, 2024, or thereafter. ULP-E ULP-E's employee record indicated a hire date of March 22, 2023, to provide direct care services to the licensee's residents. On August 20, 2024, at 7:15 a.m. ULP-E was observed to complete a bed bath and morning cares for R1. ULP-E's employee file included a physician's report dated March 11, 2023, with no radiographic finding of active tuberculosis; however, ULP-E's employee record lacked a completed a symptom screening related to the X-ray and the provider's visit completed on March 11, 2023, or thereafter. On August 21, 2024, at 11:20 a.m. owner (O)-A stated the licensee had blank TB symptom screening tools used at the time of hire; however, she was not sure whether ULP-D and ULP-E's TB symptom screening had been completed and did not have record of it for either employee. The licensee's Tuberculosis Screening Policy dated October 11, 2021, indicated each employee or volunteer having direct contact with residents must have documentation of baseline health symptom screening prior to providing care to	0 660		

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	36744	A. BUILDING: _____ B. WING _____	08/21/2024

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0 660	Continued From page 18 residents. This includes, at a minimum, the health symptom screening. 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 by:	0 680		

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0 680	Continued From page 19 Based on observation, interview, and record review, the licensee failed to develop an all-hazards risk assessment emergency preparedness program and plan to include Appendix Z required elements. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On August 21, 2024, at 9:00 a.m. owner (O)-A provided the surveyor with the licensee's emergency preparedness plan for review. The licensee lacked the following required information according to Emergency Preparedness: Appendix Z: - establish/maintain a comprehensive emergency plan (EP) which describes the facility's approach to meeting health/safety/security needs of staff/residents addressing how they would coordinate with other, health care facilities (HCF), as well as community on a whole during emergency or disaster (natural, man-made, facility, etc.) and be reviewed/updated annually. The licensee's EP plan lacked the date the plan was developed and any dates of plan reviews. -review of the missing person policy and procedure completed quarterly; the licensee was unaware of the required quarterly review of their missing person policy and procedure;	0 680		

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0 680	Continued From page 20 - a process for cooperation and collaboration with local, tribal, regional, State and Federal EP to maintain integrated response; - policy and procedure addressing whether evacuated or shelter in place for staff/residents for food, water, medical supplies, pharmaceutical supplies; the licensee needed to define what emergency supplies were stored for food, water, and pharmaceutical supplies; - policy and procedure addressing alternate sources of energy to maintain temperatures to protect resident health/safety, safe and sanitary storage of provisions emergency lighting and sewage and waste disposal; - policy and procedure for a system to track the location of on duty staff and sheltered residents and if on duty staff and sheltered residents are relocated, the facility must document the specific name/location of the receiving facility or other location; - policy and procedure addressing safe evacuation form facility, including care and treatment needs of evacuees; staff responsibilities; primary/alternate communication means with external sources of assistance; - policy and procedure addressing use of volunteers, including the process/role for integration; - policy and procedures addressing development of arrangements with other facilities/providers to receive residents in the event of limitations/cessation of operations to maintain the continuity of services to residents; - communication plan which includes contact information for Federal, State, tribal, regional, and local EP staff; State Licensing and Certification Agency; and other sources of assistance; - communication plan which includes alternate means of communication with facility staff and Federal, State, tribal, regional, and local	0 680		

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0 680	Continued From page 21 emergency management agencies; - conduct 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 August 21, 2024, at 1:15 p.m. O-A reviewed the above missing content of Appendix Z and stated licensed assisted living director (LALD)-C was the primary person to update and amend the EP plan. O-A stated the EP plan needed more work to detail the above missing content. The licensee's Emergency Preparedness plan policy dated October 11, 2021, indicated the licensee's emergency preparedness plan will include all required elements of appendix Z. The plan will be in writing and reviewed annually. The plan is based on our assisted living-based and community-based risk assessments, utilizing an all-hazards approach. Key elements of the plan include four primary components. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	0 800		

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0 800	Continued From page 22 (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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: During the facility tour on August 21, 2024, with the owner (OA), between 8:45 a.m. and 10:30 a.m. the following deficient conditions were observed: RESIDENT ROOM 4: The surveyor observed the crank/handle on the emergency escape window in resident room 4	0 800		

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0 800	Continued From page 23 was broken and not fully operable. Also, there was a stereo and speakers blocking the use of the window. The surveyor explained to OA the emergency escape and rescue openings shall be operational from inside the room without the use of keys or tools and shall not be blocked from use at all times. KITCHEN: The surveyor observed the floor in front of the stove/oven was torn up causing a trip hazard. The surveyor explained to OA the floor shall be repaired to remove the trip hazard. The deficient conditions were visually verified by the OA accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 800		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to	0 900		

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0 900	Continued From page 24 the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to develop and execute an assisted living written contract to include the required content for one of one resident (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 started receiving assisted living services on August 3, 2023.	0 900		

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0 900	Continued From page 25 R1's unsigned, Service Plan Waiver-Addendum to the Contract (used as the Service Plan) dated August 6, 2024, indicated he received medication administration, gastric tube management and gastric tube feedings, blood sugar monitoring, and suprapubic (entry into the bladder through the abdominal wall) urinary catheter management. R1's record lacked a signed assisted living contract as required. On August 20, 2024, at 3:02 p.m. owner (O)-A indicated R1 was unable to sign documents for himself. R1's designated representative was his wife who signed some of the admission paperwork; however, she took the contract to review at home and had not returned it to the facility. O-A stated she has attempted contact with R1's wife but has not received a response back and had not documented the attempts to retrieve the contract. O-A stated R1's contract lacked a signature by the facility representative. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		
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	0 970		

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0 970	Continued From page 26 lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property for one of one resident (R1). This had the potential to affect all residents. 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 the residents). The findings included: The licensee had an assisted living license with an expiration date of April 30, 2025, had a licensed capacity of four, with a current census of three residents. R1's record lacked a signed Assisted Living Contract. On August 19, 2024, at 1:00 p.m. owner (O)-A provided the surveyor with a blank resident contract for review. The Assisted Living Contract included the following: -Page 14 included "27. MISCELLANEOUS PROVISIONS INDEMNIFICATION	0 970		

