



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 1, 2022

Administrator
Happy Place Care Services, LLC
7217 Edgewood Avenue North
Minneapolis, MN 55428

RE: Project Number(s) SL37815015

Dear Administrator:

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.

The Minnesota Department of Health completed an initial evaluation on January 12, 2022, for the purpose of assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing 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 . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4(a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this evaluation:

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program = \$500.00

The total amount you are assessed is \$500.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 licensing 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 general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general 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

Free from Maltreatment reconsideration requests should addressed to:

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

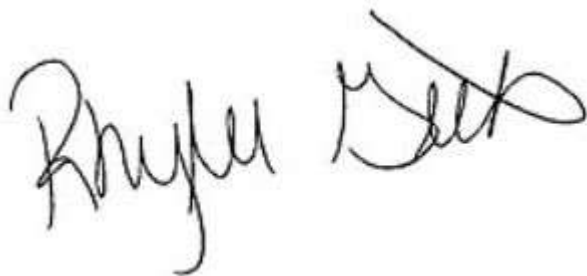
REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Rhylee Gilb, Supervisor
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 651-395-0361 Fax: 651-281-9796

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37815	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2022
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NAME OF PROVIDER OR SUPPLIER HAPPY PLACE CARE SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7217 EDGEWOOD AVENUE NORTH MINNEAPOLIS, MN 55428
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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>Initial Comments</p> <p>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.</p> <p>INITIAL COMMENTS: SL37815015 On January 11 and 12, 2022, 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 two residents receiving services under the provider's Provisional Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3. MALTREATMENT TEMPLATE</p>	
0 510 SS=F	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that</p>	0 510		

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

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0 510	<p>Continued From page 1</p> <p>complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control. This had the potential to affect 2 of 2 residents reviewed.</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 staff, residents and visitors.)</p> <p>Findings include:</p> <p>The licensee failed to ensure staff wore personal protective equipment (PPE) eye protection while screening Minnesota Department of Health (MDH) surveyors for COVID-19, when administering medications to a resident, and while seated with other staff and/or visitors less than 6 feet apart.</p>	0 510		

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0 510	<p>Continued From page 2</p> <p>An MDH document dated December 7, 2021, titled, COVID-19 Personal Protective Equipment and Source Control Grid for Congregate Care Settings by Community Transmission Level, reads: "PPE grid for health care workers, direct service care providers (i.e. includes employees, contractors, volunteers, etc); when community transmission levels are high or substantial, those working with residents without suspected or confirmed SARS-CoV-2 infection should wear a face mask (source control) and eye protection.</p> <p>The Centers for Disease Control and Prevention (CDC) Integrated County View Data Tracker for COVID-19 listed the 7 day metrics for COVID-19 positivity rate as "high" at 27.46% for Hennepin County at the time of the survey.</p> <p>During an observation on January 11, 2022, at 9:25 a.m., MDH surveyors were met at the licensee's front door by unlicensed personal (ULP)-B, who wore a surgical facemask but no eye PPE. ULP-B conducted COVID-19 temperature and question screenings on the MDH surveyors while not wearing eye PPE.</p> <p>During the provisional survey entrance conference on January 11, 2022 at 9:50 a.m., licensed assisted living director (LALD)-A wore a surgical facemask but no eye PPE as he sat in his office with both MDH surveyors for approximately 70 minutes.</p> <p>On January 11, 2022, at 1:40 p.m., MDH surveyors observed ULP-B administer medications to R1. ULP-B wore a surgical facemask but no eye PPE as she handed R1 a medication cup. ULP-B stated staff do not wear protection for their eyes, just a facemask when they work.</p>	0 510		

