*Protecting, Maintaining and Improving the Health of All Minnesotans*

# NOTICE OF REMOVAL OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronic Delivery

March 11, 2025

Licensee
enrogel health
7446 Upper 164th Street West
Rosemount, MN 55068

RE: Initial License Number SL40125015-1
Health Facility Identification Number (HFID) 40125
Project Number(s) SL40125015

Dear Licensee:

On February 11, 2025, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed October 23, 2024. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective March 11, 2025.

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.

Effective, MDH is granting your Assisted Living Facility facility license. Your license effective and expiration dates remain the same as on your provisional license. Your license number is 412932. <u>You will not receive a replacement license certificate until your license is due to renew</u>. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at: Health.assistedliving@state.mn.us.

At the time of this follow-up survey completed on February 11, 2025, we identified the following violation:

**0830-Local Laws Apply-144g.45 Subd. 3**

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

**DOCUMENTATION OF ACTION TO COMPLY**
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document 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**

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,

Rick Michals

Rick Michals, J.D.
**Executive Regional Operations Manager**

**Minnesota Department of Health**
**Health Regulation Division**

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40125 | A. BUILDING: _____ B. WING _____ | R 02/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST ROSEMOUNT, MN 55068 |

| (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<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br>SL#40125015-1<br><br>On February 10, 2025, through February 11, 2025, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on October 23, 2024. At the time of the survey, there was 1 active resident; 1 receiving services under the Provisional Assisted Living license. As a result of the revisit, the following order was issued. | {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 License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| {0 470} SS=F | 144G.41 Subdivision 1 Minimum requirements<br><br>(11) develop and implement a staffing plan for | {0 470} | | |

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| {0 470} | Continued From page 1<br>determining its staffing level that:<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(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<br>(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;<br>(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:<br>(i) awake;<br>(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;<br>(iii) capable of communicating with residents;<br>(iv) capable of providing or summoning the appropriate assistance; and<br>(v) capable of following directions;<br><br>This MN Requirement is not met as evidenced by: | {0 470} | Not reviewed during this survey. | |
| {0 480} SS=F | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services<br><br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. | {0 480} | | |

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| {0 480} | Continued From page 2<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(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;<br>(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;<br>(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;<br>(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;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant | {0 480} | | |

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| {0 480} | Continued From page 3<br>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.<br><br>This MN Requirement is not met as evidenced by: | {0 480} | Not reviewed during this survey. | |
| {0 660} SS=F | 144G.42 Subd. 9 Tuberculosis prevention and control<br><br>(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.<br>(b) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by: | {0 660} | Not reviewed during this survey. | |
| 0 830 SS=D | 144G.45 Subd. 3 Local laws apply | 0 830 | | |

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| 0 830 | Continued From page 4<br><br>Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to comply with all state and local governing laws, and codes for fire safety, building, and zoning requirements when the licensee failed to obtain required permits for replacement of egress windows. This had the potential to affect all staff, residents, and visitors.<br><br>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).<br><br>The findings include:<br><br>On February 10, 2025, from 10:30 a.m. to 11:15 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-A. The surveyor confirmed that the windows in resident rooms 2 and 3 had been modified and met the minimum opening requirement. The surveyor confirmed that the window in resident room 1 had been | 0 830 | | |

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| 0 830 | Continued From page 5<br><br>replaced and met the minimum opening requirement.<br><br>On February 11, 2025, at 8:24 a.m., per phone conversation with LALD-A, surveyor inquired if a permit was obtained for the new window installed in bedroom 1. LALD-A stated was unaware of needing a permit and was unsure if the contractor obtained a permit from the city of Rosemount for bedroom 1's new window.<br><br>Under MN Rules 1300.0120, An owner or authorized agent who intends to construct, enlarge, alter, repair, move, demolish, or change the occupancy of a building or structure, or to erect, install, enlarge, alter, repair, remove, convert, or replace any gas, mechanical, electrical, plumbing system, or other equipment, the installation of which is regulated by the code; or cause any such work to be done, shall first make application to the building official and obtain the required permit.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 830 | | |
| {01730} SS=F | 144G.71 Subd. 5 Individualized medication management plan<br><br>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's | {01730} | | |

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

DEPARTMENT OF HEALTH

*Protecting, Maintaining and Improving the Health of All Minnesotans*

# NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

November 21, 2024

Licensee
enrogel health
7446 Upper 164th Street West
Rosemount, MN  55068

RE: Provisional Conditional License Number 412932
Health Facility Identification Number (HFID) 40125
Project Number(s) SL40125015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 23, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 90-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **February 19, 2025**.