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0 970	Continued From page 27 Resident will indemnify and hold harmless Landlord, its employees, and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident of the rented premises or any other part of Landlord's property, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents." -Page 15 included a Liability statement which read: Landlord is not liable to Resident or Resident's guests for any injury, death or property damage occurring in the Room or on Landlord's premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by Resident or Resident's guests. Landlord is also not liable for any injury, death or damage occurring as the result of Resident's receipt of health-related, supportive, or other services from third party providers. Landlord may be liable to Resident for its own negligent acts or those of its employees or agents. Unless caused by one of the aforementioned excepted reasons, Resident agrees to hold Landlord harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Room or on Landlord's premises. On August 19, 2024, at 3:02 p.m. O-A stated she had the licensee's contract amended recently and did not include waiver of liability or indemnification verbiage. O-A stated she had not yet reissued the amended contract to the three current residents. No further information was provided.	0 970		

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0 970	Continued From page 28 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
0 990 SS=F	144G.52 Subd. 2 Prerequisite to termination of a contract (a) Before issuing a notice of termination of an assisted living contract, a facility must schedule and participate in a meeting with the resident and the resident's legal representative and designated representative. The purposes of the meeting are to: (1) explain in detail the reasons for the proposed termination; and (2) identify and offer reasonable accommodations or modifications, interventions, or alternatives to avoid the termination or enable the resident to remain in the facility, including but not limited to securing services from another provider of the resident's choosing that may allow the resident to avoid the termination. A facility is not required to offer accommodations, modifications, interventions, or alternatives that fundamentally alter the nature of the operation of the facility. (b) The meeting must be scheduled to take place at least seven days before a notice of termination is issued. The facility must make reasonable efforts to ensure that the resident, legal representative, and designated representative are able to attend the meeting. (c) The facility must notify the resident that the resident may invite family members, relevant health professionals, a representative of the Office of Ombudsman for Long-Term Care, a representative of the Office of Ombudsman for Mental Health and Developmental Disabilities, or other persons of the resident's choosing to participate in the meeting. For residents who receive home and community-based waiver	0 990		

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0 990	Continued From page 29 services under chapter 256S and section 256B.49, the facility must notify the resident's case manager of the meeting. (d) In the event of an emergency relocation under subdivision 9, where the facility intends to issue a notice of termination and an in-person meeting is impractical or impossible, the facility must use telephone, video, or other electronic means to conduct and participate in the meeting required under this subdivision and rules within Minnesota Rules, chapter 4659. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to provide proof that a pre-termination meeting occurred seven days prior to issuing a notice of termination for one of one resident (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) 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: On August 19, 2024, at 12:20 p.m. during a facility tour, owner (O)-A stated the licensee had provided R1 and R1's case manager with a 30-day contract termination notices a couple months ago. O-A stated R1's case manager was actively seeking another setting to meet R1's complex medical needs and the need for two staff during day and evening shifts as required for his transfer needs. The surveyor requested to review R1's contract termination paperwork.	0 990		

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0 990	Continued From page 30 On August 21, 2024, at 12:15 p.m. O-A provided the surveyor with an email she sent to R1's case manager dated July 1, 2024, which read "Good afternoon, [case manager's name], Please consider this email as a formal request to discharge [R1] from [licensee's name]. Currently we cannot afford to provide two staff for [R1] at this time. [Licensee's name] is unable to continue to adequately provide the services agreed to by the client in the assisted living contract. Further email correspondence dated July 25, 2024, as sent by O-A read "Good afternoon [case manager's name and R1's wife's name] I hope this message finds you well. On July 1st, I emailed regarding our request to discharge [R1] from [licensee's name], due to our current census and staffing ratio. As we have not yet received a response, I wanted to follow up on this matter. As mentioned previously, [licensee's name] is currently unable to adequately provide the services outlined in the assisted living contract. It is important for us to determine a move-out date to ensure a smooth transition. Could you please provide an update on the status of this request? We would appreciate any information you can provide regarding the next steps and the anticipated move-out date for R1." On August 21, 2024, at 12:20 p.m. O-A stated the licensee had a care conference "way over seven days prior to the termination of services email"; however, O-A could not recall the date. O-A stated the meeting occurred with R1 and his case manager with discussion about R1's higher care needs and the need for a service termination; however, she had not documented the meeting, nor the meeting attendees. Furthermore, O-A stated she had not offered to contact the	0 990		

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0 990	Continued From page 31 Ombudsman's office for representation/support in the meeting from the Ombudsman's office as required. O-A stated she had not provided a service termination in the past and was not aware of all the requirements. R1's record lacked evidence the facility conducted the required meeting with the resident or resident's representative at least seven days before the proposed termination and failed to offer representation by the Ombudsman's office. The licensee's Contract Termination policy dated October 11, 2021, indicated the following: Pre-termination of an assisted living contract meeting a. Before issuing a notice of termination of an assisted living contract, The Beatitudes Homes will participate in a meeting with the resident and the resident's legal representative and designated representative. The purposes of the meeting are to: - Explain in detail the reasons for the proposed termination; and - Identify and offer reasonable accommodations or modifications, interventions, or alternatives to avoid the termination or enable the resident to remain in the facility, including but not limited to securing services from another provider of the resident's choosing that may allow the resident to avoid the termination. The facility is not required to offer accommodations, modifications, interventions, or alternatives that fundamentally alter the nature of the operation of the facility. b. The meeting will be scheduled to take place at least seven (7) days before a notice of termination is issued. The facility will make reasonable efforts to ensure that the resident, legal representative, and designated representative are able to attend the meeting.	0 990		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36744	A. BUILDING: _____ B. WING _____	08/21/2024

