



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery

October 4, 2024

Licensee

Estherra Care LLC

4224 Winchester Lane

Brooklyn Park, MN 55429

RE: License Number 412309

Health Facility Identification Number (HFID) 39860

Project Number(s) SL39860015

Dear Licensee:

On August 27, 2024, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed August 27, 2024. The follow-up survey found the facility to be in compliance. Based on these findings, the condition(s) on the license were removed effective August 27, 2024.

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 'Rick Michals'.

Rick Michals, J.D.

Executive Regional Operations Manager

Health Regulation Division

85 East Seventh Place, Suite 220

P.O. Box 64970

St. Paul, MN 55164-0970

Telephone: 651-201-4181 Fax: 651-215-9697

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

July 3, 2024

Licensee
Estherra Care LLC
4224 Winchester Lane
Brooklyn Park, MN 55429

RE: Conditional License Number 412309
Health Facility Identification Number (HFID) 39860
Project Number(s) SL39860015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 5, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.20, MDH is issuing a 90-day conditional license due to expire on **October 1, 2024**.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state 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 may be 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is \$6,000.00. **MDH is not imposing these fines against your license at this time.**

St - 0 - 0180 - 144g.16 Subd. 2 - Initial Survey - \$3,000.00

St - 0 - 0820 - 144g.45 Subd. 2 (g) - Fire Protection And Physical Environment - \$3,000.00

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 and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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.

A state correction 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.

To submit a reconsideration request, please visit:

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

CONDITIONAL LICENSE ISSUED:

MDH will issue Estherra Care LLC 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 survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Estherra Care LLC is in substantial compliance.

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

- a. **Health Facility Construction Permit:** Estherra Care LLC, will contact The Minnesota Department of Labor and Industry (MNDLI) or City with delegated authority to review and inspect State Licensed Facilities in accordance with Minn. Stat. § 326B.103, Subd. 13 and obtain a construction permit for a health facility. Within 21-days from the date of this notice, Estherra Care LLC, will provide MDH with a copy of the permit obtained from MNDLI or City with delegated authority.
- b. **General Contractor:** Estherra Care LLC must provide the following to Tim Hanna (Tim.Hanna@state.mn.us) via email within 21-days of the date of this notice:
 - i. Name
 - ii. License Number
 - iii. Contact Information
- c. **Egress Window Requirements:** Estherra Care LLC will replace at least one window in occupied resident sleeping rooms #1, meeting the minimum size requirements.
 - i. Must have a minimum openable width of no less than 20 inches
 - ii. Must have a minimum openable height of no less than 20 inches
 - iii. Must have a total openable area of no less than 648 square inches (4.5 square feet)
 - iv. Must have a windowsill height of no more than 48 inches from the floor to the clear opening
 - v. All measurements must be achieved under normal operation of opening window without the use of a key, tool or special knowledge

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

MDH will determine if Estherra Care LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Estherra Care LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Estherra Care LLC's assisted living facility license, and Estherra Care LLC will correct any outstanding violations identified during the survey. If Estherra Care LLC is not in

substantial compliance on the follow-up survey, MDH may take additional enforcement action, up to and including immediate temporary suspension and revocation, as authorized by Minn. Stat. § 144G.20.

REQUESTING A HEARING:

Pursuant to Minn. Stat. §144G.20, Subd. 18, the licensee may appeal an action against the license under this section. The licensee must request a hearing no later than 15 business days after licensee receives notice of the action. To submit a hearing request, please visit <https://forms.web.health.state.mn.us/form/HRD-Appeals-Form>.

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 Tim Hanna directly at: 507-208-8982 .

Sincerely,

A handwritten signature in black ink that reads "Rick Michals". The signature is written in a cursive, flowing style.

Rick Michals, J.D.

Interim Assistant Division Director

**Minnesota Department of Health
Health Regulation Division**

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39860	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER ESTHERRA CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4224 WINCHESTER LANE BROOKLYN PARK, MN 55429			
(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>SL39860015-0</p> <p>On June 3, 2024, through June 5, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents all of whom received services under the provider's provisional Assisted Living Facility license.</p> <p>An immediate correction order was identified on June 04, 2024, issued for SL39860015-0, tag identification 0820.</p> <p>On June 05, 2024, the immediacy of correction order 0820 was removed, however non-compliance remained at a scope and level of G.</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>		
0 180 SS=I	144G.16 Subd. 2 Initial survey	0 180			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 180	<p>Continued From page 1</p> <p>(a) During the provisional license period, the commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident.</p> <p>(b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner.</p> <p>(c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply.</p> <p>(d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within two days of starting services. This had the potential to affect all residents residing at the assisted living facility.</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</p>	0 180			

Minnesota Department of Health

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0 180	Continued From page 2 has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee was issued their Provisional Assisted Living Facility license on May 19, 2023. R2 was admitted and began receiving assisted living services on August 23, 2023. The licensee notified the Minnesota Department of Health (MDH) of providing services August 30, 2023. The licensee failed to provide notice to MDH within two (2) days when licensee first started providing assisted living services. On May 5, 2024, at 8:50 a.m., licensed assisted living director (LALD)-B stated licensee was aware of the two-day notification period requirement but they forgot to send the notice in time. No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 180			
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	0 680			

