



# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL253722542C

**Date Concluded:** August 9, 2024

**Name, Address, and County of Facility**

**Investigated:**

Restart Inc  
4525 Aldrich Avenue South  
Minneapolis, Minnesota 55419  
Hennepin County

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:** Nicole Myslicki, RN  
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/15/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>RESTART INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4525 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55419</b>			
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p><b>#HL253722542C</b></p> <p>On July 15, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 9 residents receiving services under the provider's Assisted Living license.</p> <p>The following correction orders are issued for <b>#HL253722542C</b>, tag identification 0650, 1330 1500.</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>		
0 650 SS=F	<p><b>144G.42 Subd. 8 Employee records</b></p> <p>(a) The facility must maintain current records of</p>	0 650			

Minnesota Department of Health

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

TITLE

(X6) DATE



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0 650	<p>Continued From page 1</p> <p>each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to ensure personnel records contained all required content for three of three employees (unlicensed personnel (ULP)-D, ULP-E, program manager (PM)-F).</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>	0 650			

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0 650	<p>Continued From page 2</p> <p>The findings include:</p> <p>ULP-D began employment at the licensee August 14, 1998. ULP-D's personnel record failed to include evidence of an annual performance evaluation due August 2023 and completed orientation.</p> <p>ULP-E began employment at the licensee November 13, 2023. ULP-E's personnel record failed to include evidence of completed orientation, training, and background study clearance.</p> <p>PM-F began employment at the licensee January 10, 2024. PM-F's personnel record failed to include a job position and evidence of completed orientation.</p> <p>During an interview on July 15, 2024, at 1:12 p.m., ULP-E stated he completed training and orientation upon hire.</p> <p>During an interview on July 15, 2024, at 1:40 p.m., director of operations (DO)-C stated new employees completed onboarding, training, and going over policies at the corporate office. After that, the new employees completed site-specific training at the licensee. Additionally, the registered nurse reviewed and signed off on the delegated tasks new employees would be completing.</p> <p>The facility-provided policy Personnel Records, dated August 1, 2021, indicated these records would be kept up-to-date and comply with the assisted living law. Additionally, this policy indicated the personnel record would include record of orientation, record of all required</p>	0 650			



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0 650	Continued From page 3  training, competency evaluations, evidence of a completed background study, performance evaluations, and current job description.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650			
01330 SS=F	<b>144G.60 Subd. 4 (b) Unlicensed personnel</b>  (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure three of three employees (unlicensed personnel (ULP)-D, ULP-E, program manager (PM)-F) completed all required training and competency evaluations upon hire.	01330			

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01330	<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 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>ULP-D began employment at the licensee August 14, 1998. ULP-D's record lacked evidence of training on the following topics:</p> <ul style="list-style-type: none"><li>-Reports of changes in resident's condition to the supervisor designated by the facility</li><li>-Maintenance of a clean and safe environment</li><li>-Appropriate and safe techniques in personal hygiene and grooming, including hair care and bathing, care of teeth, gums, and oral prosthetic devices, care and use of hearing aids, and dressing and assisting with toileting</li><li>-Training on prevention of falls</li><li>-Standby assistance techniques and how to perform them</li><li>-Medication, exercise, and treatment reminders</li><li>-Preparation of modified diets as ordered by a licensed health professional</li><li>-Communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family</li><li>-Awareness of commonly used health technology equipment and assistive devices</li><li>-Basic knowledge of body functioning and changes in body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate</li></ul>	01330			



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01330	<p>Continued From page 5</p> <p>personnel</p> <ul style="list-style-type: none"><li>-Recognizing physical, emotional, cognitive, and developmental needs of the resident</li><li>-Safe transfer techniques and ambulation</li><li>-Administering medication or treatments as required</li></ul> <p>ULP-D's record lacked evidence of successfully completing written tests on the following topics:</p> <ul style="list-style-type: none"><li>-Documentation requirements for all services provided</li><li>-Reports of changes in the resident's condition to the supervisor designated by the facility</li><li>-Maintenance of a clean and safe environment</li><li>-Medication, exercise, and treatment reminders</li><li>-Preparation of modified diets as ordered by a licensed health professional</li><li>-Awareness of confidentiality and privacy</li><li>-Understanding appropriate boundaries between staff and residents and the resident's family</li><li>-Awareness of commonly used health technology equipment and assistive devices</li><li>-Basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel</li><li>-Recognizing physical, emotional, cognitive, and developmental needs of the resident</li></ul> <p>ULP-D's record also lacked evidence of successfully passing competency evaluations on all required topics.</p> <p>ULP-E began employment at the licensee November 13, 2023. ULP-E's record lacked evidence of training on all required topics except</p>	01330			