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0 510	<p>Continued From page 3</p> <p>On January 11, 2022 at 2:00 p.m., LALD-A stated they have PPE supplies for eyes and gowns if they have a positive COVID-19 resident, but neither resident had COVID-19 currently.</p> <p>On January 12, 2022, at 8:30 a.m., ULP-B met MDH surveyors at the front door and conducted COVID-19 temperature and question screenings on the MDH surveyors. ULP-B wore a surgical facemask but no eye PPE.</p> <p>On January 12, 2022, at 10:20 a.m. an MDH engineering surveyor arrived at the licensee. ULP-B did not wear eye PPE as she screened the MDH engineering surveyor for COVID-19.</p> <p>On January 12, 2022, at 11:20 a.m., an MDH public health sanitarian arrived at the licensee. ULP-B did not wear eye PPE as she screened the MDH health sanitarian for COVID-19.</p> <p>A policy titled, COVID-19 Preparedness Plan, dated October 28, 2021, read: the licensee will observe the recommended precautions...as identified by the Centers for Disease Control and Prevention, and MDH guidelines. The precautions cover protection measures for staff, visitors, volunteers, and residents at risk for COVID-19 infection or those with documented or suspected COVID-19 infection that require additional precautions to prevent transmission. The practice of employees will conform with CDC regulations, current laws and currently accepted standards of practice.</p> <p>TIME PERIOD TO CORRECT: Two (2) Days</p>	0 510		

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0 640 0 640 SS=F	<p>Continued From page 4</p> <p>144G.42 Subd. 7 Posting information for reporting suspected c</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and</p> <p>(3) providing reasonable accommodations with information and notices in plain language.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post information and the reporting number for the Minnesota Adult Abuse Reporting Center (MAARC) to report suspected maltreatment of a vulnerable adult under section 626.557 and posted 911 signage in common areas. This had the potential to affect all residents, staff, and visitors.</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 of the residents).</p> <p>Findings include:</p> <p>On January 11, 2022, at 11:00 a.m., MDH</p>	0 640 0 640		

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0 640	Continued From page 5 surveyors toured the licensee with licensed assisted living director (LALD)-A. The MDH surveyors observed there was no posting of MAARC information or 911 signage in any common areas. On January 12, 2022, at 12:05 p.m., during the provisional assisted living facility (PALF) survey exit conference, LALD-A stated each resident received a paper copy of the MAARC information when they moved in, and did not realize he needed to post the information as well. TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 640		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant 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	0 680		

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0 680	<p>Continued From page 6</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee's written emergency preparedness plan (EPP) lacked 13 of the 25 required components outlined in Appendix Z. This had the potential to affect all residents, staff, and visitors.</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 January 11, 2022, at approximately 11:30 a.m., the Minnesota Department of Health (MDH) surveyor requested Appendix Z policies and procedures. Licensed Assisted Living Director (LALD)-A provided the surveyor with the licensee's undated Emergency Preparedness Manual.</p> <p>Review of the Appendix Z policies and procedures lacked 13 out of the 25 required components: -subsistence needs for residents and staff -procedure for tracking staff</p>	0 680		

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0 680	<p>Continued From page 7</p> <ul style="list-style-type: none"> -policies and procedures for medical documents -policy and procedures for volunteers -arrangement with other facilities -roles under a waiver declared by Secretary -alternative means of communication -methods for sharing information and family notifications -sharing information on needs -family notifications -emergency preparedness (EP) training and testing -EP training program -EP testing requirements <p>On January 13, 2022, at 9:40 a.m., the MDH surveyor emailed LALD-A requesting additional information for Appendix Z. LALD-A responded by email on January 13, 2022, at approximately 1:00 p.m. with an attached document dated October 28, 2021, and titled 'Assisted Living License Resource Manual' and confirmed that was the EPP.</p> <p>The Emergency Preparedness Manual still lacked 13 of 25 required components:</p> <ul style="list-style-type: none"> -subsistence needs for residents and staff -procedure for tracking staff -policies and procedures for medical documents -policy and procedures for volunteers -arrangement with other facilities -roles under a waiver declared by Secretary -alternative means of communication -methods for sharing information and family notifications -sharing information on needs -family notifications -EP training and testing -EP training program -EP testing requirements 	0 680		