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0 680	<p>Continued From page 3</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness (EP) plan with all the required content as defined in Appendix Z. This had the potential to affect all 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>	0 680			

Minnesota Department of Health

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0 680	<p>Continued From page 4</p> <p>The licensee's Emergency Disaster Preparedness Plan (EPP) dated August 1, 2021, lacked evidence of the following required content:</p> <ul style="list-style-type: none">- EP program patient population;- development of EP policies and procedures;- subsistence needs for staff and patients;- policies and procedures for sheltering;- policies and procedures for medical documents;- policies and procedures for volunteers;- roles under a waiver declared by secretary;- primary/alternate means for communication;- methods for sharing information;- sharing information on occupancy/needs;- LTC family notifications; and- emergency prep testing requirements. <p>On June 5, 2024, at 10:00 a.m., licensed assisted living director (LALD)-B stated the licensee was in the process of updating their EPP and the process was not yet completed.</p> <p>The licensee's Emergency Disaster Preparedness Plan (EPP) policy indicated the licensee will have EPP in place at all times to ensure the safety of all residents, staff, and visitors.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680			
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <p>(1) location and number of resident sleeping</p>	0 810			

Minnesota Department of Health

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0 810	<p>Continued From page 5</p> <p>rooms;</p> <p>(2) employee actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to provide required employee and resident training on fire safety and evacuation, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors.</p>	0 810			

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0 810	<p>Continued From page 6</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>A record review and interview were conducted on June 04, 2024, at 3:15 p.m. with licensed assisted living director (LALD)-B on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.</p> <p>Record review of the FSEP (fire safety evacuation plan) included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (rescue, alarm, confine, extinguish and evacuate). Also, the FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency.</p> <p>During an interview on June 4, 2024, at 3:22 p.m., LALD-B stated they had not had an opportunity to update the policy to make it site specific. The policy reviewed was a generic policy from another resource.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810			

Minnesota Department of Health

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0 820 SS=G	<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: Based on observation and interview, the licensee failed to provide a properly sized egress window for a resident room that did not create a distinct hazard for residents. This had the potential to directly affect a portion of the 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 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>On June 04, 2024, at 3:12 p.m., survey staff conducted a facility tour with licensed assisted</p>	0 820	This immediate correction order identified on June 04, 2024, has had the immediacy lifted as of June 5, 2024, however non-compliance remained a scope and level of G.		

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0 820	Continued From page 8 living director (LALD)-B. During facility tour, survey staff observed and verified egress window measurement of the openable area to be 44" high x 18" wide for a total of 792 square inches in occupied resident room #1. Egress windows in existing facilities must have a minimum opening dimension of 648 square inches with an opening height and width dimension of no less than 20". TIME PERIOD FOR CORRECTION: Immediate	0 820			
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy	01940			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39860	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER ESTHERRA CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 4224 WINCHESTER LANE BROOKLYN PARK, MN 55429		
(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
01940	<p>Continued From page 9</p> <p>received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement an individual treatment or therapy management plan (ITTMP) to include all required content for one of one resident (R1) who received treatments.</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>The findings include:</p> <p>R1 was admitted to the licensee on September 5, 2024.</p> <p>R1's diagnoses included chronic obstructive pulmonary disease (COPD), bipolar disorder, and oxygen dependent.</p> <p>R1's Service Plan (Waiver) - Addendum to Contract dated October 1, 2023, indicated R1 received the following services oxygen management, medication administration, respiratory equipment care, and behavior</p>	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39860	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER ESTHERRA CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4224 WINCHESTER LANE BROOKLYN PARK, MN 55429			
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01940	<p>Continued From page 10</p> <p>management.</p> <p>R1's provider orders signed and dated April 25, 2024, indicated R1 used trilogy therapy during nap and sleeping. Also, indicated ensure to monitor the machine worked appropriately and the mask on R1's face was sealed completely during sleeping.</p> <p>R1's record lacked an ITTMP to include the following content:</p> <ul style="list-style-type: none">- a statement of the type of services that will be provided;- documentation of specific resident instructions relating to the treatments or therapy administration;- identification of treatment or therapy tasks that will be delegated to unlicensed personnel;- procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and- any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. <p>On June 5, 2024, at 10:45 a.m., clinical nurse supervisor (CNS)-A stated the licensee had received the trilogy therapy order not too long ago, hence they had not started documenting on the therapy or included it in the resident record.</p> <p>The licensee's Medication and Treatments-Treatment & Therapy Management Plan policy dated June 1, 2021, indicated for each resident receiving management of ordered or prescribed treatments or therapy services, the facility will</p>	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39860	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER ESTHERRA CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 4224 WINCHESTER LANE BROOKLYN PARK, MN 55429		
(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
01940	<p>Continued From page 11</p> <p>prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The policy also included all the required content for ITTMP.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01940			



Minnesota Department of Health

625 Robert Street North
St Paul
651-201-4500

Type: Full
Date: 06/04/24
Time: 16:03:17
Report: 7994241122

Food and Beverage Establishment Inspection Report

Page 1

Location:

Estherra Care
4224 Winchester LN
Brooklyn Center, MN55429
Hennepin County, 27

Establishment Info:

ID #: N060720
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

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.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) **** Priority 1 ****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

RAW EGGS FOUND OVER READY TO EAT FOODS IN THE FRIDGE.

