



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONS ON PROVISIONAL LICENSE - LICENSE GRANTED

Electronic Delivery

May 10, 2023

Licensee
Pioneer Home Care Limited
5109 West Old Shakopee Road
Bloomington, MN 55437

RE: Initial License Number 406349
Health Facility Identification Number (HFID) 38754
Project Number(s) SL38754015

Dear Licensee:

On April 20, 2023, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the initial survey completed February 14, 2023. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective April 25, 2023.

In addition, 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.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

Sincerely,

A handwritten signature in black ink that reads 'Maria King'.

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

HHH



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL PROVISIONAL LICENSE

Electronically Delivered

March 21, 2023

Licensee
Pioneer Home Care Limited
5109 West Old Shakopee Road
Bloomington, MN 55437

RE: Conditional License Number 406349
Health Facility Identification Number (HFID) 38754
Project Number(s) SL38754015

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial licensing evaluation on February 14, 2023, for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above mentioned provider. Based on the initial licensing evaluation results, MDH found you not in substantial compliance with the laws pursuant to Minnesota Statute, Chapter 144G.

As a result, per Minn. Stat. § 144G.16, Subd. 3 (b), MDH is extending your provisional license for 90 days and applying conditions necessary to bring the facility to compliance. The conditional provisional license is due to expire on **June 19, 2023**.

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 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 . . ."

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 - 0820 - 144g.45 Subd. 2 (g) - Fire Protection And Physical Environment - \$3,000.00

The total amount you are assessed is \$3,000.00. You will be invoiced approximately 30 days after 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 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 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

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. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. 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.

CONDITIONAL LICENSE ISSUED:

MDH will issue Pioneer Home Care Limited a conditional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up evaluation, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up evaluation, MDH will determine if Pioneer Home Care Limited is in substantial compliance.

The following conditions apply on the conditional assisted living facility license:

- a. **Egress window requirements:** Pioneer Home Care Limited will replace windows in resident bedroom one (occupied) with egress windows meeting the minimum required opening of 648 square inches. Pioneer Home Care Limited will also replace the windows in resident bedroom five (unoccupied) meeting both the required opening of 648 square inches and a maximum height from the floor of 48 inches.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:

MDH will determine if Pioneer Home Care Limited is in substantial compliance based on the results of the follow up evaluation. MDH will make this determination within the 90-day conditional license period. If MDH determines Pioneer Home Care Limited is in substantial compliance on the follow up evaluation, MDH will remove the conditions from Pioneer Home Care Limited's assisted living facility license, and Pioneer Home Care Limited will correct violations identified during the evaluation to come into substantial compliance. If MDH determines Pioneer Home Care Limited is not in substantial compliance, MDH may take additional enforcement action against Pioneer Home Care Limited, including placement of additional conditions, issuing a second conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144G.20 up to and including immediate temporary suspension and revocation.

REQUESTING A HEARING:

Pursuant to Minn. Stat. §144G.20, Subd. 17 (c), the licensee may appeal an order immediately temporarily suspending a license or issuing a conditional license. The appeal must be made in writing by certified mail or personal service. If mailed, the appeal must be postmarked and sent to the commissioner within five calendar days after the license holder receives notice. If an appeal is made by personal service, it must be received by the commissioner within five calendar days after the license holder received the order. The request for hearing should be addressed to:

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

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this notice and the results of this visit with the President of your organization's Governing Body.

Pioneer Home Care Limited

March 21, 2023

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If you have any questions, please contact Paul Spencer directly at: 651-587-4460.

Sincerely,

A handwritten signature in black ink that reads "Maria King". The signature is written in a cursive style with a large, stylized initial "M".

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2023
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NAME OF PROVIDER OR SUPPLIER PIONEER HOME CARE LIMITED	STREET ADDRESS, CITY, STATE, ZIP CODE 5109 WEST OLD SHAKOPEE ROAD BLOOMINGTON, MN 55437
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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: #SL38754015</p> <p>On February 13, 2023, through February 14, 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, there was one resident 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.</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>	
0 120 SS=C	<p>144G.11 APPLICABILITY OF OTHER LAWS</p> <p>Assisted living facilities:</p>	0 120		

