



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

August 6, 2024

Licensee

Caring Home Health Inc.  
2536 28th Avenue South  
Minneapolis, MN 55406

RE: Project Number(s) SL35607015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 11, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. 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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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,



Jodi Johnson, Supervisor

State Evaluation Team

Email: [jodi.johnson@state.mn.us](mailto:jodi.johnson@state.mn.us)

Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARING HOME HEALTH INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2536 28TH AVENUE SOUTH MINNEAPOLIS, MN 55406</b>			
(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 ORDER(S)</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>SL35607015-0</p> <p>On July 8, 2024, through July 11, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were five resident(s); five receiving services under the provider's Assisted Living Facility license.</p>	0 000	<p>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.</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



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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 ensure food was prepared and served according to the Minnesota Food Code.</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 the residents).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated July 11, 2024, for the specific Minnesota Food code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480			
0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who</p>	0 550			

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0 550	<p>Continued From page 2</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, information about the licensee's grievance procedure with the required content. This had the potential to affect the licensee's current 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 July 8, 2024, at 10:00 a.m. during the facility tour with director (D)-C, the surveyor did not observe any signage or information regarding the grievance procedure, and the name, telephone number and email contact information for</p>	0 550			

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0 550	Continued From page 3  individuals who were responsible for handling resident grievances posted. At this time, D-C stated the procedure had been posted on the bulletin board and was unsure of why it was no longer there.  The licensee's Grievance policy dated August 1, 2021, indicated a copy of the grievance procedure was conspicuously posted in the residence.  No additional information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma  (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of one resident (R1).	0 630			



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0 630	<p>Continued From page 4</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 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).</p> <p>The findings include:</p> <p>R1 was admitted on January 19, 2023, with diagnoses that included depression and hypertension (high blood pressure).</p> <p>R1's service plan dated January 10, 2024, indicated R1 received services to include activity/socialization, bathing reminders, behavior monitoring, grooming, medication management, safety checks, laundry, and housekeeping.</p> <p>R1's IAPP dated July 8, 2024, did not include the following required items:</p> <ul style="list-style-type: none"><li>- the resident's risk of abusing other vulnerable adults;</li><li>- statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.</li></ul> <p>On July 8, 2024, at 1:48 p.m., registered nurse (RN)-D stated R1's IAPP did not include the required content as listed above. CNS-B further stated she must have missed selecting the option regarding R1's risk to abuse other vulnerable adults.</p> <p>The licensee's Vulnerable Adult policy dated August 1, 2021, indicated an assessment of vulnerability status of each resident would include</p>	0 630			

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0 630	Continued From page 5  susceptibility to abuse includes self-abuse and neglect and risk of abuse by other individuals, including other vulnerable adults and the resident's risk of abusing other vulnerable adults within the residence shall be assessed.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
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 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.	0 680			



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0 680	<p>Continued From page 6</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post an emergency disaster plan prominently, have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors of 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>The licensee's Emergency Preparedness plan, undated, was reviewed and lacked the following:</p> <ul style="list-style-type: none"><li>- a description of the population served by the licensee;</li><li>- quarterly review of missing resident policy;</li><li>- procedures for tracking evacuated residents and staff;</li><li>- policies and procedures for medical documents;</li><li>- policies and procedures for volunteers;</li><li>- roles under a wavier declared by secretary;</li><li>- long term care family notifications</li></ul> <p>On July 9, 2024, at 9:12 a.m. director (D)-C stated the licensee's current EP plan did not include the above content.</p> <p>The licensee's Emergency Preparedness policy dated August 1, 2021, indicated the licensee</p>	0 680			

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0 680	Continued From page 7  would have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services.  No additional information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited  The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.  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).	0 970			



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0 970	Continued From page 8  The findings include:  The licensee's Assisted Living Contract included a clause that indicated the resident would waive the licensee's liability for health, safety, or personal property of a resident. -Page 13 of the agreement indicated: "Indemnification: [License name] shall not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold [license name] harmless from any claims or damages unless caused solely by negligence of the licensee. It is recommended that renter's insurance be purchased at the resident's expense. Nothing contained herein is intended to create a waiver of facility liability for the health and safety or personal property of a resident.  On July 8, 2024, at 1:37 p.m., director (D)-C stated the licensee's contract included the above content, and further stated the same contract was utilized for all residents at the facility.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970			
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to  (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the	01640			

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01640	<p>Continued From page 9</p> <p>facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of one resident (R1).</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 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).</p> <p>The findings include:</p> <p>R1 was admitted on January 19, 2023, with diagnoses that included depression and hypertension (high blood pressure).</p>	01640			



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01640	<p>Continued From page 10</p> <p>R1's service plan dated January 10, 2024, indicated R1 received services to include activity/socialization, bathing reminders, behavior monitoring, grooming, medication management, safety checks, laundry, and housekeeping. The service plan did not include dressing services.</p> <p>R1's Service Recap Summary dated July 2024, indicated R1 received dressing reminders twice a day.</p> <p>On July 8, 2024, at 2:08 p.m., registered nurse (RN)-D stated R1 required dressing reminders twice a day, and the service plan did not include that service. RN-D further stated she thought the service plan only needed to be updated once a year and not with change in services.</p> <p>The licensee's Service Plan policy dated August 1, 2021, indicated the service plan would be revised, if needed, based on resident review or reassessment. The initial service plan and any revisions would be signed by a representative from the licensee and the resident or resident's representative, indicating agreement with the services to be provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640			
01650 SS=F	<p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(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</p>	01650			

