Electronically Delivered

November 20, 2023

Licensee
Epic Homes, LLC
8216 Irving Avenue North
Brooklyn Center, MN 55444

RE: Project Number(s) SL35727015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 25, 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.

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 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
HRD 3A, 3rd Floor
P.O. Box 64900
625 Robert Street North
St. Paul, MN 55164

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,

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL35727015-0 On October 23, 2023, through October 25, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four active residents receiving services under the Assisted Living license. An immediate correction order was identified on October 24, 2023, issued for SL35727015-0, tag identification 1290. On October 25, 2023, the immediacy of correction order 1290 was removed, however non-compliance remained, and the scope and level remained unchanged.	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. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place	0 550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
0 550	Continued From page 1 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. This had the potential to affect all four 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 of the residents). The findings include: The licensee lacked a posting for the facility's grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling	0 550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
0 550	Continued From page 2 resident grievances. On October 23, 2023, at 12:10 p.m., during a facility tour, the surveyor observed the common areas shared by residents, staff, and visitors as well as private rooms contained postings that listed the contact information for the regional Office of Ombudsman for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental Disabilities and Minnesota Adult Abuse Reporting Center. The postings failed to list the facility's grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. On October 25, 2023, at approximately 10:00 a.m., licensed assisted living director (LALD)-A stated they were not aware of the posting requirement and would update forms to reflect the statute requirement. 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. 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, interview, and record review, the licensee failed to display the original	0 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
0 570	Continued From page 3 current license at the main entrance as required. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On October 23, 2023, at approximately 10:00 a.m., upon entering the facility, the license was not observed to be posted at the facility entrance as required. On October 23, 2023, at approximately 12:10 p.m. during the facility tour with licensed assisted living director (LALD)-A, the surveyor observed the license posted inside LALD-A's office. On October 25, 2023, at approximately 10:00 a.m., LALD-A confirmed the license was not posted at the front entrance and stated they were unaware of the requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 570		
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	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
0 680	Continued From page 4 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: Based on interview and record review, the licensee failed to maintain a written emergency preparedness (EP) plan with all the required content as defined in Appendix Z. 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 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).	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
0 680	Continued From page 5 The findings include: On October 24, 2023, at 8:45 a.m., LALD-A provided the surveyor the licensee's emergency preparedness plan (EPP) dated October 10, 2022. LALD-A provided the surveyor with two different three ring binders. LALD-A stated that one of the binders titled "Epic Homes LLC fire safety and evacuation plan: Irving house", was the primary emergency binder that would be utilized in the event of an emergency evacuation. LALD-A stated that the second of the binders, titled "Emergency Preparedness Manual" contained all other information to meet requirements set forth by state regulations. LALD-A stated that both binders were stored in the basement office behind locked doors. The licensee's emergency disaster preparedness plan lacked evidence of the following required content: - Annual review of policies and procedures; - Emergency preparedness plan was last updated on October 10, 2022; - Quarterly review of missing resident policy; - Policies and procedures for volunteers; - Arrangement with other facilities; - lacked policy or procedure on transport to other facilities; - Roles under a Waiver Declared by Secretary; - Names and Contact Information; - lacked the names/contact information of staff, entities providing services under agreement, residents' physicians, other facilities, and volunteers; - Emergency Officials Contact Information; - lacked contact information for State Licensing and Certification Agency; - lacked contact information for MN Office of Ombudsman for LTC;	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
0 680	Continued From page 6 - Methods for Sharing Information; - Method for sharing information and medical documentation for residents under the facility's care, as necessary, with other Health Care Providers (HCPs) to maintain continuity of care; - Means, in event of evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii); - Means of providing information about general condition/ location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4); - Sharing Information on Occupancy/Needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