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0 990	Continued From page 32 c. If an in-person meeting is impractical or impossible, the facility may attempt to schedule and participate in a meeting under this subdivision via telephone, video, or other means. d. At the pre-termination meeting, The Beatitudes Homes will collaborate with the resident and the resident's representatives, case manager, and any other individual invited by the resident, to identify and offer any potential reasonable accommodations, modifications, interventions, or alternatives that can address the issues underlying the termination. Pre-termination meeting written summary. a. Within 24 hours after the pre-termination meeting, The Beatitudes Homes will provide the resident and the resident's representatives and case manager, if present at the pre-termination meeting, with a written summary of the meeting, including any agreements reached about any accommodation, modification, intervention, or alternative that will be used to avoid terminating the resident's assisted living contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 990		
01040 SS=F	144G.52 Subd. 7 Notice of contract termination required (a) A facility terminating a contract must issue a written notice of termination according to this section. The facility must also send a copy of the termination notice to the Office of Ombudsman for Long-Term Care and, for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, to the resident's case manager, as soon	01040		

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01040	Continued From page 33 as practicable after providing notice to the resident. A facility may terminate an assisted living contract only as permitted under subdivisions 3, 4, and 5. (b) A facility terminating a contract under subdivision 3 or 4 must provide a written termination notice at least 30 days before the effective date of the termination to the resident, legal representative, and designated representative. (c) A facility terminating a contract under subdivision 5 must provide a written termination notice at least 15 days before the effective date of the termination to the resident, legal representative, and designated representative. (d) If a resident moves out of a facility or cancels services received from the facility, nothing in this section prohibits a facility from enforcing against the resident any notice periods with which the resident must comply under the assisted living contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to send a copy of the termination notice to the Office of Ombudsman for Long-Term Care as required for one of one resident (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) 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:	01040		

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01040	Continued From page 34 On August 19, 2024, at 12:20 p.m. during the facility tour, owner (O)-A stated the licensee had provided R1 and R1's case manager with a 30-day contract termination notice a couple months ago. O-A stated R1's case manager was actively seeking another setting to meet R1's complex medical needs and the need for two staff during day and evening shift as required for his transfer needs. The surveyor requested to review R1's contract termination paperwork. On August 21, 2024, at 12:15 p.m. O-A provided the surveyor with an email she sent to R1's case manager dated July 1, 2024, which read "Good afternoon, [case manager's name], Please consider this email as a formal request to discharge [R1] from [licensee's name]. Currently we cannot afford to provide two staff for [R1] at this time. [Licensee's name] is unable to continue to adequately provide the services agreed to by the client in the assisted living contract. Further email correspondence dated July 25, 2024, as sent by O-A read "Good afternoon [case manager's name and R1's wife's name] I hope this message finds you well. On July 1st, I emailed regarding our request to discharge [R1] from [licensee's name], due to our current census and staffing ratio. As we have not yet received a response, I wanted to follow up on this matter. As mentioned previously, [licensee's name] is currently unable to adequately provide the services outlined in the assisted living contract. It is important for us to determine a move-out date to ensure a smooth transition. Could you please provide an update on the status of this request? We would appreciate any information you can provide regarding the next steps and the anticipated move-out date for R1."	01040		

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01040	Continued From page 35 The licensee failed to send a copy of the termination notice to the Office of Ombudsman for Long-Term Care as required. On August 21, 2024, at 12:20 p.m. O-A stated the licensee had a care conference "way over seven days prior to the termination of services email"; however, O-A could not recall the date. O-A stated the meeting occurred with R1 and R1's case manager with discussion about R1's higher care needs and the need for a service termination; however, she had not documented the meeting, nor the meeting attendees. Furthermore, O-A stated she had not offered to contact the Ombudsman's office for representation/support in the meeting from the Ombudsman's office as required. O-A stated she had not provided a service termination in the past and was not aware she needed to contact the Office of Ombudsman for Long-Term care. The licensee's Contract Termination policy dated October 11, 2021, indicated a facility providing a notice to the ombudsman will provide the notice as soon as practicable, but in any event no later than two (2) business days after the facility provided notice to the resident. The notice will include a phone number for the resident, or, if the resident does not have a phone number, the phone number of the resident's representatives or case manager. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01040		
01050 SS=F	144G.52 Subd. 8 Content of notice of termination	01050		

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01050	Continued From page 36 The notice required under subdivision 7 must contain, at a minimum: (1) the effective date of the termination of the assisted living contract; (2) a detailed explanation of the basis for the termination, including the clinical or other supporting rationale; (3) a detailed explanation of the conditions under which a new or amended contract may be executed; (4) a statement that the resident has the right to appeal the termination by requesting a hearing, and information concerning the time frame within which the request must be submitted and the contact information for the agency to which the request must be submitted; (5) a statement that the facility must participate in a coordinated move to another provider or caregiver, as required under section 144G.55; (6) the name and contact information of the person employed by the facility with whom the resident may discuss the notice of termination; (7) information on how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities to request an advocate to assist regarding the termination; (8) information on how to contact the Senior LinkAge Line under section 256.975, subdivision 7, and an explanation that the Senior LinkAge Line may provide information about other available housing or service options; and (9) if the termination is only for services, a statement that the resident may remain in the facility and may secure any necessary services from another provider of the resident's choosing. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01050		

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01050	Continued From page 37 licensee failed to include the required content of a written termination notice for one of one resident (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) 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: On August 19, 2024, at 12:20 p.m. during a facility tour, owner (O)-A stated the licensee had provided R1 and R1's case manager with a 30-day contract termination notices a couple months ago. O-A stated R1's case manager was actively seeking another setting to meet R1's complex medical needs and the need for two staff during day and evening shift as required for his transfer needs. The surveyor requested to review R1's contract termination paperwork. On August 21, 2024, at 12:15 p.m. O-A provided the surveyor with an email she sent to R1's case manager dated July 1, 2024, which read "Good afternoon, [case manager's name], Please consider this email as a formal request to discharge [R1] from [licensee's name]. Currently we cannot afford to provide two staff for [R1] at this time. [Licensee's name] is unable to continue to adequately provide the services agreed to by the client in the assisted living contract. Further email correspondence dated July 25, 2024, as sent by O-A read "Good afternoon [case manager's name and R1's wife's name] I hope	01050		