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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
01650	<p>Continued From page 11</p> <p>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; (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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for one of one resident (R1).</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>	01650			



Minnesota Department of Health

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01650	<p>Continued From page 12</p> <p>The findings include:</p> <p>R1 was admitted on January 19, 2023, with diagnoses that included depression and hypertension (high blood pressure).</p> <p>R1's service plan dated January 10, 2024, indicated R1 received services to include activity/socialization, bathing reminders, behavior monitoring, grooming, medication management, safety checks, laundry, and housekeeping.</p> <p>R1's service plan lacked the following content:</p> <ul style="list-style-type: none"><li>- the fees for services;</li><li>- 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 an information as to who has authority to sign for the resident in an emergency</li></ul> <p>On July 8, 2024, at 2:10 p.m., director (D)-C stated R1's service plan did not include the required content as listed above. D-C stated the fees for services were not listed on any of the resident's service plans.</p> <p>The licensee's Service Plan policy dated August 1, 2021, indicated the service plan would include:</p> <ul style="list-style-type: none"><li>-the fees for services and the frequency of each service, according to the resident's current review or assessment and resident preferences;</li><li>-a contingency plan that includes:<ul style="list-style-type: none"><li>-action to be taken if the scheduled service cannot be provided</li><li>-information and method for a resident or resident's representative to contact the facility</li></ul></li></ul> <p>Names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse</p>	01650			

Minnesota Department of Health

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01650	Continued From page 13  change in the resident's condition -the identification of and information as to who has the authority to sign for the resident in an emergency -circumstances in which emergency medical services are not to be summoned and declarations made by the resident related to health care directives.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650			
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan  (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed	01730			



Minnesota Department of Health

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01730	<p>Continued From page 14</p> <p>personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for one of one resident (R1).</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 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).</p> <p>The findings include:</p> <p>R1 was admitted on January 19, 2023, with diagnoses that included depression and hypertension (high blood pressure).</p>	01730			

Minnesota Department of Health

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01730	<p>Continued From page 15</p> <p>R1's service plan dated January 10, 2024, indicated R1 received services to include medication management.</p> <p>R1's physician orders dated April 29, 2024, included:</p> <ul style="list-style-type: none"><li>-aripiprazole 15 milligrams (mg) by mouth once a day (depression)</li><li>-atorvastatin 20 mg by mouth once daily (cholesterol)</li><li>-lisinopril 20 mg by mouth once daily (blood pressure)</li><li>-mirtazapine 30 mg by mouth once a day (depression)</li><li>-ibuprofen 400 mg by mouth as needed (pain)</li></ul> <p>R1's Individualized Medication Management Plan dated October 24, 2023, lacked the following required content:</p> <ul style="list-style-type: none"><li>-a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li><li>-documentation of specific resident instructions relating to the administration of medications;</li><li>-identification of medication management tasks that may be delegated to unlicensed personnel; and</li><li>-procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services</li></ul> <p>On July 8, 2024, at 2:40 p.m., registered nurse (RN)-D stated R1's medication management plan did not include the required content as listed above. RN-D stated she believed the electronic health system used was not pushing through resident information to the medication</p>	01730			



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01730	<p>Continued From page 16</p> <p>management plans, which was why the required components had not been included in R1's medication plan.</p> <p>The licensee's Service Plan for Medication Management policy dated August 1, 2021, indicated the following:</p> <ul style="list-style-type: none"><li>-the written medication management plan would include the following provisions.</li><li>-a description of the storage of medications based on the resident assessment</li><li>-documentation procedures</li><li>-description of medication management tasks to be delegated to the ULP</li><li>-plans for staff notifying the licensed health profession when/if a problem with medication management services arises</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01730			



Type: Full  
Date: 07/11/24  
Time: 12:45:38  
Report: 8058241160

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

Caring Home Health Inc  
2536 28th Avenue South  
Minneapolis, MN55406  
Hennepin County, 27

### Establishment Info:

ID #: 0038729  
Risk:  
Announced Inspection: No

### License Categories:

Expires on: / /

### Operator:

Phone #: 6122544949  
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.

### 4-500 Equipment Maintenance and Operation

#### 4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

REPAIR SINK BASE BOTTOM DAMAGED BY WATER

*Comply By: 08/30/24*

### 4-600 Cleaning Equipment and Utensils

#### 4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

CABINETS HAVE HEAVY BUILD UP OF GREASE - CLEAN

*Comply By: 07/31/24*

### Surface and Equipment Sanitizers

Hot Water: = --- at 160 Degrees Fahrenheit  
Location: DISH MACHINE  
Violation Issued: No

### Food and Equipment Temperatures

Process/Item: TOMATO  
Temperature: 39 Degrees Fahrenheit - Location: COOLER  
Violation Issued: No

Process/Item: YOGURT  
Temperature: 41 Degrees Fahrenheit - Location: COOLER  
Violation Issued: No



Type: Full  
Date: 07/11/24  
Time: 12:45:38  
Report: 8058241160  
Caring Home Health Inc

Food and Beverage Establishment  
Inspection Report

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

HRD INSPECTOR: KASSIE MARKING  
RESIDENTIAL KITCHEN WITH NON COMMERCIAL APPLIANCES AND FINISHES

**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 8058241160 of 07/11/24.

Certified Food Protection Manager AYUB SHARIF

Certification Number: \_\_\_\_\_ Expires: 08/01/24

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_  
Establishment Representative

Signed:   
Aaron Gertz  
Sanitarian 3  
MDH Metro Office  
651 201 4500  
health.foodlodging@state.mn.us