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0 680	Continued From page 8 The licensee's Emergency Preparedness Plan-Appendix Z policy dated October 28, 2021, indicated the licensee's emergency preparedness plan would include policies and procedure designed to align with the long-term care (LTC) requirements in Appendix Z. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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 residents).	0 800		

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0 800	<p>Continued From page 9</p> <p>The findings include:</p> <p>On January 12, 2022, during a facility tour between 10:30 a.m. and 11:00 a.m., with the licensed assisted living director (LALD)-A, the surveyor observed the following:</p> <ol style="list-style-type: none"> 1. There was a water leak in the basement that damaged the ceiling and egress window. Ceiling tiles had been removed but not replaced on the date of the survey. The egress window had water-soaked wood paneling that had popped out of place as well as sagging and cracked wood trim. This had the potential to affect the operation of the egress window. LALD-A stated he scheduled a contractor to come in February 2022 to repair the ceiling and window. 2. There was an improper sealant joint at the downstairs bathroom toilet. LALD-A stated he tried to glue the toilet down and put the draft stop material around the base of the toilet to stop potential water damage. Draft stop and glue were not plumber-grade materials and could have the potential to promote the growth of mold. 3. Ceiling in the downstairs laundry room did not have a grille covering the ductwork and had a hole cut out around the water shut off with no cover plate. LALD-A stated he would look into it. <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 800		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors Subd. 8. Notice to visitors. (a) A facility must post	03090		

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NAME OF PROVIDER OR SUPPLIER HAPPY PLACE CARE SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7217 EDGEWOOD AVENUE NORTH MINNEAPOLIS, MN 55428
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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
03090	<p>Continued From page 10</p> <p>a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."</p> <p>(b) The facility is responsible for installing and maintaining the signage required in this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post an electronic monitoring sign at the facility entrance accessible to visitors that reads: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." This affected all residents, staff and visitors.</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 the potential to affect a large portion or all the residents).</p> <p>Findings include:</p> <p>On January 11, 2022, at 11:00 a.m., the Minnesota Department of Health (MDH) surveyors toured the licensee with licensed assisted living director (LALD)-A. The MDH surveyors observed there was no electronic monitoring sign posted at the facility entrance. LALD-A stated none of the residents had room cameras.</p>	03090		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37815	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2022
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03090	<p>Continued From page 11</p> <p>On January 12, 2022, at 12:05 p.m., during the provisional assisted living facility (PALF) survey exit conference, LALD-A stated he thought he only had to have electronic monitoring signs if he knew anyone was recording.</p> <p>A policy titled, Electronic Monitoring, dated August 1, 2021, read: "The licensee will post a sign at each facility entrance accessible to visitors that states: Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."</p> <p>TIME PERIOD TO CORRECT: Twenty-one (21) Days</p>	03090		

Type: Full
Date: 01/12/22
Time: 11:15:51
Report: 1024221012

Food and Beverage Establishment Inspection Report

Page 1

Location:

Happy Place Care Services LLC
7217 Edgewood Avenue North
Minneapolis, MN55428
Hennepin County, 27

Establishment Info:

ID #: 0039896
Risk:
Announced Inspection: Yes

License Categories:

Expires on: 12/31/21

Operator:

Phone #: 6122429501
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.

2-200 Employee Health

2-201.11C

**** Priority 1 ****

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

NO ILLNESS LOG PRESENTED AT TIME OF INSPECTION. SENT COPY TO OPERATOR. ADVISED TO PRINT, MAINTAIN AND FILL OUT ACCORDINGLY.

Comply By: 01/12/22

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

3-302.11A(1)

**** Priority 1 ****

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

OBSERVED CARTON OF RAW EGGS STORED ABOVE MILK. ADVISED TO STORE FOODS IN COOLER ACCORDING TO PROPER STACKING ORDER TO AVOID CROSS-CONTAMINATION. OPERATOR REARRANGED FOOD ITEMS ON SITE.