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01050	Continued From page 38 this message finds you well. On July 1st, I emailed regarding our request to discharge [R1] from [licensee's name], due to our current census and staffing ratio. As we have not yet received a response, I wanted to follow up on this matter. As mentioned previously, [licensee's name] is currently unable to adequately provide the services outlined in the assisted living contract. It is important for us to determine a move-out date to ensure a smooth transition. Could you please provide an update on the status of this request? We would appreciate any information you can provide regarding the next steps and the anticipated move-out date for R1." The licensee failed to include the required content of a written termination notice to include: - the effective date of the termination of the assisted living contract - a detailed explanation of the basis for the termination, including the clinical or other supporting rationale - a detailed explanation of the conditions under which a new or amended contract may be executed; - a statement that the resident has the right to appeal the termination by requesting a hearing, and information concerning the time frame within which the request must be submitted and the contact information for the agency to which the request must be submitted; - a statement that the facility must participate in a coordinated move to another provider or caregiver, as required under section 144G.55; - the name and contact information of the person employed by the facility with whom the resident may discuss the notice of termination; - information on how to contact the Office of Ombudsman for Long-Term Care to request an advocate to assist regarding the termination;	01050		

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01050	Continued From page 39 - information on how to contact the Senior LinkAge Line under section 256.975, subdivision 7, and an explanation that the Senior LinkAge Line may provide information about other available housing or service options; a On August 21, 2024, at 12:20 p.m. O-A stated the licensee sent the above noted email as the formal contract termination notice and was not aware of the required termination notice content. The licensee's Contract Termination policy dated October 11, 2021, indicated the notice for termination, for any reason, will contain, at a minimum: - The effective date of the termination of the assisted living contract - A detailed explanation of the basis for the termination, including the clinical or other supporting rationale - A detailed explanation of the conditions under which a new or amended contract may be executed - A statement that the resident has the right to appeal the termination by requesting a hearing, and information concerning the time frame within which the request will be submitted and the contact information for the agency to which the request will be submitted - A statement that the facility will participate in a coordinated move to another provider or caregiver - The name and contact information of the person employed by the facility with whom the resident may discuss the notice of termination - Information on how to contact the Office of Ombudsman for Long-Term Care to request an advocate to assist regarding the termination - Information on how to contact the Senior LinkAge Line, and an explanation that the Senior	01050		

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01050	Continued From page 40 LinkAge Line may provide information about other available housing or service options, and - If the termination is only for services, a statement that the resident may remain in the facility and may secure any necessary services from another provider of the resident's choosing. No further information was provided TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01050		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact	01060		

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01060	Continued From page 41 information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (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). The findings include: R1 was admitted to the facility and began	01060		

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01060	Continued From page 42 receiving services under the licensee's assisted living license on August 3, 2023. R1's unsigned, Service Plan Waiver-Addendum to the Contract (used as the Service Plan) dated August 6, 2024, indicated R1 received services including medication administration, blood sugar checks, gastric feeding tube management and feedings, suprapubic (entrance to the bladder through the abdomen) urinary catheter management, assistance with bathing, grooming, Hoyer (mechanical lift) transfers, behavior management and vital signs. R1's progress notes indicated the following hospitalizations: - February 3, 2024, resident had significant pain and was sent to the hospital; - February 9, 2024, resident returned from the hospital after having surgery (hip fracture); - April 27, 2024, resident sent to the hospital for elevated temperature, pulse, blood pressure, and cough - May 1, 2024, resident returned from the hospital; - May 29, 2024, resident hospitalized - June 6, 2024, resident returned home R1's record included hospital discharge summaries to indicate the following hospital stays: - February 3, 2024, to February 7, 2024, for left displaced femoral neck closed fracture (left hip fracture) requiring surgical repair; - April 27, 2024, to May 1, 2024, for sepsis (significant infection) related to a urinary tract infection; - May 29, 2024, to June 6, 2024, for a fever of unknown origin and gastric feeding tube exchange	01060		

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01060	Continued From page 43 R1's record lacked a written notice that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. In addition, R1's records lacked notification to the Office of Ombudsman for Long-Term Care the resident had been relocated and had not returned to the facility within four days. On August 20, 2024, at 10:05 a.m. clinical nurse supervisor (CNS)-B stated she just learned about the emergency relocation requirement and the need to notify the Ombudsman's office when a resident is relocated for longer than four days. She stated she had notified/called R1's wife and the case manager; however, had not completed the required written notifications. The licensee's Emergency Relocation policy dated October 11, 2021, indicated, 1. In the event of an emergency relocation, The Beatitudes Homes will provide a written notice that contains, at a minimum:	01060		

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01060	Continued From page 44 a. The reason for the relocation b. The name and contact information for the location to which the resident has been relocated and any new service provider c. Contact information for the Office of Ombudsman for Long-Term Care d. If known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known, and e. A statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal. 3. The facility will provide contact information for the agency to which the resident may submit an appeal. 4. The notice required will be delivered as soon as practicable to: a. The resident, legal representative, and designated representative b. For residents who receive home and community-based waiver services, the resident's case manager, and c. The Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days.	01060		
01290 SS=F	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	01290		

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	36744	A. BUILDING: _____ B. WING _____	08/21/2024

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THE BEATITUDES HOMES LLC	3812 COMMODORE DRIVE 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
01290	Continued From page 45 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: Based on observation, interview, and record review, the licensee failed to ensure two of three employees (unlicensed personnel (ULP)-D, ULP-F) were affiliated with the assisted living license as required. This had the potential to affect the licensee's three current 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: On August 20, 2024, at 11:15 a.m. the surveyor received the licensee's employee roster. ULP-D ULP-D was hired on June 23, 2024, to provide direct care services to the licensee's residents.	01290		

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01290	Continued From page 46 ULP-F ULP-F was hired on April 19, 2024, to provide direct care services to the licensee's residents. The licensee's Department of Human Services (DHS) NETStudy 2.0 roster dated August 20, 2024, indicated ULP-D and ULP-F had cleared background studies; however, both employees were affiliated with the licensee's other assisted living facility (36005). ULP-D and ULP-F's records lacked evidence the licensee affiliated a background study for this assisted living facility license (36744). On August 20, 2024, at 11:16 a.m. owner (O)-A stated ULP-D and ULP-F worked at the licensee's facility and also worked at the licensee's other sites. O-A stated the background studies were associated with her other licensed facility's license, and was unaware the staff needed to be affiliated with both locations. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe	01370		