**STATE CORRECTION ORDERS**
The enclosed State Form documents the state correction orders. MDH documents state 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 provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders 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**

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

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

a. **Health Facility Construction Permit:** enrogel health will contact the Minnesota Department of Labor and Industry (MNDLI) or City with delegated authority to review and inspect Sate Licensed Facilities in accordance with Minn. Stat. § 362B.103, Subd. 13, and obtain a construction permit for a health facility. **Within 21-days from the date of this notice, enrogel health will provide MDH with a copy of the permit obtained from MNDLI or City with delegated authority.**

b. **General Contractor:** enrogel health must provide the following to Tim Hanna, Supervisor, Engineering Services, (Tim.Hanna@state.mn.us) via email **within 21-days of the date of this notice:**

    i. Name

    ii. License Number

    iii. Contact Information

c. **Egress Window Requirements:** enrogel health will replace at least one window in unoccupied resident sleeping rooms 74461, 74462 and 74463, meeting the minimum size requirements.

    i. Must have minimum openable width of no less than 20 inches.
    ii. Must have minimum openable height of no less than 20 inches.
    iii. Must have total openable area of no less than 648 square inches (4.5 square feet).
    iv. Must have a windowsill height of no more than 48 inches from the floor to the clear opening.
    v. All measurements much be achieved under normal operation of opening window without the use of a key, too. or special knowledge.

**RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:**
MDH will determine if enrogel health is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional provisional license period. If MDH determines enrogel health is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to enrogel health. If MDH determines enrogel health is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

**REQUEST FOR RECONSIDERATION:**
Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

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

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 Tim Hanna directly at: 507-208-8982.

Sincerely,

Rick Michals, J.D.
**Executive Regional Operations Manager**

**Minnesota Department of Health**
**Health Regulation Division**

HHH

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| 0 470 | Continued From page 1<br><br>determining its staffing level that:<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(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<br>(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;<br>(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:<br>(i) awake;<br>(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;<br>(iii) capable of communicating with residents;<br>(iv) capable of providing or summoning the appropriate assistance; and<br>(v) capable of following directions;<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the licensee developed and implemented a staffing plan for determining it's staffing levels. This had the potential to affect all residents, staff, and visitors.<br><br>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 | 0 470 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40125 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST ROSEMOUNT, MN 55068 |

| (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 |
|---|---|---|---|---|
| 0 470 | Continued From page 2<br><br>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).<br><br>The findings include:<br><br>During the entrance conference on October 22, 2024, at 9:21 a.m., the surveyor requested a copy of the licensee's staffing plan. Licensed assisted living director/registered nurse (LALD/RN)-A stated he and clinical nurse supervisor (CNS)-B were the only two employees thus far and each worked a 12-hour shift daily. LALD/RN-A further stated although the staffing schedule was posted, they had not developed a staffing plan.<br><br>The licensee's Staffing policy dated August 1, 2021, indicated:<br>3. The staffing plan is based on an evaluation of the appropriateness of the staffing levels in the facility and is reviewed at least twice a year. Considerations include:<br>The staffing requirements to meet the scheduled and reasonable foreseeable unscheduled needs of the residents based on the assessment and service plan<br>The acuity level of the residents based on the nursing assessment<br>The facility's ability to respond promptly and effectively to residents<br>Staff experience, training and competence<br>Dementia care requirements<br>The physical layout of the residence<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) Days. | 0 470 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40125 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST ROSEMOUNT, MN 55068 |