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

Minnesota Department of Health

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0 120	<p>Continued From page 1</p> <p>(1) are subject to and must comply with chapter 504B; (2) must comply with section 325F.72; and (3) are not required to obtain a lodging license under chapter 157 and related rules.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the assisted living facility website and marketing information did not advertise the facility provided specialty in dementia care. This had the potential to affect all current and prospective residents.</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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The facility was licensed as an assisted living facility effective date March 1, 2022 and expiration date February 28, 2023.</p> <p>On February 13, 2023, at 10:25 a.m., during the entrance conference, director (D)-A confirmed knowledge of assisted living rules and regulations.</p> <p>On February 13, 2023, at 10:56 a.m., the licensee's website was reviewed with the licensee and observed that it advertised as "Memory Care, and Assisted Living for Your Loved One in Bloomington, MN" in its heading. Under the</p>	0 120		

Minnesota Department of Health

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0 120	<p>Continued From page 2</p> <p>services tab, it read "Residents with dementia, Alzheimer ' s disease or other cognitive impairments deserve a model of care that ' s uniquely tailored to their special needs ... We specialize in care specifically for those with Alzheimer ' s or related dementias but are happy to assist in these other extenuating circumstances."</p> <p>On February 13, 2023, at 12:55 p.m., the director acknowledged the website information and stated he phoned the person who manages the website information and that it would be taken care of because it was a priority.</p> <p>Licensee policy titled Advertising dated August 1, 2021, indicated Pioneer Home Care Limited will not use false, fraudulent, or misleading advertising in the marketing of services. Only an assisted living facility licensed as "assisted living facility with dementia care" may advertise, market or otherwise promote itself as providing specialized care for individuals with Alzheimer's Disease or other dementias.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 120		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</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:</p>	0 480		

Minnesota Department of Health

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0 480	<p>Continued From page 3</p> <p>Based on observation, interview and record review, the licensee failed to ensure food was prepared according to the Minnesota Food Code. This had the potential to affect the one current resident 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). The findings include:</p> <p>Please refer to the additional documentation included in the Food and Beverage Establishment Inspection Reports, dated February 13, 2023.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 480		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide</p>	0 660		

Minnesota Department of Health

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0 660	<p>Continued From page 4</p> <p>technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). The licensee failed to ensure screening for active TB (either a two-step tuberculin skin test (TST) or blood test) were completed within the required timeframe and documented for two of four, (registered nurse (RN)-C and unlicensed person (ULP)-E) with employee records reviewed. This could effect all residents at the licensee's 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>Findings include:</p> <p>On February 13, 2023, at 10:25 a.m., during the entrance conference, director (D)-A confirmed knowledge of assisted living rules and regulations.</p> <p>On February 13, 2023, at 12:30 p.m., employee files were requested.</p>	0 660		

Minnesota Department of Health

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0 660	<p>Continued From page 5</p> <p>RN-C had a hire date of July 22, 2022. RN-C's Tb screening completed July 22, 2022, and Tb QuantiFERON Gold blood test result collected on March 10, 2022, was negative. More recent Tb screening closer to the time of hire, was not provided.</p> <p>ULP-E had a hire date of August 10, 2022. ULP-E's Tb screening completed August 11, 2022. TST placement on August 11, 2022, with a negative result on August 14, 2022. A second TST was not provided.</p> <p>Licensee policy titled Tuberculosis Prevention and Control, undated, indicated the facility will, at no cost to the employee, offer Tb Mantoux skin test or a blood test at the time of employment and as indicated in situations of Tb exposure. Employees who can show evidence of a negative Mantoux within three (3) months prior to hire date may use that test as step one of two step test at the time of employment. Employees who have documentation of a negative blood test or a negative chest x-ray within three (3) months of employment do not need to have it repeated.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 660		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(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</p>	0 680		

Minnesota Department of Health

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0 680	<p>Continued From page 6</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure it completed a written emergency disaster plan with all required content and post the emergency plan prominently. This had the potential to affect all current residents receiving services under the assisted living license, staff, and visitors to 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>	0 680		