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01370	Continued From page 47 environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations for the required topics were completed by one of two unlicensed personnel (ULP-D) prior to providing direct cares. This practice resulted in a level two violation (a violation that did not harm a resident's health or	01370		

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01370	Continued From page 48 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-D had a hire date of June 23, 2024, and provided direct care services under the licensee's assisted living license. On August 19, 2024, at 1:05 p.m. ULP-D set up and administered R1's medications via his gastric feeding tube. ULP-D's record lacked evidence of training prior to providing services for the following: -Documentation requirements for all services provided -Reports of changes in the resident's condition to the supervisor designated by the facility -Maintenance of a clean and safe environment -Appropriate and safe techniques in personal hygiene and grooming, including: i. hair care and bathing ii. care of teeth, gums, and oral prosthetic devices iii. care and use of hearing aids iv. dressing and assisting with toileting -Standby assistance techniques and how to perform them -Medication, exercise, and treatment reminders -Basic nutrition, meal preparation, food safety, and assistance with eating -Preparation of modified diets as ordered by a licensed health professional -Awareness of commonly used health technology	01370		

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01370	Continued From page 49 equipment and assistive devices On August 21, 2024, at 10:45 a.m. clinical nurse supervisor (CNS)-B stated she observed ULP-D complete several delegated tasks and personal cares according to the resident's care plans/service plans; however, had not documented the observations. Furthermore, CNS-B stated she was not aware of all the required elements of staff training to be assigned and would need to orient herself to the required training topics. The licensee's Competency Training Evaluation policy dated October 11, 2021, indicated training and competency evaluations for all ULPs will include: -Documentation requirements for all services provided -Reports of changes in the resident's condition to the supervisor designated by the facility -Maintenance of a clean and safe environment -Appropriate and safe techniques in personal hygiene and grooming, including: i. hair care and bathing ii. care of teeth, gums, and oral prosthetic devices iii. care and use of hearing aids iv. dressing and assisting with toileting -Standby assistance techniques and how to perform them -Medication, exercise, and treatment reminders -Basic nutrition, meal preparation, food safety, and assistance with eating -Preparation of modified diets as ordered by a licensed health professional -Awareness of commonly used health technology equipment and assistive devices.	01370		

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01370	Continued From page 50 No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure competency training and evaluations were completed by one of two unlicensed personnel (ULP-D) prior to providing direct cares. 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	01380		

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01380	Continued From page 51 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-D had a hire date of June 23, 2024, and provided direct care services under the licensee's assisted living license. On August 19, 2024, at 1:05 p.m. ULP-D set up and administered R1's medications via his gastric feeding tube. ULP-D's training record lacked evidence of the following required training topics prior to providing services: - observation, reporting, and documenting of resident status, - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; and - recognizing physical, emotional, cognitive, and developmental needs of the resident Furthermore, ULP-D's training record included training; however, it lacked evidence of the following required competencies: -safe transfer techniques and Hoyer lift use -range of motion and positioning On August 21, 2024, at 10:45 a.m. clinical nurse supervisor (CNS)-B stated she observed ULP-D complete several delegated tasks and personal cares according to the resident's care plans/service plans; however, had not documented the observations. Furthermore, CNS-B stated she was not aware of all the	01380		

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01380	Continued From page 52 required elements of staff training to be assigned and would need to orient herself to the required training topics. The licensee's Competency Training Evaluations policy dated May 22, 2023, indicated home health aides (HHA) providing assisted living services and who have not completed a state-approved formal training and competency evaluation program will demonstrate competency through the following process: HHA may not work for the licensee until they have successfully passed the written and demonstration competency evaluation, including satisfactory completion of the following: -observing, reporting, and documenting resident status, -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel, -recognizing physical, emotional, cognitive, and developmental needs of the resident; and -Range of motion and positioning No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;	01470		

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01470	Continued From page 53 (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased	01470		

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01470	Continued From page 54 incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one employee (unlicensed personnel (ULP)-D) received orientation to assisted living facility licensing requirements and regulations before providing services. 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-D was hired on June 23, 2024, to provide direct care services to the licensee's residents. On August 19, 2024, at 1:05 p.m. ULP-D was observed to administer medications to R1 via his gastric feeding tube. ULP-D's record lacked evidence she received orientation to assisted living facility to include the following required content:	01470		

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01470	Continued From page 55 -review of the provider's policies and procedures; -handling of resident complaints, reporting of complaints, where to report; and -consumer advocacy services On August 21, 2024, at 11:15 a.m. owner (O)-A stated not all Educare (the licensee's online training program) topics were understood to be assigned trainings, and the above trainings appeared to be missed for ULP-D. The licensee's Orientation or Staff and Supervisors and Content policy dated October 11, 2021, indicated all the licensee's employees must complete the orientation to assisted living facility requirements before providing assisted living services to residents. The orientation must contain the following topics: -An introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person -Handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints -Consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01470		

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01610	Continued From page 56	01610		
01610 SS=D	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 ensure a registered nurse (RN) conducted an initial assessment for one of one resident (R1) prior to the initiation of services. 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:	01610		

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01610	Continued From page 57 R1 started receiving assisted living services on August 3, 2023. R1 had diagnoses to include traumatic brain injury (TBI), quadriplegia (inability to move all four extremities), type 2 diabetes, dysphagia (inability to swallow safely) requiring gastric feeding tube, neurogenic bladder (ineffective bladder emptying) requiring a suprapubic urinary catheter (a catheter placed through the abdomen into the bladder to empty urine), and neurogenic bowel (ineffective bowel management/control). R1's unsigned, Service Plan Waiver-Addendum to the Contract (used as the Service Plan) dated August 6, 2024, indicated he received medication administration, gastric tube management and gastric tube feedings, blood sugar monitoring, and suprapubic (entry into the bladder through the abdominal wall) urinary catheter management. R1's record included a comprehensive admission assessment dated August 10, 2023. The licensee's registered nurse (RN) failed to complete a comprehensive assessment on or before the initiation of services (August 3, 2023) and was completed seven days after R1 was admitted. On August 21, 2024, at 12:18 p.m. clinical nurse supervisor (CNS)-B stated she was not the licensee's nurse at the time of R1's admission and could not speak to the lateness of the admission assessment, but stated R1's admission assessment should have been completed on the day of his admission.	01610		