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|---|---|---|---|---|
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>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).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 22, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 660 SS=F | 144G.42 Subd. 9 Tuberculosis prevention and control | 0 660 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40125 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST ROSEMOUNT, MN 55068 |

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|---|---|---|---|---|
| 0 660 | Continued From page 4<br><br>(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.<br>(b) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>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) to include a facility TB risk assessment. This had the potential to affect all current residents, staff, and visitors.<br><br>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).<br><br>The findings include: | 0 660 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40125 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST ROSEMOUNT, MN 55068 |

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|---|---|---|---|---|
| 0 660 | Continued From page 5<br><br>During the entrance conference on October 22, 2024, at 9:21 a.m. with licensed assisted living director/registered nurse (LALD/RN)-A and clinical nurse supervisor (CNS)-B, the surveyor requested to review the facility's TB risk assessment. LALD/RN-A stated they had not completed a formal facility TB risk assessment and was unaware of the requirement.<br><br>The licensee's Tuberculosis Screening/Prevention policy dated August 1, 2021, indicated:<br>The Director is responsible for conducting the formal TB Risk Assessment and updating it annually.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) day | 0 660 | | |
| 0 820 SS=F | 144G.45 Subd. 2 (g) Fire protection and physical environment<br><br>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. | 0 820 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40125 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST ROSEMOUNT, MN 55068 |

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|---|---|---|---|---|
| 0 820 | Continued From page 6<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all of the residents and staff.<br><br>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 potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>During facility tour on October 23, 2024, from 11:40 a.m., through 12:16 p.m. with licensed assisted living director/registered nurse (LALD/RN)-A and clinical nurse supervisor (CNS)-B, the surveyor observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms 74461, 74462, and 74463.<br><br>UNOCCUPIED RESIDENT ROOMS<br><br>Resident sleeping room 74461, located on the main floor, unoccupied, emergency escape and rescue clear window opening measurements are 17 inches wide, 21 inches in height and 357 square inches in openable area. LALD/RN-A opened the window, and the window was measured with LALD/RN-A, CNS-B, and the surveyor. The window did not meet the minimum requirements for clear opening width and clear opening area. | 0 820 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40125 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST ROSEMOUNT, MN 55068 |

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|---|---|---|---|---|
| 0 820 | Continued From page 7<br><br>Resident sleeping room 74462, located on the main floor, unoccupied, emergency escape and rescue clear window opening measurements are 20 inches wide, 30 inches in height and 600 square inches in openable area. LALD/RN-A opened the window, and the window was measured with LALD/RN-A, CNS-B, and the surveyor. The window did not meet the minimum requirements for clear opening area.<br><br>Resident sleeping room 74463, located on the main floor, unoccupied, emergency escape and rescue clear window opening measurements are 14 ½ inches wide, 33 inches in height and 478 ½ square inches in openable area. LALD/RN-A opened the window, and the window was measured with LALD/RN-A, CNS-B, and the surveyor. The window did not meet the minimum requirements for clear opening width and clear opening area.<br><br>The surveyor explained to LALD/RN-A and CNS-B, that at least one compliant emergency escape and rescue opening is required within each resident sleeping room.<br><br>Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. The windowsill height from the floor to the clear opening shall be not more than 48 inches.<br><br>These deficient conditions were visually verified by LALD/RN-A and CNS-B, accompanying on the tour. The surveyor explained that these resident rooms could not be occupied until compliant windows were installed and that a follow-up would be scheduled. | 0 820 | | |

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|---|---|---|---|
| | 40125 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST ROSEMOUNT, MN 55068 |

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|---|---|---|---|---|
| 0 820 | Continued From page 8<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days. | 0 820 | | |
| 01730 SS=F | 144G.71 Subd. 5 Individualized medication management plan<br><br>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:<br>(1) a statement describing the medication management services that will be provided;<br>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br>(3) documentation of specific resident instructions relating to the administration of medications;<br>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;<br>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse | 01730 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40125 | A. BUILDING: _____ B. WING _____ | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST ROSEMOUNT, MN 55068 |