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 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	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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 7 by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and received for two of two employees (licensed assisted living director (LALD)-A, and unlicensed personnel (ULP)-C) with records reviewed. 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 of the residents). This practice resulted in an immediate order for correction on October 24, 2023, at approximately 2:40 p.m. The findings include: LALD-A LALD-A was hired on September 1, 2019, and began providing assisted living services on August 1, 2021. LALD-A's employee record contained background study clearance letters submitted by multiple facilities under the same ownership umbrella as the licensee. LALD-A's record contained the following background checks: - HFID# 35728 on August 3, 2021; - HFID# 35337 on October 16, 2019; - HFID# 38273 on December 15, 2021; - HFID# 35727 on July 7, 2021. LALD-A's employee record lacked evidence the licensee submitted a current background study	01290	On October 25, 2023, the immediacy of correction order 1290 was removed, however non-compliance remained and the scope and level remained unchanged.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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 8 for the licensee's location, HFID 35727 as the background study affiliated to HFID 35727 indicated "Eligible - COVID-19 Study - Expired" on the NETStudy 2.0 website roster page. LALD-A's employee record lacked evidence the licensee submitted a new background study for the licensee's location after the COVID-19 study expired. ULP-C ULP-C was hired April 14, 2020, and began providing assisted living services on August 1, 2021. On October 23, 2023, at between 8:30 a.m., and 9:00 a.m., the surveyor observed ULP-C provide assisted living services to multiple residents within the facility. ULP-C's employee record contained a background study clearance letter, submitted by a separate facility under the same ownership umbrella as the licensee with HFID 35728, dated October 21, 2021. ULP-C's employee record lacked evidence the licensee submitted a background study for the licensee's location, HFID 35727. Further, the background study affiliated to HFID 35728, indicated "Eligible - COVID-19 Study - Expired" on the NETStudy 2.0 website roster page. On October 24, 2023, at approximately 1:00 p.m., LALD-A stated the licensee did not know their background check had expired and was unaware that a background check had not been completed for ULP-C for their HFID. In addition, LALD-A stated they would immediately begin working on resolving this issue.	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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 9 The Minnesota Department of Human Services website indicated the following: Emergency studies are no longer valid. Individuals who only have an emergency study must have a fully compliant, fingerprint-based background study. Roster maintenance - Individuals with a completed emergency study will remain on the entity ' s roster unless the entity removes the individual. Entities should remove individuals with emergency studies that are no longer affiliated. - If the individual should no longer be affiliated and has a new fully compliant background study, the entity should wait until the individual is separated and then remove both the emergency study and fully compliant study from their roster at the same time. - All entities are responsible for maintaining their rosters regularly and removing study subjects from their roster when they are no longer affiliated. - Entities are responsible for identifying who needs to submit a new background study. For help identifying which study subjects still have an emergency study and need a fully compliant study, entities should refer to the instructional guide, "Identifying Emergency Studies" in the help section of NETStudy 2.0. The licensee's Personnel Records policy, dated August 1, 2021, indicated that results of background studies are to be kept in the personnel record as applicable to job requirements. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01620	Continued From page 10	01620		
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 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 a comprehensive nursing assessment to include all areas identified on the uniform assessment tool for two of two residents (R1 and R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01620	Continued From page 11 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 of the residents). The findings include: R1 R1 was admitted to the licensee on July 29, 2020. R1's diagnosis included Traumatic Brain Injury (TBI). R1's 90-day Assessments, dated January 22, 2023, April 2, 2023, July 2, 2023, and October 19, 2023, lacked areas of the uniform assessment tool that included the resident's personal lifestyle preferences, instrumental activities of daily living, emotional and mental health conditions, list of treatments, risk indicators, who has decision-making authority for the resident, and the need for follow-up referrals for additional medical or cognitive care by health professionals. R3 R3 was admitted to the licensee on June 13, 2022. R3's diagnosis included post-traumatic stress disorder (PTSD). R3's 90-day Assessments, dated September 23, 2021, December 24, 2022, March 24, 2023, and June 24, 2023, lacked areas of the uniform assessment tool that included the resident's personal lifestyle preferences, instrumental activities of daily living, emotional and mental health conditions, list of treatments, risk indicators, who has decision-making authority for the resident, and the need for follow-up referrals for additional medical or cognitive care by health	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01620	Continued From page 12 professionals. On October 25, 2023, at approximately 10:15 a.m., registered nurse (RN)-D stated the same assessment forms found in R1 and R3's records were utilized for all residents within the facility. RN-D was unaware that the facility's current assessment form did not cover required content. The licensee's Comprehensive Nursing Assessment policy dated August 1, 2021, identified all required areas on the uniform assessment tool to be completed with each nursing assessment. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01620		