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01610	Continued From page 58 The licensee's Assessments, Reviews, and Monitoring policy dated October 21, 2021, indicated the licensee would 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. 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 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	01620		

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01620	Continued From page 59 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 the registered nurse (RN) completed an assessment for a change in condition following hospitalizations and a reassessment not to exceed 90 days for one of one resident (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) 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: R1 started receiving assisted living services on August 3, 2023. R1 had diagnoses to include traumatic brain injury (TBI), quadriplegia (inability to move all four extremities), type 2 diabetes, dysphagia (inability to swallow safely) requiring gastric feeding tube, neurogenic bladder (ineffective bladder emptying) requiring a suprapubic urinary catheter (a catheter placed through the abdomen into the bladder to empty urine), and neurogenic bowel (ineffective bowel management/control). R1's unsigned, Service Plan Waiver-Addendum	01620		

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	36744	A. BUILDING: _____ B. WING _____	08/21/2024

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01620	Continued From page 60 to the Contract (used as the Service Plan) dated August 6, 2024, indicated he received medication administration, gastric tube management and gastric tube feedings, blood sugar monitoring, and suprapubic (entry into the bladder through the abdominal wall) urinary catheter management. R1's progress notes indicated the following hospitalizations: - February 3, 2024, resident had significant pain and was sent to the hospital; - February 9, 2024, resident returned from the hospital after having surgery (hip fracture); - April 27, 2024, resident sent to the hospital for elevated temperature, pulse, blood pressure, and cough - May 1, 2024, note entered by licensee registered nurse (RN)- Client returned from [hospital name] at approximately 12:00 PM. HHA [home health aide] received client. He was transported back to the group home by transportation arranged by hospital. Client in stable condition. - May 29, 2024, resident hospitalized for elevated temperature - June 4, 2024, note entered by the RN- Resident was discharged today from [hospital name], arriving at approximately 3:10 p.m. He is currently reporting pain. Additionally, he was discharged with a new G-tube placed at the hospital. This G-tube requires connectors that are not available, making the port unusable. The syringes used for previous tube feedings do not work with the current feeding G-tube. The resident was not discharged with the necessary supplies, including the required types of syringes, connectors, or adapters needed to secure the connections. The G-tube is essential for administering food and medications. For the resident's safety, he will be	01620		

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01620	Continued From page 61 sent back to the hospital. The Facility Administrator has been notified. - June 6, 2024, note entered by HHA- At 2:30 p.m. [R1] came back from the hospital, his G-tube was changed to a little one and he came back with his left foot toe nail remove and he was complaining about pain in his leg, staff give he [sic] ibuprofen and he went to bed. Staff notified the nurse; everything is fine for now. R1's record included hospital discharge summaries to indicate the following hospital stays: - February 3, 2024, to February 9, 2024, for left displaced femoral neck closed fracture (left hip fracture) requiring surgical repair; - April 27, 2024, to May 1, 2024, for sepsis (significant infection) related to a urinary tract infection; - May 29, 2024, to June 6, 2024, for a fever of unknown origin and gastric feeding tube exchange R1's record included the following comprehensive assessments: - August 10, 2023, a comprehensive admission assessment; - August 22, 2023, 14-day assessment; and - June 10, 2024, return from the hospital - June 27, 2024, hospitalization (thought to be an update to June 10, 2024, assessment) The licensee failed to ensure the registered nurse (RN) completed a change in condition assessment on the date of return to the facility following R1's hospitalizations dated February 3, 2024, to February 9, 2024; April 27, 2024, to May 1, 2024; and May 29, 2024, to June 6, 2024. Furthermore, the licensee failed to complete a reassessment not to exceed 90 days (due	01620		

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01620	Continued From page 62 November 20, 2023). On August 21, 2024, at 12:18 p.m. clinical nurse supervisor (CNS)-B stated she had just started in February 2024, and was just learning the registered nurse (RN) role and was not aware of the required resident assessment schedule and the need for a comprehensive RN assessment with a change in condition. CNS-B stated she completed "micro" assessments and wrote this information in the nurse's (progress) notes. The licensee's Assessments, Reviews and Monitoring policy dated October 11, 2021, indicated 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 from the last date of the 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 about changes to the facility's fee for services	01640		

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01640	Continued From page 63 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 observation, interview, and record review, the licensee failed to ensure the service plan included a signature or other authentication by the resident and the facility to document agreement on the services provided for one of one resident (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 R1 was admitted to the facility and began receiving services under the licensee's assisted living license on August 3, 2023. On August 19, 2024, at 1:05 p.m. the surveyor observed unlicensed personnel (ULP)-D set up	01640		

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01640	Continued From page 64 and administer R1's medications through his gastric feeding tube. R1's unsigned, Service Plan Waiver-Addendum to the Contract (used as the Service Plan) dated August 6, 2024, indicated R1 received services including medication administration, blood sugar checks, gastric feeding tube management and feedings, suprapubic (entrance to the bladder through the abdomen) urinary catheter management, assistance with bathing, grooming, Hoyer (mechanical lift) transfers, behavior management and vital signs. R1's Service Plan lacked a signature by the resident or resident representative or facility representative to document agreement on the services provided to R1. On August 20, 2024, at 3:08 p.m. owner (O)-A stated R1 was unable to independently sign forms and R1's designated representative was his wife. At the time of R1's admission, the licensee's previous clinical nurse supervisor met with R1's wife who signed some admission forms but took the original service plan home for her review and had not returned it to the facility. O-A stated she had updated R1's Service Plan in August 2024, had left messages for R1's wife with the need to review the service plan and obtain a signature; however, still had not received a response back. O-A stated she did not document the attempts to contact R1's wife regarding this need. The licensee's Service Plan policy dated October 11, 2021, indicated the service plan and any revisions shall include a signature or other authentication by [licensee name] and by the resident, or resident's representative,	01640		

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01640	Continued From page 65 documenting agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:	01790		