Corrected on Site

3-500C Microbial Control: date marking

3-501.17A

**** Priority 2 ****

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.

OBSERVED OPENED COTTO SALAMI, OPENED PACKAGE OF SOFT CHEESE WITHOUT DATE MARKS. ESTABLISH METHOD, TRAIN ALL STAFF AND MAINTAIN CONSISTENCY.

Type: Full
Date: 01/12/22
Time: 11:15:51
Report: 1024221012
Happy Place Care Services LLC

Food and Beverage Establishment Inspection Report

Comply By: 01/12/22

4-300 Equipment Numbers and Capacities

4-302.13B ** Priority 2 **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

NO IRREVERSIBLE THERMOMETER OR TEMPERATURE TEST STRIPS AVAILABLE ON SITE TO TEST UTENSIL SURFACE TEMPERATURE OF DISHWASHING MACHINE. PROVIDE AND MAINTAIN.

Comply By: 01/12/22

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

NO TEST KIT ON SITE TO MEASURE CHLORINE SOLUTION FOR SANITIZING. ADVISED SOLUTION MUST BE BETWEEN 50-100 PPM.

Comply By: 01/12/22

4-500 Equipment Maintenance and Operation

4-502.11B ** Priority 2 **

MN Rule 4626.0820B Calibrate food temperature measuring devices in accordance with manufacturer's specifications as often as necessary to ensure accuracy.

THERMOMETERS ARE NOT CALIBRATED. ADVISED TO CALIBRATE THERMOMETERS AFTER DROPPING IT, CHANGING BATTERIES, PURCHASING A NEW ONE USING THE COLD METHOD.

Comply By: 01/12/22

7-100 Toxic Labeling

7-102.11 ** Priority 2 **

MN Rule 4626.1595 Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.

OBSERVED UNLABELED SPRAY BOTTLE. PER OPERATOR, BOTTLE CONTAINS VINEGAR. BOTTLE WAS LABELED ON SITE.

Corrected on Site

Surface and Equipment Sanitizers

Utensil Surface Temp: = at 160+ Degrees Fahrenheit
Location: DISHWASHING MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/COTTO SALAMI
Temperature: 35 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Food and Beverage Establishment Inspection Report

Type: Full
Date: 01/12/22
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Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		2	5	0

INSPECTION CONDUCTED AND DISCUSSED WITH OPERATOR NELSON OBI ASSICK AND NURSING EVALUATOR LISSA LIN.

ESTABLISHMENT HAS A RESIDENTIAL KITCHEN WITH INTACT WOOD CABINETS, WOOD DRAWERS, LAMINATE WOOD COUNTERS, LAMINATE WOOD FLOORS. CEILINGS AND WALLS WERE OBSERVED TO BE SMOOTH. MONITOR SURFACES AND IF NO LONGER INTACT, CONSIDER REPLACING.

ALSO DISCUSSED THE FOLLOWING WITH OPERATOR:

- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- REPORTABLE DISEASES.
- HANDWASHING POLICY AND REVIEW.
- VOMIT AND FECAL MATTER CLEAN UP PROCEDURES.
- CFPM.
- THERMOMETER USE. IRREVERSIBLE TEMPERATURE TEST STRIPS VERIFIED ON SITE.
- TEST KITS VERIFIED ON SITE.
- THERMOMETER CALIBRATION AND FREQUENCY.
- DATE MARKING AND DISCARD DATE: DAY 1 STARTS ON THE DAY FOOD IS PREPARED.
- PROPER STACKING ORDER TO AVOID CROSS CONTAMINATION.

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 1024221012 of 01/12/22.

Certified Food Protection Manager: NELSON OBI ASSICK

Certification Number: FM108017 Expires: 10/06/24

Signed: _____

NELSON OBI ASSICK
OPERATOR

Signed: _____


Sheng Yang
Public Health Sanitarian I
Freeman Building
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sheng.yang@state.mn.us