Minnesota Department of Health

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0 680	<p>Continued From page 7</p> <p>The facility was licensed as an assisted living facility.</p> <p>On February 14, 2023, at 9:00 a.m., the licensee's emergency preparedness (EP) Plan was reviewed. Required content was missing from the plan.</p> <ul style="list-style-type: none"> - Coordination or contracts with other facilities in an event of evacuation, major incident, or cessation of operations to maintain the continuity of services to residents. - Names of resident and emergency contacts for emergency personnel. - EP binder was not labeled or readily identifiable for staff, visitors, or emergency personnel. - Identify which staff would assume specific roles in another 's absence through succession planning and delegation of authority. - On-duty staff and sheltered residents that need to be relocated, name and location of the receiving facility or other location was not identified. - Responsibilities of staff members and what role they would conduct in the event of an emergency. - Evidence that emergency drills that reflect the risk assessment have been conducted. <p>On February 14, 2023, at 12:00 p.m., director (D)-A verified the EP plan was missing the required content.</p> <p>An emergency preparedness plan policy was not provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 680		

Minnesota Department of Health

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0 790	Continued From page 8	0 790		
0 790 SS=F	<p>144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment</p> <p>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;</p> <p>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed provide adequately rated portable fire extinguishers as required for the facility and failed to maintain fire extinguishers in accordance with MN State Fire Code as required by MN Statute 144G.45 Subd.2 (a)(2). This had the potential to affect all 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>Findings include:</p>	0 790		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER PIONEER HOME CARE LIMITED	STREET ADDRESS, CITY, STATE, ZIP CODE 5109 WEST OLD SHAKOPEE ROAD BLOOMINGTON, MN 55437
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0 790	<p>Continued From page 9</p> <p>On February 13, 2023, at approximately 10:00 a.m., survey staff toured the facility with the Director (OWNER)-A and Assisted Living Director (LALD)-B.</p> <p>It was observed that the fire extinguisher did not have an annual service tag showing that it had been inspected as required by MN State Fire Code and lacked records to show the required monthly visual inspections were performed for portable fire extinguishers.</p> <p>This deficient condition was verified by OWNER-A and LALD-B accompanying on the facility tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 790		
0 820 SS=I	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by:</p>	0 820		

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0 820	<p>Continued From page 10</p> <p>Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all residents and staff.</p> <p>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).</p> <p>The findings include:</p> <p>EGRESS WINDOW WITH RESIDENT On February 13, 2023, at approximately 1:00 p.m., survey staff toured the facility with the Director (OWNER)-A and Assisted Living Director (LALD)-B. During the facility tour, it was observed that resident bedroom #1 in the basement did not have windows that met the minimum size requirements for egress escape. The resident sleeping rooms were occupied by residents. The clear openable area of the opened windows measured 14 ½ inches in height and 35 inches in width and did not meet the minimum required opening for existing sleeping rooms of 648 square inches.</p> <p>This deficient condition was verified by OWNER-A and LALD-B accompanying on the facility tour.</p> <p>EGRESS WINDOW WITHOUT RESIDENT On February 13, 2023, at approximately 10:00 a.m., survey staff toured the facility with the Director (OWNER)-A and Assisted Living Director</p>	0 820		

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0 820	Continued From page 11 (LALD)-B. During the facility tour, it was observed that bedroom #5 in the basement did not have windows that met the minimum size requirements for egress escape. The sleeping rooms were not occupied by residents. The clear openable area of the opened windows measured 14 ½ inches in height and 39 inches in width and did not meet the minimum required opening for existing sleeping rooms of 648 square inches. The window sill height from the floor was measured at 52 inches and did not meet the maximum required height of 48 inches. This deficient condition was verified by OWNER-A and LALD-B accompanying on the facility tour. TIME PERIOD FOR CORRECTION: IMMEDIATE	0 820		
0 970 SS=F	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 facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.	0 970		

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0 970	<p>Continued From page 12</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>The facility was licensed as an assisted living facility.</p> <p>Review of R1's contract dated August 1, 2022, page ten (10) Provisions Related To Liability, indicated the facility was not responsible for any damage or injury suffered by the resident, the resident's property, guests that was not caused by the facility, or acts by a third party.</p> <p>On February 14, 2023, at 12:00 p.m., the director acknowledged the verbiage in the contract.</p> <p>A policy was not provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 970		
01440 SS=F	<p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being</p>	01440		

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01440	<p>Continued From page 13</p> <p>performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for two of two employees (director (D)-A and unlicensed personnel (ULP)-E) with records reviewed. This may impact all resident's receiving cares at the licensee's 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>	01440		