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01790	Continued From page 66 (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee's registered nurse (RN) failed to ensure training and competency evaluations for preparing medications for resident unplanned times away were completed as required for one of two unlicensed personnel (ULP-D). This practice resulted in a level two violation (a	01790		

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01790	Continued From page 67 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: ULP-D had a hire date of June 23, 2024. On August 21, 2024, at 10:45 a.m. clinical nurse supervisor (CNS)-B stated she had a written policy for staff to set up medications for resident leaves of absence. CNS-B stated the staff were to follow the steps set in R-tasks (the licensee's electronic medical record system). CNS-B stated she did not specifically train the staff with medication training regarding setting medications up for resident unplanned times away. ULP-D's record lacked evidence to indicate the RN provided training and determined competency to prepare and administer medications to residents for unplanned times away. The licensee's Medication Management Planned and Unplanned Time Away policy dated October 11, 2021, indicated for unplanned resident time away when a pharmacist or licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents. No further information was provided.	01790		

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01790	Continued From page 68 TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure all medications were securely locked in substantially constructed compartments permitting only authorized personnel access. This had the potential to affect the licensee's current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on August 19, 2024, at 11:00 a.m. owner (O)-A and clinical nurse supervisor (CNS)-B indicated the licensee provided medication management to three residents, and medications were securely stored in a locked medication cupboard in the kitchen.	01880		

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01880	Continued From page 69 On August 20, 2024, at 7:50 a.m. the surveyor observed unlicensed personnel (ULP)-E use blood sugar testing equipment and administer R1's insulin from his insulin pen as kept in R1's blood sugar testing equipment zipper bag. The zipper bag was kept in the vital signs equipment basket and was stored in the open, on top of a file cabinet in the facility living room. On August 20, 2024, at 10:10 a.m. clinical nurse supervisor (CNS)-B stated she expected the ULP to place the insulin pen in the designated locked kitchen cupboard, and not be left in the open for others to access. The licensee's Medication Storage policy dated October 21, 2021, indicated medications managed outside of a resident's private "living space" must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access. This may be a medication room, medication cart, or similar setup. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.	01890		

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01890	Continued From page 70 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to label a time sensitive medication with an opened date or included a proper label for one of one resident (R1) with medication administration. 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 included: R1's unsigned, Service Plan Waiver-Addendum to the Contract (used as the Service Plan) dated August 6, 2024, indicated he received medication administration. R1's signed prescriber's orders dated March 1, 2024, indicated: - Novolog 10 units subcutaneously (SQ-injected just below the skin) three times daily. Discard the pen 28 days after first use. Do not refrigerate after opening. - Lantus Solostar 25 units SQ daily, discard 28 days after first use. Do not refrigerate after opening. On August 20, 2024, at 7:50 a.m. the surveyor observed unlicensed personnel (ULP)-E administer R1's Novolog insulin. The insulin pen was kept in R1's blood sugar equipment zipper bag, and lacked a proper label and lacked the	01890		

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01890	Continued From page 71 date the pen was opened (started use). Additionally, the blood sugar zipper bag contained a Lantus Solostar insulin pen that lacked a label and open date. On August 20, 2024, at 10:05 a.m. clinical nurse supervisor (CNS)-B stated the insulin pens came from the pharmacy in a labeled box; however, each pen was not labeled by the pharmacy. CNS-B looked at the boxed insulin kept in the refrigerator and discovered additional small labels were available and stated she would educate staff regarding proper labeling and indicating an open date on the insulin pens. The licensee's Medication Prescription Drugs and Prohibitions policy dated October 21, 2021, indicated when the licensee receives a prescription drug, prior to being set up for immediate or later administration, the prescription drug must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
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	01970		

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01970	Continued From page 72 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 to ensure up-to-date written or electronically recorded orders were maintained for one of one resident (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 had diagnoses to include traumatic brain injury (TBI), quadriplegia (inability to move all four extremities), type 2 diabetes, dysphagia (inability to swallow safely) requiring gastric feeding tube, neurogenic bladder (ineffective bladder emptying) requiring a suprapubic urinary catheter (a catheter placed through the abdomen into the bladder to empty urine), and neurogenic bowel (ineffective bowel management/control). R1's unsigned Service Plan Waiver-Addendum to the Contract (used as the Service Plan) dated August 6, 2024, indicated he received medication administration, gastric tube management and gastric tube feedings, blood sugar monitoring, and suprapubic (entry into the bladder through	01970		

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01970	Continued From page 73 the abdominal wall) urinary catheter management. On August 20, 2024, at 8:12 a.m. unlicensed personnel (ULP)-E was observed to connect R1's gravity feeding bag to his gastric feeding tube and empty two cartons of enteral liquid feeding into the feeding bag and allowed to infuse over about 20 minutes time. ULP-E stated R1 received his feeding three times daily. R1's record included task documentation dated August 2024, to include feedings three times daily and water pushes with medication administration, and enteral feedings. R1's record lacked an order for enteral feedings and water pushes. On August 21, 2024, at 10:00 a.m. clinical nurse supervisor (CNS)-B stated she could not find an order for the feedings or water pushes but was certain there had been orders provided at some point. CNS-B attempted contact with the enteral feeding supply company for an order they had on file. CNS-B stated she was aware of the need for annual renewal of orders for medications and treatments. The licensee's Medication and Treatment Orders policy dated October 11, 2021, indicated all orders for medications and treatments must be dated and signed by the prescriber, and must be current and consistent with the nursing assessment. Furthermore, content of medication orders must contain the name of the drug, dosage, frequency, route, indication and directions for use. No further information was provided.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36744	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BEATITUDES HOMES LLC	3812 COMMODORE DRIVE BROOKLYN CENTER, MN 55429

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01970	Continued From page 74 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 ensure care and services were provided according to acceptable health care and medical or nursing standards for one of one resident (R1) with side rails. 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 started receiving assisted living services on August 3, 2023. R1 had diagnoses to include traumatic brain injury (TBI), quadriplegia (inability to move all four extremities), type 2 diabetes, dysphagia (inability	02310		

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	36744	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BEATITUDES HOMES LLC	3812 COMMODORE DRIVE BROOKLYN CENTER, MN 55429