Comply By: 06/04/24

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

INSPECTION CONDUCTED IN THE PRESENCE OF HRD STAFF AND FINDINGS SHARED AT THE END OF INSPECTION.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE

Type: Full
Date: 06/04/24
Time: 16:03:17
Report: 7994241122
Estherra Care

Food and Beverage Establishment Inspection Report

Page 2

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 7994241122 of 06/04/24.

Certified Food Protection Manager Esther Wako

Certification Number: 114108 Expires: 12/06/25


Inspection report reviewed with person in charge and emailed.

Signed: _____

Establishment Representative

Signed: 

Crystal Elva
Public Health Sanitarian 3
St Paul
651-201-3981
Crystal.Elva@state.mn.us

Report #: 7994241122		Food Establishment Inspection Report					
	Minnesota Department of Health		No. of RF/PHI Categories Out		1	Date 06/04/24	
	625 Robert Street North St Paul		No. of Repeat RF/PHI Categories Out		0	Time In 16:03:17	
			Legal Authority MN Rules Chapter 4626		Time Out		
Estherra Care		Address 4224 Winchester LN		City/State Brooklyn Center, MN		Zip Code 55429	
Telephone		License/Permit # N060720		Permit Holder		Purpose of Inspection Full	
Est Type		Risk Category					
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item							
Mark "X" in appropriate box for COS and/or R							
IN= in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS=corrected on-site during inspection R= repeat violation							
Compliance Status				COS		R	
Supervision							
1	IN	OUT	PIC knowledgeable; duties & oversight				
2	IN	OUT	N/A	Certified food protection manager, duties			
Employee Health							
3	IN	OUT	Mgmt/Staff;knowledge,responsibilities&reporting				
4	IN	OUT	Proper use of reporting, restriction & exclusion				
5	IN	OUT	Procedures for responding to vomiting & diarrheal events				
Good Hygienic Practices							
6	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use			
7	IN	OUT	N/O	No discharge from eyes, nose, & mouth			
Preventing Contamination by Hands							
8	IN	OUT	N/O	Hands clean & properly washed			
9	IN	OUT	N/A	N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10	IN	OUT		Adequate handwashing sinks supplied/accessible			
Approved Source							
11	IN	OUT		Food obtained from approved source			
12	IN	OUT	N/A	N/O	Food received at proper temperature		
13	IN	OUT		Food in good condition, safe, & unadulterated			
14	IN	OUT	N/A	N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination							
15	IN	OUT	N/A	N/O	Food separated and protected		
16	IN	OUT	N/A		Food contact surfaces: cleaned & sanitized		
17	IN	OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food		
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R= repeat violation							
				COS		R	
Safe Food and Water							
30	IN	OUT	N/A	Pasteurized eggs used where required			
31				Water & ice obtained from an approved source			
32	IN	OUT	N/A	Variance obtained for specialized processing methods			
Food Temperature Control							
33				Proper cooling methods used; adequate equipment for temperature control			
34	IN	OUT	N/A	N/O	Plant food properly cooked for hot holding		
35	IN	OUT	N/A	N/O	Approved thawing methods used		
36				Thermometers provided & accurate			
Food Identification							
37				Food properly labeled; original container			
Prevention of Food Contamination							
38				Insects, rodents, & animals not present			
39				Contamination prevented during food prep, storage & display			
40				Personal cleanliness			
41				Wiping cloths: properly used & stored			
42				Washing fruits & vegetables			
Proper Use of Utensils							
43				In-use utensils: properly stored			
44				Utensils, equipment & linens: properly stored, dried, & handled			
45				Single-use/single service articles: properly stored & used			
46				Gloves used properly			
Utensil Equipment and Vending							
47				Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48				Warewashing facilities: installed, maintained, & used; test strips			
49				Non-food contact surfaces clean			
Physical Facilities							
50				Hot & cold water available; adequate pressure			
51				Plumbing installed; proper backflow devices			
52				Sewage & waste water properly disposed			
53				Toilet facilities: properly constructed, supplied, & cleaned			
54				Garbage & refuse properly disposed; facilities maintained			
55				Physical facilities installed, maintained, & clean			
56				Adequate ventilation & lighting; designated areas used			
57				Compliance with MCIAA			
58				Compliance with licensing & plan review			
Food Recalls:							
Person in Charge (Signature)							
Date: 06/07/24							
Inspector (Signature)				