



STATE LICENSING COMPLIANCE REPORT

Report #: HL253732543C

Date Concluded: August 14, 2024

Name, Address, and County of Facility

Investigated:

Restart Inc
614 8th Street Southeast
Minneapolis, Minnesota 55414
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: 25373	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2024
NAME OF PROVIDER OR SUPPLIER RESTART INC		STREET ADDRESS, CITY, STATE, ZIP CODE 614 8TH STREET SE MINNEAPOLIS, MN 55414		
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER CORRECTION ORDER</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>#HL253732543C</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 6 residents receiving services under the provider's Assisted Living license.</p> <p>The following correction orders are issued for #HL253732543C, tag identification 0650, 1330, 1500, 1530, 2310.</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	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of	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: 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 June 26, 2023. ULP-D's personnel record failed to include evidence of completed orientation, competency evaluations, and an annual performance review.</p> <p>ULP-E began employment at the licensee April 25, 2022. ULP-E's personnel record failed to include an annual performance evaluation due April 2024, job position, competency evaluations, and background study clearance letter.</p> <p>PM-F began employment at the licensee January 5, 2024. PM-F's personnel record failed to include a job position.</p> <p>During an interview on July 15, 2024, at 10:45 a.m., ULP-D stated she received new hire training with a nurse and other ULPs. ULP-D also stated she completed orientation when she first started.</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. The policy also indicated the personnel record would include evidence of completed orientation, required training,</p>	0 650		

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0 650	Continued From page 3 competency evaluations, completed background study, performance evaluations, and current job description. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
01330 SS=F	144G.60 Subd. 4 (b) Unlicensed personnel (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 June 26, 2023. ULP-D's record lacked evidence of training on the following required topics:</p> <ul style="list-style-type: none"> -Reports of changes in resident's condition to the supervisor designated by the facility -Maintenance of a clean and safe environment -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 -Training on prevention of falls -Standby assistance techniques and how to perform them -Medication, exercise, and treatment reminders -Preparation of modified diets as ordered by a licensed health professional -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 -Understanding appropriate boundaries between staff and residents and the resident's family -Awareness of commonly used health technology equipment and assistive devices -Observing, reporting, and documenting 	01330		

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01330	<p>Continued From page 5</p> <p>resident status</p> <ul style="list-style-type: none"> -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 personnel -Recognizing physical, emotional, cognitive, and developmental needs of the resident -Safe transfer techniques and ambulation -Range of motioning and positioning -Administering medication or treatments as required <p>ULP-D's record lacked evidence of successfully completing written tests on all required topics.</p> <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 April 25, 2022. ULP-E's record lacked evidence of training on the following required topics:</p> <ul style="list-style-type: none"> -Reports of changes in resident's condition to the supervisor designated by the facility -Medication, exercise, and treatment reminders -Preparation of modified diets as ordered by a licensed health professional -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 -Awareness of commonly used health technology equipment and assistive devices -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 personnel 	01330		

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01330	<p>Continued From page 6</p> <p>personnel</p> <p>-Recognizing physical, emotional, cognitive, and developmental needs of the resident</p> <p>ULP-E's record lacked evidence of successfully completing written tests on all required topics except understanding appropriate boundaries between staff and residents and the resident's family.</p> <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 5, 2024. PM-F's record lacked evidence of training on all required topics. PM-F's record lacked evidence of successfully completing written tests on the following required topics:</p> <ul style="list-style-type: none"> -Documentation requirements for all services provided -Reports of changes in the resident's condition to the supervisor designated by the facility -Preparation of modified diets as ordered by a licensed health professional -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 -Awareness of commonly used health technology equipment and assistive devices -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 personnel -Recognizing physical, emotional, cognitive, and developmental needs of the resident 	01330		

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01330	<p>Continued From page 7</p> <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> <p>The licensee failed to provide a policy related to the required training and competency evaluations for newly hired employees.</p> <p>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.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01330		
01500 SS=E	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	01500		

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01500	<p>Continued From page 8</p> <p>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:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(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 blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(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;</p> <p>(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</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(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:</p>	01500		

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01500	<p>Continued From page 9</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(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 licensee failed to ensure two of three employees (unlicensed personnel (ULP)-D, ULP-E) 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 a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>ULP-D began employment at the licensee June 26, 2023.</p> <p>ULP-D's training records indicated ULP-D did not complete annual training due June 2024, including:</p>	01500		