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01330	<p>Continued From page 6</p> <p>reading and recording temperature, pulse, and respirations.</p> <p>ULP-E's record lacked evidence of successfully completing written tests on the following topics:</p> <ul style="list-style-type: none"><li>-Documentation requirements for all services provided</li><li>-Reports of changes in the resident's condition to the supervisor designated by the facility</li><li>-Maintenance of a clean and safe environment</li><li>-Training on the prevention of falls</li><li>-Medication, exercise, and treatment reminders</li><li>-Preparation of modified diets as ordered by a licensed health professional</li><li>-Communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family</li><li>-Awareness of commonly used health technology equipment and assistive devices</li><li>-Basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel</li><li>-Recognizing physical, emotional, cognitive, and developmental needs of the resident</li></ul> <p>ULP-E's record also lacked evidence of successfully passing competency evaluations on all required topics.</p> <p>PM-F began employment at the licensee January 10, 2024. PM-F's record lacked evidence of training on all required topics.</p> <p>PM-F's record lacked evidence of successfully completing written tests on the following topics:</p>	01330			



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01330	<p>Continued From page 7</p> <ul style="list-style-type: none"><li>-Documentation requirements for all services provided</li><li>-Reports of changes in the resident's condition to the supervisor designated by the facility</li><li>-Maintenance of a clean and safe environment</li><li>-Training on the prevention of falls</li><li>-Medication, exercise, and treatment reminders</li><li>-Preparation of modified diets as ordered by a licensed health professional</li><li>-Communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family</li><li>-Awareness of commonly used health technology equipment and assistive devices</li><li>-Basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel</li><li>-Recognizing physical, emotional, cognitive, and developmental needs of the resident</li></ul> <p>PM-F's record also lacked evidence of successfully passing competency evaluations on all required topics.</p> <p>During an interview on July 15, 2024, at 1:40 p.m., director of operations (DO)-C stated newly hired employees were to complete training at the office with HR before going to the licensee for site-specific training. The registered nurse (RN) reviewed and signed off on delegated nursing tasks.</p> <p>During an interview on July 15, 2024, at 2:31 p.m., DO-C stated every employee should have had training completed.</p>	01330			

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01330	Continued From page 8  The licensee failed to provide a policy related to the required training and competency evaluations for newly hired employees.  The licensee-provided policy titled Training Unlicensed Personnel for Medication, Treatment, and Therapy Administration, dated August 1, 2021, indicated before the RN delegated the task of assistance with medication administration, treatment, and therapy, the RN would instruct the ULPs on performing these tasks and determine the ULPs as competent to perform the tasks.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01330			
01500 SS=D	144G.63 Subd. 5 Required annual training  (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor	01500			



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01500	<p>Continued From page 9</p> <p>blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	01500			

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01500	<p>Continued From page 10</p> <p>licensee failed to ensure one of three employees (unlicensed personnel (ULP)-D) completed all required annual training.</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>ULP-D began employment at the licensee August 14, 1998. ULP-D's training records indicated ULP-D completed annual training December 1, 2022, through December 7, 2022.</p> <p>ULP-D's training records indicated ULP-D did not complete annual training due August 2023, including:</p> <ul style="list-style-type: none"><li>-Review of assisted living bill of rights and related staff responsibilities</li><li>-Infection control techniques</li><li>-Effective approaches to use to problem solve when working with a resident's challenging behaviors, and communication with residents who have dementia or related disorders</li><li>-Review of the facility's policies and procedures</li><li>-Principles of person-centered planning and service delivery</li></ul> <p>During an interview on July 15, 2024, at 1:40 p.m., director of operations (DO)-C identified herself and the site managers as responsible for going through and scheduling annual training for staff.</p>	01500			



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01500	<p>Continued From page 11</p> <p>The licensee-provided policy Assisted Living Annual Training, dated August 1, 2021, indicated all employees would complete eight hours of annual training for each 12 months of employment, to keep knowledge and skills current. Employees were to complete annual training on required topics including infection control techniques, assisted living bill of rights and staff responsibility, effective approaches for problem solving with challenging behaviors and communicating with residents with dementia and other related disorders, review of policies and procedures, principles of person-centered planning and service delivery.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01500			