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01440	<p>Continued From page 14</p> <p>The findings include:</p> <p>R1 was admitted as the first resident to the facility on August 1, 2022.</p> <p>On February 13, 2023, at 10:25 a.m., during the entrance conference, D-A confirmed he was the director, the owner and directly cared for residents which included passing medications.</p> <p>February 13, 2023, R1's Medication Administration Record was requested and indicated D-A had administered medication on multiple occasions to R1.</p> <p>February 13, 2023, ULP-E 's employee file was requested. The employees' record lacked evidence the RN conducted direct supervision of the employee performing a delegated task within 30 days the employee had first performed the delegated task for residents.</p> <p>On February 14, 2023, at 8:30 a.m., D-A was observed to administer medications to R1.</p> <p>On February 14, 2023, at 11:00 a.m., employee file for D-A was requested. D-A's employee file did not contain evidence of a supervision for passing medications within 30 days performed by an RN.</p> <p>On February 14, 2023, at approximately 11:10 a.m. via telephone interview, RN-C verified both D-A and ULP-E pass medications and stated the supervision of staff performing a delegated task had been completed for D-A and ULP-E, but not signed and documented in the employee records as required.</p>	01440		

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01440	Continued From page 15 The licensee's Supervision of Staff - Delegated Services policy, undated, noted direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for Pioneer Home Care LLC and first performs delegated tasks for residents and thereafter based on performance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01440		
01540 SS=F	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff completed and documented the required amount of dementia	01540		

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01540	<p>Continued From page 16</p> <p>care training in the required period for two of two, (registered nurse (RN)-C, unlicensed personnel (ULP)-D) employees records reviewed. This had the potential to affect all residents with dementia at the licensee's 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>On February 13, 2023, at 12:30 p.m., employee files were requested. The dementia training tracking form did not indicate the number of hours the dementia training modules covered.</p> <p>RN-C had a hire date of July 22, 2022. RN-C ' s dementia training tracking form did not indicate if RN-C met the requirements for dementia training.</p> <p>ULP-D had a hire date of August 10, 2022. ULP-D ' s dementia training tracking form did not indicate if ULP-D met the requirements for dementia training.</p> <p>On February 14, 2023, at 11:55 a.m., director (D)-A stated all employees have received the required dementia training but acknowledged the number of hours were not specified on the tracking form.</p> <p>The licensee's Dementia Education policy dated</p>	01540		

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01540	Continued From page 17 August 1, 2021, indicated supervisors of direct care staff will have at least eight (8) hours of initial education within 120 working hours and two (2) hours annually. Direct care employees must have completed at least eight (8) hours of initial education within 160 working hours of employment start date and two (2) hours annually thereafter. Employees will not provide direct care until the initial education is complete. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01540		
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01610		

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01610	<p>Continued From page 18</p> <p>licensee failed to ensure a registered nurse (RN) conducted an initial assessment prior to admission for one of one resident (R1) as required, with records 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, 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).</p> <p>Findings Include:</p> <p>R1 was admitted for services on August 1, 2022.</p> <p>R1's diagnoses included back pain, congestive heart failure, depression, anxiety, alcohol use, and cognitive impairment.</p> <p>R1 ' s contract was signed and dated August 1, 2022.</p> <p>R1's individual abuse prevention plan dated November 12, 2022, indicated R1 received services which included cueing with activities of daily living, medication administration management, shopping, transportation, and housekeeping.</p> <p>R1's record lacked an initial assessment.</p> <p>On February 14, 2023, at 11:10 a.m., RN-C stated that she did not complete an initial assessment for R1 prior to his admission date.</p> <p>The licensee's Nursing Assessment and</p>	01610		

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01610	Continued From page 19 Reassessment of Residents policy undated, indicated the facility will conduct a nursing assessment prior to the date on which a resident executes a contract with the facility or move in date, whichever is earlier. The assessment completed by an RN and will assess the physical and cognitive needs of the prospective resident and propose a temporary service plan. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01610		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were properly secured so only authorized personnel had access. 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:	01880		