01650 SS=E	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility;	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01650	Continued From page 13 (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for two of four residents (R1, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R1 R1's diagnosis included Traumatic Brain Injury (TBI). R1's Service Plan Agreement, dated April 15, 2020, indicated R1's services included medication management and housekeeping	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01650	Continued From page 14 services. R3 R3's diagnosis included post-traumatic stress disorder (PTSD). R3's Service Plan Agreement, dated June 13, 2022, indicated R3's services included medication management and housekeeping services. R1 and R3's service plan lacked fees for services provided. On October 23, 2023, at approximately 10:30 a.m., during entrance conference, licensed assisted living director (LALD)-A stated that the registered nurse and LALD were responsible for developing and maintaining the service plans for all residents within the facility. LALD stated that they believed all required content was on service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01760	Continued From page 15 reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure physician orders were transcribed accurately for two of four residents (R2, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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 of the residents). The findings include: R2 R2's Service Plan Agreement, dated November 18, 2020, indicated R2's services included medication management and housekeeping. R2's provider orders signed on June 19, 2023, included Gabapentin 300mg capsule and Sodium Chloride 1gm tabs to be administered three times a day at 8:00 a.m., 2:00 p.m., and 8:00 p.m. R2's medication administration record (MAR) listed Gabapentin 300mg capsule to be given at 8:00 a.m., 2:00 p.m., and 8:00 p.m. R2's MAR failed to list prescribed Sodium Chloride 1gm tabs. At time of survey, the licensee was unable	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01760	Continued From page 16 to identify a provider's order in R2's record to indicate the medication was discontinued. R3 R3's Service Plan Agreement, dated June 13, 2022, indicated R3's services included medication management and housekeeping. R3's provider orders signed on June 20, 2023, included hydroxyzine HCL 25mg tabs to be given as needed (PRN) three times per day. R3's MAR listed hydroxyzine pamoate 25mg capsules to be given three times per day at 8:00 a.m., 2:00 p.m., and 8:00 p.m. R3's MAR failed to list the prescribed hydroxyzine pamoate 25mg capsules as a PRN medication. On October 23, 2023, at 12:45 p.m., the surveyor observed unlicensed personal (ULP)-C administer medications to R1. While checking medications against the MAR for R2 and R3, ULP-C stated that they would have to wait until 2:00 p.m., to administer medications as they are written in the MAR. Additionally, ULP-C stated that always administer these medications at 2:00 p.m. The surveyor observed RN-D direct ULP-C to administer the medications at the time of observation. The surveyor then observed RN-D alter the MAR to show that the medication was to be administered at 12:00 p.m., instead of 2:00 p.m. RN-D stated that the pharmacy had sent the MAR for the month of October with medication administration times incorrectly written for R2 and R3. RN-D stated that they were responsible for medication preparation and that when they receive medications from the pharmacy, they check the MAR for accuracy by comparing the MAR with what is written on the back of the pharmacy prepared medication packets. RN-D	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01760	Continued From page 17 stated they were unaware that the MAR and physician orders specified medication administration times to be 2:00 p.m., for R2 and was also unaware that R3's medication had been ordered to be given PRN, instead of on a scheduled basis. R3's MAR indicated that the prescribed hydroxyzine pamoate 25mg had been administered on a scheduled basis for the entire month of October 2023. On October 25, 2023, at 10:15 a.m., RN-D stated that they had contacted the pharmacy to correct the orders, but because the provider orders specified the medications to be given at 2:00 p.m., and 12:00 p.m., the pharmacy advised the licensee to continue giving the medications at the prescribed times. RN-D stated that they had not filled out a medication error report for early administration of medications for R2 and R3, or the adminsitration of R3's prescribed hydroxizine pamoate 25mg as scheduled medications versus a PRN medication. In addition, RN-D stated that they did not believe these incidents to be considered medication errors. RN-D stated that they believed that they remembered receiving a call from R2's provider to inform the licensee that the prescribed Sodium Chloride 1 gm tablet had been discontinued, but was unable to show documentation of receiving this telephone order. On October 25, 2023, at 11:15 a.m., licensed assisted living director (LALD)-A was able to retrieve orders from the pharmacy to show that there had been an order from R2's physician to discontinue the previously prescribed Sodium Chloride 1 gm tablet. LALD-A stated that moving forward they would make sure that the information was documented and stored with the resident's medical record.	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01760	Continued From page 18 The licensee's Medication Orders policy, dated August 1, 2021, indicated EPIC Homes will administer medications as prescribed by the authorized prescribed and in accordance with all the rights defined in the Home Care Bill of Rights and in the Health Insurance Portability and Accountability Act. The licensee's Coordination in the Medication Management Program policy, dated August 1, 2021, indicated the RN is responsible for coordinating the Medication Management Program with other health care providers, including the primary care provider and pharmacist, serving the resident. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for four of four residents (R1, R2, R3, and R4). This practice resulted in a level two violation (a	01770		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01770	Continued From page 19 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 of the residents). The findings include: During the entrance conference on October 23, 2022, at 10:15 a.m., licensed assisted living director (LALD)-A stated the licensee provided medication management services which included medication setup by the registered nurse (RN) for their residents. On October 23, 2023, at 11:25 a.m., after completing entrance conference, LALD-A provided the surveyor with a Medication Set Up binder. The binder contained pages for the RN to fill out after completion of medication set up. The pages had information for filling out the date, time, nurse's name and title, as well as a spot to list any notes or concerns. The forms inside the binder were filled out every two weeks, but lacked any resident specific information, or any information regarding the name of the medications, quantity of doses, times to be administered, or routes of administration. R1's Service Plan Agreement, dated April 15, 2020, indicated R1's services included medication management and housekeeping. R2's Service Plan Agreement, dated November 18, 2020, indicated R1's services included medication management and housekeeping. R3's Service Plan Agreement, dated June 13,	01770		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01770	Continued From page 20 2022, indicated R3's services included medication management and housekeeping. R4's Service Plan Agreement, dated July 5, 2021, indicated R1's services included medication management and housekeeping. R1, R2, R3 and R4's record lacked documentation completed by the RN at the time of medication setup to include documentation of the name of the medication, quantity of dose, times to be administered, route of administration, and the name of the person completing medication setup. On October 23, 2023, at 12:45 p.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1, R2 and R3 from their respective pill boxes. On October 25, 2023, at 10:15 a.m., RN-D stated that the medication sign off-form was used as an acknowledgement form to indicate that all medications for all residents residing within the facility had been set up. The licensees Medication Documentation policy dated August 1, 2021, indicated that EPIC Homes will document medication set up according following: - Date of medication setup; - Name of medications; - Quantity of dose; - Times to be administered; - Route of administration. - Name/title of person completing medication setup. No further information was provided.	01770		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01770	Continued From page 21 TIME PERIOD FOR CORRECTION: Seven (7) days	01770		
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 ensure expired medications were disposed of for one of four residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: On October 25, 2023, at approximately 10:00 a.m., the surveyor conducted a review of the licensee's locked medication cabinet. The medication cabinet contained all medications administered to residents daily and was in a central location in the facility. Resident's specific medications were stored in separate drawers within the medication cabinet. The surveyor	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
01890	Continued From page 22 observed the following expired medications for R1: - Nystatin Cream USP 100,000 USP Nystatin Units with an expiration date of November, 2022; - Nystatin Cream USP 100,000 USP Nystatin Units with an expiration date of June, 2023; - Ciclopirox Olamine Cream 0.77% with an expiration date of March, 2022; - Ciclopirox Olamine Cream 0.77% with an expiration date of June, 2022; On October 25, 2023, at approximately 10:10 a.m., registered nurse (RN)-D stated that they were responsible for maintenance of the medication cabinet and would routinely go through the cabinet on a biweekly basis to audit medications and to remove expired medications. RN-D was unaware of expired medicaitions in R2's medication drawer. The licensee's Disposition and Disposal of Medications policy dated August 1, 2021, indicated discontinued medications may be kept until the expiration dates if there is a possibility of resuming the medication. If not resumed before the expiration date, it will be disposed of according to this policy. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
02290	Continued From page 23 at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee included language within the residency agreement contract which limited the rights of all residents residing within the facility. 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 of the residents). Findings include: R1 admitted to the licensee July 29, 2020, and began receiving assisted living services on August 1, 2021. R1's diagnoses included Traumatic Brain Injury (TBI). R1's service plan dated April 15, 2020, indicated R1 received assistance with medication administration and housekeeping. R1's signed Assisted Living Contract dated August 1, 2021, included the following language: In the section titled Resident Responsibilities, under subsection one, the contract indicated: "The resident will comply with all rules and regulations of EPIC Homes regarding resident conduct, which may be amended as EPIC Homes determines to be appropriate, subject to any applicable regulations of the State of Minnesota."	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
02290	Continued From page 24 In the section titled Term and Termination, subsection 4f indicated that the contract may be terminated if "You are not abiding by the Rules and Regulations or are breaching any representation, covenant, agreement, or obligation of the resident under this Contract." On October 25, 2023, at 10:45 a.m., Licensed assisted living director (LALD)-A stated the language in the contract referring to rules and regulations was in reference to the licensee's house rules. LALD-A stated the house rules was a document provided to all residents and that it was included with all assisted living contracts. Licensee's form titled House Rules and Regulations included the following language which limited the rights of residents: - Epic Homes LLC reserves the right to perform random room searches; - Absolutely No Drug Use/ Alcohol **Zero Tolerance**; - No visiting in rooms of other clients (residents); - Visitation is in the common area (consult with Program Director if provisions are needed) - House chores are issued weekly according to treatment plan - No borrowing of any kind is allowed. - Smoking is allowed until 9:50 p.m. - All meals are to be eaten in the dining area - No feet on the sofa or table - Living room is for entertainment only, no sleeping or laying on sofas - The living room and kitchen is closed 10:00 p.m., it reopens at 7:00 a.m. - Inform staff on duty for anything needed in the refrigerator. Permission from staff is needed to enter the refrigerator. - Client will sign up hourly for the television. - Should any client leave the house for more than	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35727	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOMES LLC	8216 IRVING AVENUE NORTH BROOKLYN CENTER, MN 55444

