



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

Electronically Delivered

August 4, 2023

Licensee  
True Alliance Inc  
13946 West Preserve Boulevard  
Burnsville, MN 55337

RE: Project Number(s) SL39102015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at [Health.assistedliving@state.mn.us](mailto:Health.assistedliving@state.mn.us).

The Minnesota Department of Health completed an initial survey on July 21, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

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.

#### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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**

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 residents/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state 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/or state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Paul Spencer , Supervisor  
State Rapid Response Team  
Email: paul.spencer@state.mn.us  
Telephone: 651-587-4460 Fax: 651-215-6894

HHH

Minnesota Department of Health

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|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>39102</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>07/21/2023</b> |
|--|--|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TRUE ALLIANCE INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13946 WEST PRESERVE BOULEVARD<br/>BURNSVILLE, MN 55337</b> |
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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 |
|--------------------|--|---------------|---|--------------------|
| 0 000              | <p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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><b>INITIAL COMMENTS:<br/>SL#39102015</b></p> <p>On July 17th, 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 and investigation, there were 5 residents receiving services under the provider's Provisional Assisted Living Facility license.</p> | 0 000         | <p>Assisted Living Provider 144G.</p> <p>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.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p> |                    |

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  | 0 480         |   |                    |
| 0 480<br>SS=F      | <p><b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b></p> <p>(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</p> <p>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.</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) 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).</p> <p>The findings include:<br/>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated July 17, 2023, for the specific Minnesota Food Code deficiencies.<br/>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 480         |   |                    |
| 0 660<br>SS=F      | <p><b>144G.42 Subd. 9 Tuberculosis prevention and control</b></p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current</p>   | 0 660         |   |                    |

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| 0 660              | <p>Continued From page 2</p> <p>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.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). The licensee failed to ensure screening for active TB (either a two-step tuberculin skin test (TST) or blood test) were completed within the required timeframe and documented for two of three, (licensed assisted living director, (LALD-A), registered nurse (RN-B) employee records reviewed. This could effect all residents at the licensee's facility.</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> | 0 660         |   |                    |

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| 0 660              | <p>Continued From page 3</p> <p>Findings include:</p> <p>On July 17, 2023, at 08:55 a.m., during the entrance conference, director (LALD)-A confirmed knowledge of assisted living rules and regulations.</p> <p>On July 17, 2023, at 12:30 p.m., employee files were requested and reviewed.</p> <p>LALD-A has a hire date of June 15, 2022. LALD-A's Tb screening was completed on June 15, 2022 and Tb QuantiFERON Gold blood test result collected on December 3, 2019, was negative.</p> <p>A review of LALD-A employee file did not identify a Tb QuantiFERON Gold blood test result or other testing when hired by the facility.</p> <p>RN-B had a hire date of January 26, 2023. RN-B's Tb screening completed January 26, 2023, and Tb QuantiFERON Gold blood test result collected on May 31, 2022, was negative.</p> <p>A review of RN-B ' s employee file did not identify a Tb QuantiFERON Gold blood test result or other testing when hired by the facility.</p> <p>Licensee policy titled Tuberculosis Screening/Prevention, dated July 11, 2022, states baseline testing is to be completed on hire for all direct care providers.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p> | 0 660         |   |                    |

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| 0 790              | Continued From page 4  | 0 790         |   |                    |
| 0 790<br>SS=F      | <p><b>144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment</b></p> <p>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;</p> <p>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, record review, and interview, the licensee failed to maintain portable fire extinguishers in accordance with the State Fire Code as required by MN Statute 144G.45 Subd(a)(2). This had the potential to directly affect all residents and staff.</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 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).</p> <p>The findings include:</p> <p>On July 17, 2023, between approximately 1:15 p.m. and 2:00 p.m., survey staff toured the home</p> | 0 790         |   |                    |