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01880	<p>Continued From page 20</p> <p>On February 13, 2023, at 1:45 p.m., the surveyor observed a set of keys and lanyard in the keyhole of the medication closet door with no staff member present. The surveyor opened the door with the keys in keyhole without any problem. Resident (R1) was in the nearby kitchen preparing lunch.</p> <p>On February 13, 2023, at 1:54 p.m., surveyors continued to observe the keys in the medications closet door unattended.</p> <p>On February 13, 2023, at 1:55 p.m., D-A removed the keys from the medication closet door and confirmed they were his keys.</p> <p>On February 24, 2023, during the exit conference, D-A stated leaving the keys in the medication door lock occurred because he was distracted, and it was a bad mistake.</p> <p>The licensee's "Storage/Control of Medications" policy dated August 1, 2021, indicated all prescription drugs would be securely locked in substantially constructed compartments and only authorized personnel would have access to the stored medications.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	01880		

Type: Full
Date: 02/13/23
Time: 11:00:00
Report: 8041231029

Food and Beverage Establishment Inspection Report

Page 1

Location:

Pioneer Home Care Limited
5109 West Old Shakopee
Road
Bloomington, MN55420
Hennepin County, 27

Establishment Info:

ID #: N041101
Risk:
Announced Inspection: No

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.

5-200C Plumbing: Maintenance, fixture location

5-205.11AB **** Priority 2 ****

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

THE HAND SINK WAS BEING USED FOR FOOD PREPARATION (THAWING) AT TIME OF INSPECTION. CORRECTED ON SITE.

Comply By: 02/13/23

6-300 Physical Facility Numbers and Capacities

6-301.11 **** Priority 2 ****

MN Rule 4626.1440 Provide an adequate supply of hand soap at each handwashing sink or group of 2 adjacent handwashing sinks.

NO HAND SOAP AT THE HAND SINK. HAND SOAP PROVIDED DURING INSPECTION.

Comply By: 02/13/23

6-300 Physical Facility Numbers and Capacities

6-301.12 **** Priority 2 ****

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

NO PAPER TOWELS AT THE KITCHEN HAND SINK.

Comply By: 02/13/23

Type: Full
Date: 02/13/23
Time: 11:00:00
Report: 8041231029
Pioneer Home Care Limited

Food and Beverage Establishment Inspection Report

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
ESTABLISHMENT DOES NOT HAVE A CFPM. STAFF HAVE TAKEN A FOOD SAFETY CLASS.
SUBMIT CFPM APPLICATION TO MDH.

Comply By: 02/13/23

3-500A Microbial Control: cooling

3-501.13ABC

MN Rule 4626.0380ABC Thaw TCS food by one of the following methods: 1. under mechanical refrigeration that maintains the food temperature at 41 degrees F (4 degrees C) or less; 2. completely submerged under running water at 70 degrees F (21 degrees C) or less with a velocity to remove loose particles on an overflow and the food is maintained at 41 degrees F (5 degrees C) or less; 3. in a microwave oven or; 4. as part of the cooking process.

FOOD THAWING IN STANDING WATER IN THE HAND SINK AT TIME OF INSPECTION.
DISCUSSED THAWING FOOD IN THE REFRIGERATOR OR MICROWAVE AS FACILITY DOES NOT HAVE A FOOD PREP SINK.

Comply By: 02/13/23

5-200A Plumbing: approved materials/design

5-201.11B

MN Rule 4626.1040B Maintain the plumbing system in good repair.
THE HANDLE FOR THE COLD WATER AT THE KITCHEN HAND SINK IS BROKEN.

Comply By: 02/23/23

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

Inspection was completed with Suleman Nebi (Owner) and Idris Abdi (Director). The lead Health Regulation Division Nurse Evaluator, Christine Bluhm was also on site completing site survey. Facility had one resident on site at time of inspection.

This establishment has a residential kitchen. Food must be prepared for same day service only. The kitchen has wood cabinets with a hollow base and a solid surface counter top and vinyl tile flooring. All found to be in good condition.

A single basin sink is located in the kitchen that must be used for handwashing only. Frigidaire (NSF-residential) dish machine has a sanitizing cycle option. Verify the dish machine has a utensil surface temperature of at least 160 Deg. F for sanitizing using provided temperature strips or thermometer.

Discussed the following:

- Employee illness policy and log
- Handwashing
- Glove-use and bare hand contact
- Date marking
- Proper thawing methods

Type: Full
Date: 02/13/23
Time: 11:00:00
Report: 8041231029
Pioneer Home Care Limited

Food and Beverage Establishment Inspection Report

- CFPM requirement
- Employee food storage
- Restrictions concerning serving a highly susceptible population

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 8041231029 of 02/13/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Suleman Nebi
Owner

Signed:  _____

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