



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 27, 2023

Licensee
Bell Assisted Living LLC
11947 9th Avenue Northwest
Coon Rapids, MN 55433

RE: Project Number(s) SL37987015

Dear Licensee:

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

The Minnesota Department of Health completed a complaint evaluation OR an initial evaluation on February 28, 2023, for the purpose investigating complaint number SL37987015 and (OR delete green 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.

STATE LICENSING ORDERS

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 . . ."

In accordance with Minn. Stat. § 144G.31, Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; however, no immediate fines are assessed for this evaluation of your facility.

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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in 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,



Jessica Sellner, Supervisor
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Email: jessica.sellner@state.mn.us
Telephone: 320-223-7370 Fax: 651-215-6894

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37987	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2023
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NAME OF PROVIDER OR SUPPLIER BELL ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11947 9TH AVENUE NW COON RAPIDS, MN 55433
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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>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDERS</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL37897015</p> <p>On February 27 and 28 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey and investigation, there was 1 resident receiving services under the provider's Provisional Assisted Living Facility license.</p> <p>The following correction orders are issued for SL37987015, tag identification 0480 and 0800.</p>	0 000	<p>Assisted Living Provider 144G.</p> <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 "S</p> <p>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>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to comply with Minnesota Food Code, Chapter 4626. This had the potential to affect 1 resident residing at the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the additional documentation included in the Food and Beverage Establishment Inspection Reports dated February 28, 2023.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 480		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds,</p>	0 800		

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0 800	<p>Continued From page 2</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain 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. This deficient condition had the potential to affect all staff, residents, 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 February 28, 2023, between 12:00 p.m. and 12:45 p.m., survey staff toured the facility with the registered nurse (RN)-A. During the facility tour, survey staff observed an accumulation of snow and ice in the widow wells for the egress windows in basement bedrooms 4 and 5. Egress windows that are obstructed could delay exiting the building in a safe and efficient manner in the event of an emergency.</p> <p>This deficient condition was verified by RN-A</p>	0 800		

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0 800	Continued From page 3 accompanying on the facility tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 800		

Type: Full
Date: 02/28/23
Time: 09:20:24
Report: 1024231029

Food and Beverage Establishment Inspection Report

Page 1

Location:

Bell Assisted Living LLC
11947 9th Avenue
Coon Rapids, MN55433
Anoka County, 02

Establishment Info:

ID #: 0041109
Risk:
Announced Inspection: Yes

License Categories:

Expires on: 12/31/23

Operator:

Phone #:
ID #:

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

The following orders were issued during this inspection.

2-200 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 EMPLOYEE ILLNESS LOG ON SITE. WILL SEND COPY TO DIRECTOR.

Comply By: 02/28/23

4-500 Equipment Maintenance and Operation

4-501.114C1

**** Priority 1 ****

MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.

CLOROX WIPES ARE USED AND ARE SCENTED. SANITARIAN DEMONSTRATED HOW TO CREATE CHLORINE SOLUTION ON SITE AND OBTAINING CHLORINE TEST KIT TO ENSURE SOLUTION MEASURES BETWEEN 50-100 PPM.

Comply By: 02/28/23

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. DISCUSSED COLD METHOD CALIBRATION. ADVISED TO CALIBRATE ONCE PER MONTH AND/OR WHEN THERMOMETER IS DROPPED,

Type: Full
Date: 02/28/23
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Report: 1024231029
Bell Assisted Living LLC

Food and Beverage Establishment Inspection Report

REPLACED, NEW AND WHEN BATTERIES ARE CHANGED.

Comply By: 02/28/23

2-100 Supervision

2-102.12AMN

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

ONLY APPROVED FOOD SAFETY COURSE CERTIFICATE PROVIDED. INFORMED DIRECTOR ON EXTRA STEP TO OBTAIN CFPM. WILL SEND FACT SHEET AND APPLICATION.

LEARN2SERVE

LENSA MEKONNEN.

ISSUE DATE: 6/13/2022.

CERTIFICATE #: L2SC-3-021898.

TEST NAME: FORM A24.

Comply By: 02/28/23

4-200 Equipment Design and Construction

4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

OBSERVED RESIDENTIAL GRIDDLE IN KITCHEN. ADVISED EQUIPMENT IS NOT ALLOWED FOR USE. REMOVE OR REPLACE.

Comply By: 02/28/23

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/MILK

Temperature: 40 Degrees Fahrenheit - Location: RESIDENTIAL COOLER

Violation Issued: No

Process/Item: Ambient Temp

Temperature: 40 Degrees Fahrenheit - Location: RESIDENTIAL COOLER

Violation Issued: No

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

DISCUSSED THE FOLLOWING ON SITE:

- ALL ORDERS ON REPORT.
- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- REPORTABLE DISEASES.
- HANDWASHING POLICY AND REVIEW.

Food and Beverage Establishment Inspection Report

Type: Full
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Bell Assisted Living LLC

- VOMIT AND FECAL MATTER CLEAN UP PROCEDURES.
- CFPM. WILL SEND APPLICATION AND FACT SHEET TO FOOD MANAGER.
- THERMOMETER USE.
- THERMOMETER CALIBRATION AND FREQUENCY.
- DATE MARKING AND DISCARD DATE.
- PROPER STACKING ORDER TO AVOID CROSS CONTAMINATION.
- PROPER TEMPERATURES FOR HOT AND COLD HOLDING, REHEATING.
- PROPER SANITIZING LEVELS AND TEST KITS AND STRIPS ON SITE: RUN DISHWASHING MACHINE ON HIGH TEMP CYCLE TO ENSURE IT IS REACHING THE REQUIRED 160 dF TEMPERATURE.
- PEST CONTROL.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME-DAY SERVICE. OBSERVED INTACT LAMINATE FLOORING, INTACT AND SMOOTH CEILINGS AND WALLS, INTACT BACKSPLASH TILING. ALL WERE FOUND TO BE INTACT AND IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH TIME THESE ITEMS ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, ITEMS WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

DISHWASHING MACHINE IS RESIDENTIAL HOWEVER HAS SANTIZING CYCLE OPTION.

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 1024231029 of 02/28/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Signed: _____

LENSA TERFASSA
DIRECTOR

Signed: _____


Sheng Yang
Public Health Sanitarian I
Freeman Building
651-201-3985
sheng.yang@state.mn.us