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02310	Continued From page 75 to swallow safely) requiring gastric feeding tube, neurogenic bladder (ineffective bladder emptying) requiring a suprapubic urinary catheter (a catheter placed through the abdomen into the bladder to empty urine), and neurogenic bowel (ineffective bowel management/control). On August 20, 2024, at 7:00 a.m. R1 was observed in his room in a hospital style bed with bilateral upper side rails in the up position. Unlicensed personnel (ULP)-D and ULP-E were assisting R1 with a bed bath, dressing, and an incontinence brief change. The side rails were firmly attached to the bed. ULP-E stated the side rails allowed R1 to feel secure when he was rolled from side to side during cares, as he was unable to move independently. R1's record included an assessment of R1's side rails within the RN's comprehensive assessments dated August 10, 2023, August 22, 2023, June 10, 2024, and June 27, 2024; however, R1's record lacked evidence the RN had completed measurements of the side rail zones one through four as required. Furthermore, R1's record lacked evidence a discussion occurred regarding the risks verses benefits of side rails. On August 20, 2024, at 2:00 p.m. clinical nurse supervisor (CNS)-B indicated she thought the previous registered nurse (RN) had completed a full side rail assessment and measurements of zones one, two, three and four as required; however, documentation of the measurements was not found. Additionally, evidence a discussion/training of the risks verses benefits was not found. The licensee's Side Rails policy dated October 11, 2021, indicated when the licensee is aware a	02310		

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	36744	A. BUILDING: _____ B. WING _____	08/21/2024

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02310	Continued From page 76 h resident is utilizing side rails (a medical device) on a bed, the licensee will assess the use, educate the resident, and when appropriate, the responsible person, regarding the risks and benefits of side rails, and verify that the side rail in use is of a safe design and utilized consistent with the manufacturer's directions. The licensee will determine if the side rail is considered to be safe. "Safe" shall be defined as meeting all the requirements listed below: a. The side rail is used consistent with manufacturer's directions. Be aware of side rails that slide between the mattress and box spring designed for toddler use. b. The side rails are installed securely and maintained in good operating condition. Be aware of "wobbly" side rails. c. The side rail design is consistent with the FDA's 2006 recommended dimensional measurements to reduce entrapment. This means side rail zones 1, 2, and 3 must not exceed 4.75". The Food and Drug Administration's (FDA), A Guide to Bed Safety, dated 2000, and revised April 2010, indicated following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36744	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02310	Continued From page 77 indicated to reduce the risk of entrapment, zone 1 (within the rail) should not exceed 4 and 3/4 inches, zone 2 (under the rail, between rail supports or next to a single rail support) should not exceed 4 and 3/4 inches, zone 3 (between the rail and the mattress), should not exceed 4 and 3/4 inches, and zone 4 (under the rail, at the ends of the rail) should not exceed 2 and 3/8 inches or be greater than a 60 degree angle. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) Days	02310		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure signage was posted at the main entry of the building of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all three residents, staff, and visitors of the licensee. 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	03090		

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03090	Continued From page 78 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: Upon entrance to the facility on August 19, 2024, at 11:00 a.m. the surveyor observed the front entrance and entryway of the facility. No electronic monitoring signage was observed. On August 19, 2024, at 12:35 p.m. clinical nurse supervisor (CNS)-B stated the licensee had the required signage posted and noted there was tape residue still on the front door window where the posting was. CNS-B stated she could not explain where the posting was. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	03090		

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

Type: Full
Date: *08/20/24*
Time: 10:00:00
Report: 8041241154

Food and Beverage Establishment Inspection Report

Location:
The Beatitudes Homes Llc
3812 Commodore Drive
Brooklyn Center, MN55429
Hennepin County, 27

Establishment Info:
ID #: 0037971
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7635019192
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

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

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

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

UNPASTURIZED SHELL EGGS STORED ABOVE READY-TO-EAT FOODS; PACKAGE OR RAW BACON NOT SEPARATED FROM DELI MEAT. CORRECTED ON SITE. EGGS AND BACON MOVED TO BOTTOM DRAWER IN COOLER.

Comply By: 08/20/24

4-700 Sanitizing Equipment and Utensils

4-702.11 ***** Priority 1 *****

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.

FACILITY HAS A TWO BASIN SINK WITH ONE BASIN DESIGNATED FOR HANDWASHING AND NO DISHWASHER FOR SANITIZING. STAFF SET UP CONTAINERS TO WASH, RINSE AND SANITIZE DISHES WITH BLEACH UNTIL A DISHWASHER IS INSTALLED. FACT SHEET PROVIDED.

Comply By: 08/20/24

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

VINYL FLOORING IN FRONT OF THE STOVE IS DAMAGED.

Comply By: 12/20/24

Food and Equipment Temperatures

Type: Full
Date: *08/20/24*
Time: 10:00:00
Report: 8041241154
The Beatitudes Homes Llc

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: refrigerator: milk
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: refrigerator: sour cream
Violation Issued: No

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

Inspection was completed with the owner, Sonie Padmore. Deb Jacobson was the lead Health Regulation Division Nurse Evaluator. Facility had three residents on site at time of inspection.

This establishment has a residential kitchen. Food must be prepared for same day service only. The kitchen has wood cabinets with a hollow base, a laminate countertop and vinyl flooring.

A two basin sink is located in the kitchen with one basin designated for handwashing. Facility does not have a way to properly sanitize dishes (no dishwasher or three compartment sink). Per operator, establishment will install a dish machine within 6 months. Contact MDH for a follow-up inspection when the dishwasher is installed. The dishwasher must achieve a utensil surface temperature of at least 160F.

Discussed the following:
- Employee illness policy and logging requirements
- Handwashing
- Glove-use and bare hand contact
- Thawing
- Food storage and preventing cross contamination
- Date marking
- Restrictions concerning serving a highly susceptible population
- Vomit clean up process
- Proper cold holding

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 8041241154 of 08/20/24.

Certified Food Protection Manager: Sonnie Padmore

Certification Number: fm119401 Expires: 09/26/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
Sonie Padmore
Owner

Signed: Sarah Conboy
Sarah Conboy
Public Health San. Supervisor
651-201-3984
sarah.conboy@state.mn.us