Electronically Delivered

May 4, 2022

Administrator
Horizon Place Inc
510 Commerce Drive
Le Center, MN 56057

RE: Project Number(s) SL30682015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on April 21, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing 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 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.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

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 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 the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing 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. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jess Gallmeier, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jess.gallmeier@state.mn.us
Phone: 651-247-0268 Fax: 651-215-9697

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30682	A. BUILDING: _____ B. WING _____	04/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON PLACE INC	510 COMMERCE DRIVE LE CENTER, MN 56057

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0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL30682015 On April 18, 2022, through April 21, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were eleven (11) residents, all of whom recieved services under the provider's Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing 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. 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 subd. 1, 2, and 3.	
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of	0 650		

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0 650	Continued From page 1 each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (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 (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure current employee records were maintained to include all required content for one of one employee (registered nurse (RN)-A) with record reviewed. This practice resulted in a level two violation (a	0 650		

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0 650	Continued From page 2 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). The findings include: RN-A was hired July 13, 2021, to provide direct care and services to the licensee's residents and to provide oversight and supervision to the licensee's unlicensed personnel. RN-A's employee file lacked the following required content: -evidence of current professional licensure; and -current job description, including qualifications, responsibilities, and identification of staff persons providing supervision. On April 18, 2022, at approximately 1:45 p.m., licensed assisted living director (LALD)-D reviewed the records of RN-A for a signed job description and verification of RN-A's registered nursing license. LALD-D confirmed RN-A's record was missing the above-mentioned required content. LALD-D stated that RN-A's record did have a certification document indicating RN-A did have an RN license, but it did not indicate a date that the licensure was verified. The licensee's Employee Records policy dated, August 1, 2021, indicated employee records would include evidence of professional licensure and a current signed job description. No further information was provided.	0 650		

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0 650	Continued From page 3 TIME PERIOD FOR CORRECTION: Seven (7) days	0 650		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (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. (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. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (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.	0 810		

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0 810	Continued From page 4 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 and failed to provide required employee training on fire safety and evacuation and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors. 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). Findings include: A record review and interview were conducted on April 19, 2022, at approximately 11:40 a.m. with Licensed Assisted Living Director (LALD) on the fire safety and evacuation plan and fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated that the fire safety and evacuation plan did not have fire protection procedures necessary for residents. During interview, LALD stated that the fire safety and evacuation plan did not have provisions for this requirement. Record review of the available documentation indicated that the fire safety and evacuation plan did not include the identification of unique or	0 810		

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0 810	Continued From page 5 unusual resident needs for movement or evacuation in the procedures for resident movement, evacuation, or relocation during a fire or similar emergency. During interview, LALD stated that the fire safety and evacuation plan did not have provisions for this requirement. Record review of the available documentation indicated that employees did not receive training twice per year after initial hire on the facility fire safety and evacuation plan. During interview, LALD stated that the licensee provides disaster training to employees per the facilities Emergency Disaster Plan. A policy provided by LALD from the Emergency Disaster Plan indicated that the licensee provides training to employees annually on all emergencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal	0 970		

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0 970	Continued From page 6 property of a resident for two of two residents (R1, R2) with records reviewed. 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). The findings include: R1 R1 was admitted and began receiving assisted living services on September 15, 2021, under the assisted living licensure. R1's Residency Agreement was signed on September 15, 2021. R2 R2 was admitted and began receiving assisted living services on October 5, 2021, under the assisted living licensure. R2's Residency Agreement was signed on October 5, 2021. R1 and R2's Residency Agreements included a clause that indicated the licensee is not liable to the resident or the resident's guests for any injury, death or property damage occurring in the apartment or on the community premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by the resident or the resident's guests. The Residency Agreement further indicated the	0 970		

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0 970	Continued From page 7 "resident agrees to hold the licensee harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the apartment or on the community premises." On April 18, 2022, at approximately 2:35 p.m., licensed assisted living director (LALD)-D stated all the licensee's resident agreements contained liability waiver language as indicated above and that LALD-D had consulted with an attorney who had assisted in writing the waiver of liability. LALD-D believed that the residency agreement had to include a waiver of liability and was not aware that it was not required. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01360 SS=F	144G.61 Subdivision 1 Instructor and competency evaluation requirem Instructors and competency evaluators must meet the following requirements: (1) training and competency evaluations of unlicensed personnel who only provide assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), must be conducted by individuals with work experience and training in providing these services; and (2) training and competency evaluations of unlicensed personnel providing assisted living services must be conducted by a registered nurse, or another instructor may provide training in conjunction with the registered nurse. This MN Requirement is not met as evidenced	01360		

