STATE LICENSING COMPLIANCE REPORT

Report #: HL340494577C

Date Concluded: September 8, 2023

Name, Address, and County of Facility Investigated:
Home Joy Home Care of 83
7632 83rd Avenue North
Brooklyn Park, MN 55445
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Brooke Anderson, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34049	A. BUILDING: _____ B. WING _____	C 09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME JOY HOME CARE, INC.	7632 83RD AVENUE NORTH BROOKLYN PARK, MN 55445

(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 CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL340494577C On September 6, 2023, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 4 residents receiving services under the provider's Assisted Living license. The following immediate correction order is issued. Correction orders with a period to correct that are not immediate may be issued at a later date during the investigation. The following immediate correction order was issued for #HL340494577C, on September 6, 2023, tag identification 0470____. The	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 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	

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0 000	Continued From page 1 immediacy was not removed. The following correction orders are issued for #HL340494577C, tag identification ___1290, 1650___.	0 000	ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 470 SS=I	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by:	0 470		

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0 470	Continued From page 2 Based on observation, interview, and record review, the licensee failed to develop and implement a staffing plan to determine staffing levels to meet the needs of all residents and failed to ensure awake night staff as required by Minnesota Rule 144G.41 Subd. 1.12. This had the potential to affect all four residents who resided in the facility. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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). This resulted in an immediate order issued on September 6, 2023. Immediacy has not been removed as of the date of these orders. The findings include: During an observation on September 6, 2023, at 9:00 a.m. the investigator observed a bed in the licensee's office, as well as clothes in the closet. During an interview on September 6, 2023, at 9:00 a.m., unlicensed personnel (ULP)-A stated the bed is for employees "just in case." ULP-A stated she works Monday through Wednesday. During an interview on September 6, 2023, at 9:23 a.m., R1 stated that one staff member usually sleeps at the facility. During an interview on September 6, 2023, at 9:42 a.m., registered nurse (RN)-B stated the bed	0 470		

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0 470	Continued From page 3 is there in case someone calls in or if someone doesn't show up, like what happened today. ULP-D was scheduled to work today but was removed from the schedule due to an investigation. During an interview on September 6, 2023, at 10:05 a.m., R2 stated that staff sleep in the facility. A weekly staffing schedule that was posted on the bathroom door indicated ULP-A was scheduled for Tuesday 8:00 p.m. to 8:00 a.m. ULP-D was scheduled for Wednesday 8:00 a.m. to 8:00 p.m. During an observation on Wednesday, September 6, 2023, at 9:00 a.m. ULP-A was the only staff working at the facility. The licensee provided a staff schedule for July 13, 2023, through August 9, 2023. This schedule indicated ULP-C worked Friday 8:00 p.m. to 8:00 a.m. and was scheduled again Saturday 8:00 a.m. to 8:00 p.m. R1 R1's service plan dated June 24, 2023, indicated R1 received the following services: medication management, bathing, dressing, housekeeping, laundry, continence care, and transfers with a mechanical lift. During an observation on September 6, 2023, at 9:00 a.m. the investigator observed a mechanical lift in R1's apartment. During an interview September 6, 2023, at 9:00 a.m., ULP-B stated she can't use the mechanical lift on her own. ULP-B stated the owner comes in the morning and is usually at the facility by 7:00	0 470		

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0 470	Continued From page 4 a.m. and she is supposed to be here now. ULP-B had to wait until RN-B arrived at the facility to transfer R1 with the mechanical lift. During an interview September 6, 2023, at 9:23 a.m., R1 stated two people always help me with transfers but I do have to wait sometimes. During an observation on September 6, 2023, at 9:45 a.m. the investigator observed RN-A and ULP-B transfer R1 with a mechanical lift. The licensee's Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) dated, June 22, 2023, indicated the licensee could assist a resident with a mechanical lift: assist of two transfer. The UDALSA indicated the licensee scheduled one to two unlicensed direct care staff for day and evening shift and one unlicensed direct care staff for night shift. Review of the staffing schedule indicated the facility was not staffed in accordance with services identified on the UDALSA and not in accordance to meet the needs of the residents. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	0 470		
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	01290		

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01290	Continued From page 5 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 by: Based on observation, interview and record review, the licensee failed to ensure background study clearance letter for five of five employees (unlicensed personnel (ULP)-B, ULP-C, ULP-E, registered nurse (RN)-A and licensed assisted living director (LALD)-F) were completed and affiliated with the licensee's facility identification number (HFID). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients). The findings include: On September 6, 2023, a review of the Department of Human Services (DHS) Background Net Study website identified the licensee had no background checks affiliated with the HFID of the facility. ULP-B	01290		

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01290	Continued From page 6 ULP-B was hired May 13, 2021, to provide direct care services to the licensee's residents. On September 6, 2023, at 10:00 a.m., the surveyor observed ULP-B transfer R1. ULP-B's record lacked documentation of a background study affiliated with the licensee. ULP-C ULP-C was hired February 22, 2022, to provide direct care services to the licensee's residents. ULP-C's record lacked documentation of a background study affiliated with the licensee. ULP-D ULP-D was hired on February 28, 2022, to provide direct care services to the licensee's residents. ULP-D's record lacked documentation of a background study affiliated with the licensee. ULP-E ULP-E was hired on June 1, 2018, to provide direct care services to the licensee's residents. ULP-E's record lacked documentation of a background study affiliated with the licensee. RN-A RN-A was hired on June 1, 2018, to provide direct care services to the licensee's residents. On September 6, 2023, at 10:00 a.m., the surveyor observed RN-A transfer R1. RN-A's record lacked documentation of a background study affiliated with the licensee.	01290		

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01290	Continued From page 7 LALD-F The licensed assisted living director (LALD)-F was hired on June 1, 2018, to provide direct care services to the licensee's residents. LALD-F record lacked documentation of a background study affiliated with the licensee. On September 8, 2023, at 9:28 a.m., RN-A stated the licensee used to have a comprehensive license and the background studies completed with employees were affiliated with the comprehensive license and not each individual facility license. The licensee's undated Background Studies Policy, noted the facility requires background screening to be completed on all employees, contractors, and regularly scheduled volunteers. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01650 SS=D	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	01650		

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01650	Continued From page 8 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; (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 observation, interview, and record review, the licensee failed to ensure the service plans included the required content for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 R1's service plan dated June 24, 2023, indicated	01650		

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01650	Continued From page 9 R1 received the following services: medication management, bathing, dressing, housekeeping, laundry, continence care, and transfers. On September 6, 2023, at 10:00 a.m., the surveyor observed ULP-B and RN-A transfer R1. R1's unsigned service plan was reviewed and lacked the following required content: - 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; -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; (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. On September 8, 2023, at 10:40 a.m. registered nurse (RN)-A stated pricing is located in the contract not in the service plan. The licensee also had a form with the contingency plan, however, that was a separate document and none of the contigency plan items were included on the service plan. The licensee's undated Service Plan policy	01650		

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01650	Continued From page 10 indicated service plans must include a signature by the provider and by the resident. The facility will provide information to the resident about changes to the facility's fee for services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		