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| 0 790              | <p>Continued From page 5</p> <p>with the licensed assisted living director (LALD)-A. During the tour, survey staff observed two portable fire extinguishers, one installed on the main floor kitchen and one in the basement had not been annually serviced and monthly quick inspections had not been performed. The findings were evident as the tags showed the last serviced date of June 2022 with no other records available for review. Survey staff explained that the portable extinguishers need to get professionally serviced by a vendor and thereafter, the licensee will need to perform monthly quick inspections. The LALD-A verified the findings as he stated that he will get the units serviced.</p> <p>On July 17, 2023, at approximately 2:15 p.m., the LALD-A acknowledged the findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 790         |   |                    |
| 0 970<br>SS=C      | <p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the</p>   | 0 970         |   |                    |

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| 0 970              | <p>Continued From page 6</p> <p>licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 17th, 2023, at 8:55 a.m. during the entrance conference, Licensed assisted living director (LALD-A) acknowledged understanding of assisted living statues.</p> <p>Review of R1's contract dated October 14, 2022, in section titled Miscellaneous Provisions, states the resident hereby releases True Alliance from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of True Alliance or its employees or agents. In the contract under the Indemnification section it also states True Alliance shall not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold True Alliance harmless from any claims or damages unless caused solely by negligence of True Alliance. Also in the contract under the Liability section it states the resident agrees to be liable and responsible for all obligations herein for</p> | 0 970         |   |                    |

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| 0 970              | <p>Continued From page 7</p> <p>all obligations herein referenced, monetary and otherwise, of the resident and where this contract has been executed by a party designated below.</p> <p>On July 17, 2023, at 2:30 p.m., LALD-A acknowledged the verbiage in the contract that is used for all residents.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p> | 0 970         |   |                    |



Minnesota Department of Health  
Environmental Health, FPLS  
P.O Box 64975  
Saint Paul  
651-201-4500

Type: Full  
Date: 07/17/23  
Time: 16:11:01  
Report: 1018231126

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

True Alliance Inc  
13946 West Preserve Boulevard  
Burnsville, MN55337  
Dakota County, 19

### Establishment Info:

ID #: 0041343  
Risk:  
Announced Inspection: No

### License Categories:

Expires on: 12/31/23

### Operator:

Phone #:  
ID #:

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

The following orders were issued during this inspection.

### 2-100 Supervision

#### 2-102.12AMN

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

CURRENT STAFF HAVE FOOD SAFETY CERTIFICATIONS BUT NOT STATE CFPM CERTIFICATION. DISCUSSED GAINING THIS CERTIFICATION WITH MANAGER.

Comply By: 11/01/23

### Food and Equipment Temperatures

Process/Item: Cold Holding/ BUTTER

Temperature: 41 Degrees Fahrenheit - Location: FRIDGE

Violation Issued: No

Process/Item: Cold Holding/ CHEESE

Temperature: 41 Degrees Fahrenheit - Location: FRIDGE

Violation Issued: No

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

INSPECTION CONDUCTED WITH MAGGIE REGNIER (MDH) PRESENT

PHYSICAL FACILITIES WERE OBSERVED IN GOOD CONDITION.

ALL FOODS ARE MADE FOR SAME DAY SERVICE.

FIRM HAS SEPARATE SINKS FOR HAND WASHING AND FOOD PREP.

Type: Full  
Date: 07/17/23  
Time: 16:11:01  
Report: 1018231126  
True Alliance Inc

# Food and Beverage Establishment Inspection Report

DISHWASHER HAS SANITIZE FUNCTION AVAILABLE.

VIEWED EMPLOYEE ILLNESS LOG AND DISCUSSED ILLNESS POLICY.

DISCUSSED PEST CONTROL.

**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 1018231126 of 07/17/23.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

IFRAH SHAFIE

Signed: \_\_\_\_\_

Rebecca Prestwood  
Sanitarian 3  
6512013777  
rebecca.prestwood@state.mn.us