STATE LICENSING COMPLIANCE REPORT

Report #: HL356258684C

Date Concluded: September 25, 2024

Name, Address, and County of Facility Investigated:
Care Partners Homecare LLC
5908 79th Avenue
Brooklyn Park, Minnesota 55443
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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. 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. INITIAL COMMENTS: HL356258684C On September 25, 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 2 residents receiving services under the provider's Assisted Living license. The following immediate correction orders are issued. The following immediate correction orders are issued for HL356258684C, tag identification 0680, 0820.	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 680 SS=G	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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
0 680	Continued From page 1 (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to relocate one of two residents (R1) to an upstairs available bedroom when they had a water leak in the mechanical room which spread into the hallway. The water damage in the basement of the home included wet and moldy surfaces on the drywall, framing and door, unsafe for R1 who resided in the basement. R1's bedroom door shared a hallway with the mechanical room. This practice resulted in a level three violation (a	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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
0 680	Continued From page 2 violation that harmed a client'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 clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: The Center for Disease Control webpage titled, Mold, updated February 7, 2024, located at website address https://www.cdc.gov/mold-health/about/index.html , indicated mold will grow where there is moisture such as flooding. Mold grows on drywall, paint, dust, insulation, carpet and wood. Mold can cause health affects, such as respiratory infections. The licensee's Disaster and Emergency Procedures manual, undated, included a procedure titled Evacuation Plan. The procedure indicated the LALD or RN could order the evacuation of the licensee. The plan included four different locations that could accommodate residents. The procedure indicated the person in charge would direct the transfer of the residents to the appropriate areas. R1 admitted to the licensee September 1, 2023. R1's diagnoses included diabetes mellitus type 2, foot ulcer, and multiple mental health diagnoses. R1's service plan dated February 1, 2024, indicated R1 received assistance with medication administration, housekeeping, and mental health management. R1's assessment dated July 18, 2024, indicated R1 did not take care of himself and identified him as alert and hallucinatory.	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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
0 680	Continued From page 3 During an observation on September 24, 2024, at 9:58 a.m., the main level bathroom lacked toilet paper. Additionally, the sink, shower, and toilet did not have running water. The investigator attempted to turn on the sink and shower and attempted to flush the toilet. During an interview on September 24, 2024, at 10:05 a.m., unlicensed personnel (ULP)-C stated they shut off the water due to a water leak downstairs. ULP-C stated she could turn the water back on if needed. ULP-C stated the licensee's stock of toilet paper had been out since the day before. ULP-C stated someone would bring the monthly supply the same day, September 24, 2024. ULP-C also stated the residents had their own personal supply of toilet paper. During an observation on September 24, 2024, at 10:15 a.m., the investigator observed a pipe leaking and spraying water in the mechanical room within the lower level of the licensee. In the mechanical room, the investigator observed wet drywall, black sporous areas on the door, drywall, and framing that appeared to be mold, and water on the floor of the mechanical room. Outside the mechanical room, the licensee ran a dehumidifier in the hallway, positioned in front of the vent cover (not connected to duct work) ULP-C stated water splashed out of. R1's resided across the hall from this room. During an interview on September 24, 2024, at 10:15 a.m., ULP-C stated it had been leaking for a couple of days. The water splashed out of a vent into the hallway. During an interview on September 24, 2024, at	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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
0 680	Continued From page 4 10:20 a.m., R1 stated the leak had been going on but was unsure of the duration. R1 stated there had been water on the floor in the hallway outside his room. During an observation on September 24, 2024, at 10:22 a.m., ULP-C carried around a container of Lysol spray, spraying intermittently throughout the lower level of the licensee. The lower level, including the communal living space, hallway and mechanical room, smelled musty, with the musty smell being strongest in the mechanical room. During an entrance conference on September 24, 2024, at 10:30 a.m., registered nurse (RN)-A stated she called a local plumbing company, but they were booked until September 27, 2024. RN-A called the issue in as an emergency, so they were waiting for the plumbing technician to call them back to tell her his availability to come to the licensee. Licensed assisted living director (LALD)-B stated the leak started September 23, 2024. LALD-B stated he brought 16 gallons of water to the building last night, and staff and residents were to use the gallons of water to drink and manually flush the toilets. LALD-B stated the water went into the hallway yesterday, but they cleaned the water up and put the dehumidifier in the hallway. Regarding R1, LALD-B stated if they could not get the leak sealed off, they would move him upstairs. Additionally, if the plumber could not fix the issue, the licensee had a plan and location for emergency relocation and evacuation. During an interview on September 24, 2024, at 10:49 a.m., RN-A stated the plumbing company called to inform her their technician should be calling RN-A shortly.	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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
0 680	Continued From page 5 During an onsite visit on September 24, 2024, at 1:08 p.m., the licensee still did not have running water, and the investigator had not been given an update on whether the plumber would be arriving this day. During an onsite visit on September 24, 2024, at 2:20 p.m., the licensee had not relocated R1 to an available upstairs bedroom. TIME PERIOD FOR CORRECTION: Immediate	0 680		
0 820 SS=I	144G.45 Subd. 2 (g) Fire protection and physical environment (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a safe environment, free from health hazards and provide working water for two of two residents (R1, R2). The licensee had a water leak that impaired the ability to use water within the facility. The water damage in the basement of the home	0 820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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