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|---|---|---|---|---|
| 01730 | Continued From page 9<br><br>reactions.<br>(b) The medication management record must be current and updated when there are any changes.<br>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for the licensee's one resident (R1).<br><br>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).<br><br>The findings include:<br><br>During the entrance conference on October 22, 2024, at 9:21 a.m. licensed assisted living director/registered nurse (LALD/RN)-A and clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to the licensee's one current resident.<br><br>R1's diagnoses included bipolar disorder, hypertension (high blood pressure), insomnia, constipation, and benign prostatic hyperplasia (enlarged prostate), | 01730 | | |

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|---|---|---|---|
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| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST ROSEMOUNT, MN 55068 |

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|---|---|---|---|---|
| 01730 | Continued From page 10<br><br>R1's service plan dated July 29, 2024, indicated R1 received services including medication administration.<br><br>R1's physician orders dated October 11, 2024, included two medications for bipolar disorder, two for sleep, two for high blood pressure, one for allergies, one for anemia, and one for benign prostatic hyperplasia.<br><br>On October 22, 2024, at 8:16 a.m., LALD/RN-A was observed administering medication to R1.<br><br>R1's individual medication management plan lacked:<br>- identification of persons responsible for monitoring medication supplies and ensuring that medication refills were ordered on a timely basis.<br><br>On October 22, 2024, at 2:15 p.m. CNS-B stated R1 did not have a medication management plan with all required content.<br><br>The licensee's Service Plan for Medication Management policy dated August 1, 2021, indicated:<br>1. The written Medication Management Plan includes the following provisions.<br>e. Identification of person(s) responsible for monitoring medications supplies and ensuring refills are ordered/timely<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01730 | | |

Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164
651-201-4500

Type: Full
Date: *10/22/24*
Time: 14:02:31
Report: 7963241128

# Food and Beverage Establishment Inspection Report



**Location:**
ENROGEL HEALTH
7446 UPPER 164TH STREET WEST
Rosemount, MN55068
Dakota County, 19

**Establishment Info:**
ID #: 0043715
Risk:
Announced Inspection: No

**License Categories:**

Expires on: 12/31/24

**Operator:**

Phone #:
ID #:

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

The following orders were issued during this inspection.

**2-100 Supervision**

***2-102.12AMN***

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

NO CERTIFIED FOOD MANAGER CERTIFICATE ON SITE. APPLICATION AND FACT SHEET EMAILED OUT WITH REPORT.

*Comply By: 10/22/24*

**Surface and Equipment Sanitizers**

Hot Water: = at 170 Degrees Fahrenheit
Location: DISHWASHER RINSE
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: HAM
Temperature: 38 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: TURKEY
Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

MET WITH JOY CHINEDU-ENEH. DISCUSSED THE FOLLOWING-

-EMPLOYEE ILLNESS POLICY AND LOG
-REPORTABLE DISEASES

# Food and Beverage Establishment Inspection Report



-HIGHLY SUSCEPTIBLE POPULATION RESTRICTIONS
-HAND WASHING
-BARE HAND CONTACT
-CERTIFIED FOOD MANAGER CERTIFICATE REQUIREMENTS

THIS IS A RESIDENTIAL HOME THAT DOES SAME-DAY SERVICE OF FOOD. DISHWASHER IS COMMERCIAL.

FINISHES ARE SMOOTH, PAINTED CEILING, PAINTED WOOD CABINETS, LINOLEUM FLOORING AND SOLID SURFACE COUNTERTOPS.

