



# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL339253790C

**Date Concluded:** June 14, 2023

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

**Investigated:**

Guaranteed Home Health Care  
9118 Woodhall Crossing North  
Brooklyn Park, MN 55443  
Hennepin County

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

**Evaluator's Name:** Carol Moroney 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:  33925	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 06/12/2023
NAME OF PROVIDER OR SUPPLIER  GUARANTEED HOME HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9118 WOODHALL CROSSING NORTH BROOKLYN PARK, MN 55443			
(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 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>#HL339253790C</p> <p>On June 12, 2023, the Minnesota Department of Health initiated a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were four residents receiving services under the provider's Assisted Living facility.</p> <p>The following correction order is issued for #HL339253790C, tag identification 1060.</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 License Providers. 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 surveyors' 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 subd. 1, 2, and 3.</p>		
01060 SS=D	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a</p>	01060			

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

TITLE

(X6) DATE

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01060	Continued From page 1  resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process	01060			

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01060	<p>Continued From page 2</p> <p>in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation for one of one resident (R1) 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>The findings include:</p> <p>R1's medical record was reviewed. R1's service plan dated August 23, 2021, indicated R1 received the following services: medication administration, meals, transferring, wheelchair wheeling assistance, assistance with bathing, toileting, dressing, grooming, housekeeping, and laundry.</p> <p>R1's progress note dated July 10, 2022, indicated R1 was sent to the hospital at about 5:25 p.m. due to staffing challenges which make it unsafe for him to be at the facility. R1 had a diagnosis of Ventilator Dependence (primary), chronic obstructive pulmonary disease, and a tracheostomy. The facility was unable to staff a registered nurse (RN) or a licensed practical nurse (LPN) on a consistent basis. R1's medications and treatments was secured in a locked cabinet. R1's room door was secured and</p>	01060			

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01060	<p>Continued From page 3</p> <p>locked. R1 required suctioning periodically. R1's note did not mention any notification to the ombudsman. The note did not mention a required written notice was given as required.</p> <p>R1's record lacked a written notice that contains, at a minimum:</p> <ul style="list-style-type: none"><li>- the name and contact information for the location to which the resident has been relocated and any new service provider;</li><li>-the reason for the relocation;</li><li>- contact information for the Office of Ombudsman for Long-Term Care;</li><li>- if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and</li><li>- a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</li></ul> <p>R1's record lacked notification to the Office of Ombudsman for Long-Term Care that the residents had been relocated and had not returned to the facility within four days.</p> <p>On June 14, 2023, at 10:10 a.m., RN-A stated the facility had not completed the above requirements and were not familiar with this requirement listed above. RN-A also reported R1 required ventilator assistance.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01060			