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01500	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Review of assisted living bill of rights and related staff responsibilities -Infection control techniques -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 -Review of the facility's policies and procedures -Principles of person-centered planning and service delivery <p>ULP-E began employment at the licensee April 25, 2022.</p> <p>ULP-E's training records indicated ULP-E did not complete required annual training due November 2023, including:</p> <ul style="list-style-type: none"> -Vulnerable adult maltreatment reporting -Review of assisted living bill of rights and related staff responsibilities -Infection control techniques -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 -Review of the facility's policies and procedures -Principles of person-centered planning and service delivery <p>During an interview on July 15, 2024, at 10:45 a.m., ULP-D stated she received no annual training besides training on vulnerable adults and maltreatment.</p> <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 vulnerable adult maltreatment reporting, 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		
02310 SS=D	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services for one of one residents (R1) acceptable to health care standards when they did not reach out to outside services to help manage his hoarding behavior.</p>	02310		

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02310	<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 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's diagnoses included a traumatic brain injury. R1's service plan dated July 15, 2024, included assistance with managing hoarding behavior twice daily, linen change one day per week, deep room clean one day per week, housekeeping daily, and garbage removal daily.</p> <p>R1's assisted living contract dated March 27, 2023, included the Assisted Living (AL) Bill of Rights (BOR). The AL BOR indicated residents had the right to care and services based on the resident's needs and according to accepted health care standards.</p> <p>R1's progress notes indicated R1 refused the following services:</p> <ul style="list-style-type: none"> -Housekeeping on June 1, 2024, June 5, 2024, June 20, 2024, June 27, 2024, June 28, 2024, June 29, 2024, June 30, 2024, July 3, 2024, July 4, 2024, July 5, 2024, July 9, 2024, July 10, 2024, July 11, 2024, July 12, 2024, July 13, 2024, and July 14, 2024. -Additional housekeeping of cleaning the litter box on June 16, 2024, June 20, 2024, June 28, 2024, June 30, 2024, July 2, 2024, July 10, 2024, and July 14, 2024. 	02310		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25373	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2024
NAME OF PROVIDER OR SUPPLIER RESTART INC		STREET ADDRESS, CITY, STATE, ZIP CODE 614 8TH STREET SE MINNEAPOLIS, MN 55414		
(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
02310	<p>Continued From page 13</p> <p>-Garbage removal on June 1, 2024, June 5, 2024, June 13, 2024, June 20, 2024, June 21, 2024, June 26, 2024, June 28, 2024, June 29, 2024, June 30, 2024, July 3, 2024, July 4, 2024, July 5, 2024, July 9, 2024, July 10, 2024, July 12, 2024, July 13, 2024, and July 14, 2024.</p> <p>-Laundry on June 13, 2024, June 27, 2024, July 4, 2024, and July 11, 2024.</p> <p>-Linen change on June 13, 2024, June 20, 2024, July 4, 2024, and July 11, 2024.</p> <p>-Deep room clean on June 6, 2024, June 13, 2024, June 20, 2024, June 27, 2024, July 4, 2024, and July 11, 2024.</p> <p>R1's progress notes did not indicate the licensee reached out to any of R1's providers, social worker, or case manager regarding the refusals and hoarding issue.</p> <p>During an observation on July 15, 2024, at 10:07 a.m., R1's bedroom had garbage piled up over the top of the garbage can and on the surrounding floor, a litter box full of cat feces and garbage, a dirty mattress without bed sheets hanging half-way off the bedframe onto the floor, and clutter and trash throughout the walking area of the room, including in front of the bedroom door.</p> <p>During an interview on July 15, 2024, at 10:14 a.m., housing manager (HM)-F stated R1 did not let her in to clean his room, and staff documented refusals. R1 had a psychiatrist, but the licensee staff did not reach out to inform them of the hoarding issue.</p> <p>During an interview on July 15, 2024, at 10:17</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25373	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2024
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02310	<p>Continued From page 14</p> <p>a.m., registered nurse (RN)-B stated they have not addressed R1's hoarding issue with psychiatry.</p> <p>During an interview on July 15, 2024, at 11:20 a.m., licensed assisted living director (LALD)-A stated she thought staff were doing better with R1's room. LALD-A identified R1's ability to organize as a significant impairment. R1's service plan included cat care and room cleaning, but he was his own responsible party and could decline services. Before the facility became licensed as assisted living, R1 had support outside of licensee staff but lost that when they became licensed. Then COVID occurred, and he lost all the progress he made prior.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) Days</p>	02310		