

STATE LICENSING COMPLIANCE REPORT

Report #: HL340694234C

Date Concluded: September 2, 2022

Name, Address, and County of Facility

Investigated:

Joyous Care & Family Preservation
4004 82nd Avenue North
Brooklyn Park, MN 55443
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Jennifer Segal RN, BSN
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.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34069A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/02/2022
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NAME OF PROVIDER OR SUPPLIER JOYOUS CARE & FAMILY PRESERVA	STREET ADDRESS, CITY, STATE, ZIP CODE 4004 82ND AVENUE NORTH BROOKLYN PARK, MN 55443
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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*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>HL340694234C</p> <p>On September 2, 2022, 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 no residents receiving services under the provider's Assisted Living license.</p> <p>The following correction order is issued, tag identification 1240. No time period of correction is given for this order because the facility's license will be closed per their request.</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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
01240 SS=F	144G.57 Subd. 3 Commissioner's approval required prior to imp	01240		

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

Minnesota Department of Health

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01240	<p>Continued From page 1</p> <p>(a) The plan shall be subject to the commissioner's approval and subdivision 6. The facility shall take no action to close the residence prior to the commissioner's approval of the plan. The commissioner shall approve or otherwise respond to the plan as soon as practicable.</p> <p>(b) The commissioner may require the facility to work with a transitional team comprised of department staff, staff of the Office of Ombudsman for Long-Term Care, and other professionals the commissioner deems necessary to assist in the proper relocation of residents.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee closed the assisted living facility prior to the Minnesota Department of Health's (MDH's) approval of the licensee's closure plan. The licensee closed their assisted living operations, including notifying two residents of the closure and relocating them, prior to notifying MDH.</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>The findings include:</p> <p>On September 2, 2022, an investigator visited the licensee's location to determine if the licensee was still operating after the expiration of their</p>	01240		

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01240	<p>Continued From page 2</p> <p>assisted living facility license. The investigator made contact with staff onsite and observed clients who appeared to be minors. The staff present indicated the services to minors were provided under a different license, and stated the licensee had decided to close the assisted living portion of their business months before. The staff indicated the adult residents had moved out on July 28 and August 5, 2022.</p> <p>On September 2, 2022, MDH received communication from the licensee including closure forms for the assisted living license. The licensee acknowledged they were provided a closure form when they decided not to renew their assisted living facility license, but forgot to submit it. The licensee confirmed that two residents had been notified of the closure and transferred to other facilities. On September 6, 2022, MDH replied and requested additional information regarding the placement of the previous residents</p> <p>Review of MDH documentation on September 15, 2022, indicated that MDH had not approved the licensee's closure plan at any time.</p>	01240		