0 820	Continued From page 6 included wet and moldy surfaces on the drywall, framing and door. This had the ability to affect all residents and staff. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The Center for Disease Control webpage titled, Mold, updated February 7, 2024, located at website address https://www.cdc.gov/mold-health/about/index.html , indicated mold will grow where there is moisture such as flooding. Mold grows on drywall, paint, dust, insulation, carpet and wood. Mold can cause health affects, such as respiratory infections. The Occupational Safety and Health Administration webpage titled, A Brief Guide to Mold in the Workplace, updated November 8, 2013, located at website address https://www.osha.gov/publications/shib101003, indicated mold gradually damages building materials and furnishings. If unresolved, mold can cause structural damage to a wood framed building, weakening floors and walls. R1 admitted to the licensee September 1, 2023. R1's diagnoses included diabetes mellitus type 2, foot ulcer, and multiple mental health diagnoses. R1's service plan dated February 1, 2024,	0 820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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
0 820	Continued From page 7 indicated R1 received assistance with medication administration, housekeeping, and mental health management. R1's assessment dated July 18, 2024, indicated R1 did not take care of himself and identified him as alert and hallucinatory. R2 admitted to the licensee October 25, 2023. R2's diagnoses included sleep apnea, an adjustment disorder and hypertension. R2's service plan dated November 7, 2023, indicated R2 received assistance with medication administration, housekeeping, and mental health management. R2's assessment dated July 29, 2024, indicated R2 used a CPAP during the night. The assessment identified R2 as alert and oriented. During an observation on September 24, 2024, at 9:58 a.m., the investigator noted no running water in the main level bathroom. The investigator attempted to run the sink faucet, flush the toilet, and run the shower. During an interview on September 24, 2024, at 10:05 a.m., unlicensed personnel (ULP)-C stated they shut off the water due to a water leak downstairs. ULP-C stated she could turn the water back on if needed. During an observation on September 24, 2024, at 10:15 a.m., the investigator observed a pipe leaking water in the mechanical room within the lower level of the building. In this room, the investigator observed wet drywall and framing, black sporous areas on the door, drywall, and framing that appeared to be mold, and water on the floor of the room. Outside the mechanical room, the licensee ran a dehumidifier in the hallway, positioned in front of a vent cover (was not connected to any duct work) between the	0 820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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
0 820	Continued From page 8 mechanical room wall and basement living area. The vent cover was approximately 3 to 4 inches above the floor level. The drywall below the vent was saturated with water. There was water stains and still wet 2 x 4 studs up to the level of the top of the vent cover. On the same wall as the vent cover inside the mechanical room, was an outlet with the sump pump plugged in lying on the concrete floor. The outlet was located approximately the same height as the vent cover. R1's bedroom resided across the hall from the mechanical room. The investigator took photographs and video of the water damaged areas. During an interview on September 24, 2024, at 10:15 a.m., ULP-C stated the pipe had been leaking for a couple of days. The water "splashed" out of the vent into the hallway. During an interview on September 24, 2024, at 10:20 a.m., R1 stated the leak had been going on but was unsure of the duration. R1 stated there had been water on the floor in the hallway outside his room. During an observation on September 24, 2024, at 10:22 a.m., ULP-C carried around a container of Lysol spray, spraying intermittently throughout the lower level of the licensee. The lower level, including the communal living space, hallway and mechanical room, smelled musty, with the musty smell being strongest in the mechanical room. During an entrance conference on September 24, 2024, at 10:30 a.m., registered nurse (RN)-A stated she called a local plumbing company, but they were booked until September 27, 2024. RN-A called the issue in as an emergency, so they were waiting for the plumbing technician to	0 820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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
0 820	Continued From page 9 call them back to tell her his availability to come to the licensee. Licensed assisted living director (LALD)-B stated the leak started September 23, 2024. LALD-B stated he brought 16 gallons of water to the building last night, and staff and residents were to use the gallons of water to drink and manually flush the toilets. LALD-B stated the water went into the hallway yesterday, but they cleaned the water up and put the dehumidifier in the hallway. Additionally, if the plumber could not fix the issue, the licensee had a plan and location for emergency relocation and evacuation. During an interview on September 24, 2024, at 10:45 a.m., LALD-B did not think mold had been on the door because he could wipe it away. LALD-B stated he did not know why treated wood had not been used for framing when the investigator showed LALD-B the apparent mold on the framing. During an interview on September 24, 2024, at 10:49 a.m., RN-A stated the plumbing company called to inform her their technician should be calling RN-A shortly. During the onsite visit on September 24, 2024, at 1:08 p.m., the licensee still did not have running water, and the investigator had not been given an update on whether the plumber would be arriving this day. LALD-B was informed the licensee would be issued immediate correction orders. On September 24, 2024, at 5:05 p.m., LALD-B emailed an invoice from a plumbing, heating, cooling, and electric company, dated September 24, 2024. This invoice indicated the company's technician replaced a leaking section of copper above the meter. The technician wrote it looked like the licensee had leaks on this line in the past	0 820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35625	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS HOMECARE LLC	5908 79TH AVENUE BROOKLYN CENTER, 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
0 820	Continued From page 10 and patched it together. The technician informed LALD-B he would likely have more leaks on the copper in different areas due to it getting thin. The only way to solve the issue would be to eventually replace the whole thing. The licensee's Disaster and Emergency Procedures manual, undated, included a procedure titled Water Shortage. The procedure indicated if it became apparent the water shortage would last for an undetermined length of time, staff would take appropriate emergency measures to ensure proper care for those whose care had been disrupted by lack of water supply. The procedure also indicated arrangements would be made to bring in water or transfer clients to alternate housing, as needed, until the problem had been resolved. The licensee's Disaster and Emergency Procedures manual, undated, did not include a procedure for addressing water leaks. TIME PERIOD FOR CORRECTION: Immediate	0 820		