



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 9, 2023

Licensee

Safe & Compassionate Home Care Services Inc
1819 South 6th Street
Minneapolis, MN 55454

RE: Project Number(s) SL35220016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 4, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

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

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The 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 and enforcement actions 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

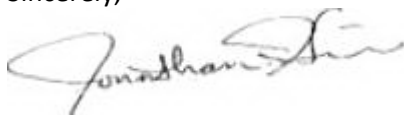
Please address your cover letter for reconsideration requests to:

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

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,



Jonathan Hill, Supervisor
State Evaluation Team
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-281-9796

HHH

Minnesota Department of Health

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|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35220 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/04/2023 |
|--|--|---|---|

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|--|---|
| NAME OF PROVIDER OR SUPPLIER SAFE & COMPASSIONATE HOME CARE SERV | STREET ADDRESS, CITY, STATE, ZIP CODE 1819 SOUTH 6TH STREET MINNEAPOLIS, MN 55454 |
|--|---|

| (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 | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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.</p> <p>INITIAL COMMENTS: SL35220016-0</p> <p>On April 3, 2023, through April 4, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one resident, one receiving services under the provider's Assisted Living license.</p> | 0 000 | | |
| 0 480 SS=F | <p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(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</p> <p>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</p> | 0 480 | | |

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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| 0 480 | Continued From page 1 Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated April 4, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 480 | | |
| 0 800 SS=D | 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: Based on observation and interview, the licensee failed to maintain the facility in a continuous state of good repair and operation in relation to the openable of the egress window in resident room | 0 800 | | |

Minnesota Department of Health

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| 0 800 | Continued From page 2 #5. This has the potential to directly affect the health, safety, and well-being of the resident in room #5. 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: On April 4, 2023, from approximately 10:45 a.m. to noon, survey staff toured the home with the owner (O)-C. During the tour, survey staff observed and the O-C confirmed the egress window in the basement level bedroom #5 (unoccupied) failed to fully open to provide the minimum clear opening required for safe egress during a fire or an emergency. Survey staff explained that egress windows must be maintained and be readily openable for immediate use. On April 4, 2023, at approximately 12:50 p.m., during the exit interview, the O-C acknowledged the above finding. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days | 0 800 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment | 0 810 | | |

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| 0 810 | <p>Continued From page 3</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to provide accurate content of the evacuation plan. This has the</p> | 0 810 | | |

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| 0 810 | <p>Continued From page 4</p> <p>potential to directly affect the safety of visitors, staff, and the current resident receiving assisted living care.</p> <p>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).</p> <p>The findings include:</p> <p>On April 4, 2023, from approximately 10:45 a.m. to noon, survey staff toured the home with the owner (O)-C.</p> <p>On April 4, 2023, at approximately noon, survey staff received the home's fire safety and evacuation plan documentation, training policies and procedures, and related records from the O-C. Document review indicated the evacuation home floor plan layout for the main- and the upper-level floor had incorrectly directed residents with directional arrows to exit to the upper-level floor rather than to the front exit door on the main floor and to an exterior meeting location. The O-C verbally verified the finding.</p> <p>On April 4, 2023, at approximately 12:50 p.m., during the exit interview, the O-C acknowledged the finding.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days</p> | 0 810 | | |

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| | | | | |

Type: Full
Date: 02/02/22
Time: 11:30:00
Report: 1013221031

Food and Beverage Establishment Inspection Report

Page 1

Location:

Safe & Compassionate Hc Srvs
1819 South 6th Street
Minneapolis, MN55454
Hennepin County, 27

Establishment Info:

ID #: 0038420
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6128760824
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.

4-700 Sanitizing Equipment and Utensils

4-703.11B **** Priority 1 ****

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

FACILITY HAS A RESIDENTIAL DISH MACHINE. THE DISH MACHINE DID NOT REACH A MINIMUM TEMPERATURE OF 160F AT THE WARE LEVEL WHEN TESTED. COMPLY WITH RULE. DISCUSSED WARE WASHING WITH STAFF AND CHLORINE SANITIZER WILL BE USED TO SANITIZE WARE THEN AIR DRY.

Comply By: 02/02/22

4-300 Equipment Numbers and Capacities

4-302.12B **** Priority 2 ****

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

THIN MEATS AND EGGS ARE COOKED, AND TCS FOOD IS STORED ON-SITE. NO FOOD PROBE THERMOMETER WAS AVAILABLE DURING THE INSPECTION. COMPLY WITH ABOVE RULE.

Comply By: 02/07/22

2-100 Supervision

2-102.12AMN

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

NO MN CFPM WAS EMPLOYED AT THE FACILITY. THE OPERATOR HAD A CURRENT CERTIFICATE FROM A FOOD MANAGER'S COURSE. COMPLY WITH ABOVE RULE. STAFF NEEDS TO GET THE MN CFPM THEN POST A COPY.

Comply By: 04/30/22

Type: Full
Date: 02/02/22
Time: 11:30:00
Report: 1013221031
Safe & Compassionate Hc Srvs

Food and Beverage Establishment Inspection Report

Food and Equipment Temperatures

Process/Item: Milk
Temperature: 36 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

Process/Item: Chicken
Temperature: 8 Degrees Fahrenheit - Location: Freezer
Violation Issued: No

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

The inspection was completed with the operator and reviewed with MDH HFE - Nurse Evaluator R. Anderson.

The establishment has a residential kitchen and serves food that is prepared that day. The kitchen has a plank floor, wood cabinets, and laminate counter tops. The ceiling is a textured popcorn ceiling. When updated the ceiling needs to be smooth, durable, easily cleanable, and nonabsorbent. The kitchen finishes and surfaces were well maintained.

A 2 basin sink is located in the kitchen. One basin should be designated for hand washing.

Discussed hand washing, ware washing, staff illness policy, temperature control, food source, date marking, cleaning, and food handling procedures.

Dish machine should be replaced with one that is certified to NSF/ANSI standard 184. This will allow for proper sanitizing of ware.

MN CFPM information: <https://www.health.state.mn.us/communities/environment/food/cfpm/index.html>

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 1013221031 of 02/02/22.

Certified Food Protection Manager: _____

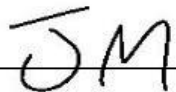
Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Liban Elmi
Operator

Signed: _____


Jerry Malloy
Public Health Sanitarian
FPLS Metro
651-201-3998
jerry.malloy@state.mn.us