**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 7963241128 of 10/22/24.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Signed:_____
Establishment Representative

Signed:_____
Peggy Spadafore
Sanitarian Supervisor
metro
651-201-4500
peggy.spadafore@state.mn.us

Report #: 7963241128

# Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164

| | |
|---|---|
| No. of RF/PHI Categories Out | 1 |
| No. of Repeat RF/PHI Categories Out | 0 |
| Legal Authority MN Rules Chapter 4626 | |

Date 10/22/24
Time In 14:02:31
Time Out

| | Address | City/State | Zip Code | Telephone |
|---|---|---|---|---|
| ENROGEL HEALTH | 7446 UPPER 164TH STREET WEST | Rosemount, MN | 55068 | |

| License/Permit # | Permit Holder | Purpose of Inspection | Est Type | Risk Category |
|---|---|---|---|---|
| 0043715 | | Full | | |

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

**IN=** in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

| Compliance Status | | COS | R |
|---|---|---|---|
| **Supervision** | | | |
| 1 | IN OUT | | |
| 2 | IN OUT N/A | | |
| **Employee Health** | | | |
| 3 | IN OUT | | |
| 4 | IN OUT | | |
| 5 | IN OUT | | |
| **Good Hygenic Practices** | | | |
| 6 | IN OUT N/O | | |
| 7 | IN OUT N/O | | |
| **Preventing Contamination by Hands** | | | |
| 8 | IN OUT N/O | | |
| 9 | IN OUT N/A N/O | | |
| 10 | IN OUT | | |
| **Approved Source** | | | |
| 11 | IN OUT | | |
| 12 | IN OUT N/A N/O | | |
| 13 | IN OUT | | |
| 14 | IN OUT N/A N/O | | |
| **Protection from Contamination** | | | |
| 15 | IN OUT N/A N/O | | |
| 16 | IN OUT N/A | | |
| 17 | IN OUT | | |

| Compliance Status | | COS | R |
|---|---|---|---|
| **Time/Temperature Control for Safety** | | | |
| 18 | IN OUT N/A N/O | | |
| 19 | IN OUT N/A N/O | | |
| 20 | IN OUT N/A N/O | | |
| 21 | IN OUT N/A N/O | | |
| 22 | IN OUT N/A | | |
| 23 | IN OUT N/A N/O | | |
| 24 | IN OUT N/A N/O | | |
| **Consumer Advisory** | | | |
| 25 | IN OUT N/A | | |
| **Highly Susceptible Populations** | | | |
| 26 | IN OUT N/A | | |
| **Food and Color Additives and Toxic Substances** | | | |
| 27 | IN OUT N/A | | |
| 28 | IN OUT | | |
| **Conformance with Approved Procedures** | | | |
| 29 | IN OUT N/A | | |

**Risk factors** (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

## GOOD RETAIL PRACTICES

**Good Retail Practices** are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance. Mark "X" in appropriate box for COS and/or R. **COS=** corrected on-site during inspection **R=** repeat violation

| | | COS | R |
|---|---|---|---|
| **Safe Food and Water** | | | |
| 30 | IN OUT N/A | | |
| 31 | | | |
| 32 | IN OUT N/A | | |
| **Food Temperature Control** | | | |
| 33 | | | |
| 34 | IN OUT N/A N/O | | |
| 35 | IN OUT N/A N/O | | |
| 36 | | | |
| **Food Identification** | | | |
| 37 | | | |
| **Prevention of Food Contamination** | | | |
| 38 | | | |
| 39 | | | |
| 40 | | | |
| 41 | | | |
| 42 | | | |

| | | COS | R |
|---|---|---|---|
| **Proper Use of Utensils** | | | |
| 43 | In-use utensils: properly stored | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | Single-use/single service articles: properly stored & used | | |
| 46 | Gloves used properly | | |
| **Utensil Equipment and Vending** | | | |
| 47 | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | Non-food contact surfaces clean | | |
| **Physical Facilities** | | | |
| 50 | Hot & cold water available; adequate pressure | | |
| 51 | Plumbing installed; proper backflow devices | | |
| 52 | Sewage & waste water properly disposed | | |
| 53 | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 54 | Garbage & refuse properly disposed; facilities maintained | | |
| 55 | Physical facilities installed, maintained, & clean | | |
| 56 | Adequate ventilation & lighting; designated areas used | | |
| 57 | Compliance with MCIAA | | |
| 58 | Compliance with licensing & plan review | | |

**Food Recalls:**

**Person in Charge (Signature)** **Date:** 10/23/24

Inspector (Signature) Peggy Spudy