(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
02290	Continued From page 25 2 hours, such client MUST undergo a fresh Covid-19 test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290		

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *10/23/23*
Time: 11:45:00
Report: 103923138

Food and Beverage Establishment Inspection Report

Location:
Epic Homes Llc
8216 Irving Avenue North
Brooklyn Park, MN55444
Hennepin County, 27

Establishment Info:
ID #: 0038735
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6124044456
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.

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: MILK
Temperature: 40F Degrees Fahrenheit - Location: COLD HOLD REFRIGERATOR
Violation Issued: No

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

The inspection was completed with the person in charge and reviewed with MDH nurse evaluator Zachary Morth

The establishment has a residential kitchen and serves food for same-day service only.

The kitchen has wood cabinets with hollow base, laminate countertops, a stainless steel work table, wood floor, painted walls and popcorn ceiling.

The kitchen finishes and surfaces are clean and well maintained.

The kitchen refrigerator/freezer are of residential grade.

A 2-compartment sink is present in kitchen. 1 compartment is designated for hand washing only.

A residential dish machine (NSF residential standard) is located in the kitchen and the person-in-charge states the dish machine utensil surface temperature exceeds 165 to 170 degrees F. A waterproof irreversible thermometer is present.

A supply of single-use gloves is present in kitchen.

Type: Full
Date: *10/23/23*
Time: 11:45:00
Report: 103923138
Epic Homes Llc

Food and Beverage Establishment Inspection Report

A vomit clean-up kit and vomit clean-up procedures are present.

Discussed the following with the person-in-charge: minimum cook temps for animal proteins, food source, foodborne illness symptoms and exclusion of ill employees, avoiding bare hand contact with ready to eat foods, sanitizing utensils and surfaces.

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 103923138 of 10/23/23.

Certified Food Protection Manager: Folasade Florence Ogungbe

Certification Number: FM108189 Expires: 10/11/24

Copy of inspection report reviewed with person in charge and mailed certified.

Signed: _____

Florence Simms
Food Manager

Signed: _____

Aron Goodner
Public Health Sanitarian I
Freeman Building
aron.goodner@state.mn.us