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01360	Continued From page 8 by: Based on interview and record review, the licensee failed to ensure training and competency evaluations of unlicensed personnel (ULP) providing assisted living services were conducted by a registered nurse (RN) for one of one unlicensed professional (ULP-B) with record reviewed. 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). The findings include: ULP-B was hired January 12, 2022, to provide direct care services to residents. ULP-B's employee record indicated on January 12, 2022, licensed practical nurse (LPN)-C trained ULP-B on the following topics: -Hospitality and customer service, that included maintaining a clean and safe home-like environment; -Health and wellness, that included aging process; physical changes associated with aging; health conditions associated with aging; urinary tract infections; fall risks; fall mitigation and management; social and emotional issues associated with aging; nutrition and hydration needs associated with aging; specialty diets; aspiration; prevent foodborne illness; food safety; forms and reports; medication and treatment management; calling 9-1-1 and working with responders; end of life decisions; and hospice	01360		

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01360	Continued From page 9 and end of life care. ULP-B's employee record lacked evidence the employee had been trained by an RN in the following areas: - documentation requirements for all services provided; - reports of changes in the resident's condition to the supervisor designated by the facility; - maintenance of a clean and safe environment; - training on the prevention of falls; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating; - 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 confidentiality and privacy; - understanding appropriate boundaries between staff and residents and the resident's family; - procedures to use in handling various emergency situations; - awareness of commonly used health technology equipment and assistive devices; observing, reporting, and documenting resident status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; and - recognizing physical, emotional, cognitive, and developmental needs of the resident. On April 18, 2022, at approximately 2:00 p.m. LPN-C confirmed she had provided the above	01360		

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01360	Continued From page 10 training and the training had not been completed by an RN. LPN-C stated that RN-A was responsible to review documentation that LPN-C completed for employee training and competency evaluations to ensure documentation was correct. On April 18, 2022, at approximately 2:10 p.m., RN-A agreed with LPN-C's response and stated she did not provide training to unlicensed personnel and only reviewed LPN-C's documentation to ensure that all training and competency evaluation was conducted and documented correctly. The licensee's Orientation and Training policy dated August 1, 2021, indicated training and competency evaluations of unlicensed personnel providing assisted living services would be completed by a registered nurse or another licensed instructor would provide the training in conjunction with the RN. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01360		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff	01440		

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01440	Continued From page 11 performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing delegated tasks within 30 days of providing services for one of one unlicensed personnel ((ULP)-B) with employee record reviewed. 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). The findings include: ULP-B had a hire date of January 12, 2022. ULP-B was hired to provide direct care and services to the licensee's residents. ULP-B's employee record lacked documentation of an RN supervising ULP-B performing delegated tasks	01440		

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(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
01440	Continued From page 12 within 30 days of beginning work with the licensee. ULP-B's employee record lacked verification that the work was performed competently and to identify problems and solutions to address issues relating to ULP-B's ability to provide the services. During interview on April 18, 2022, at 2:15 p.m. registered nurse (RN)-A stated that she did not conduct official 30-day supervisory visits with ULP's performing delegated tasks. RN-A stated she conducted visual audits to ensure staff were performing their job correctly. RN-A did not document these types of audits and stated that if there was an issue during an audit, she would immediately re-educate the staff person on a delegated task if they were not performing the task correctly. The licensee's Orientation and Training policy dated August 1, 2021, indicated when a registered nurse delegated a task, the RN must make certain the unlicensed personnel is trained in the proper methods to perform the task or procedure for each client. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision	01470		

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	30682	A. BUILDING: _____ B. WING _____	04/21/2022

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HORIZON PLACE INC	510 COMMERCE DRIVE LE CENTER, MN 56057

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01470	Continued From page 13 of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation 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 the challenges it poses to communication;	01470		

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01470	Continued From page 14 (2) 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received orientation to include all required content for two of two employees (registered nurse (RN)-A, unlicensed personnel (ULP)-B) with records reviewed. 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). The findings include: RN-A was hired July 13, 2021, to provide direct care and services to the licensee's residents and to provide oversight and supervision to the licensee's unlicensed personnel. ULP-B was hired January 12, 2022, to provide direct care services to licensee's assisted living residents.	01470		

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01470	Continued From page 15 RN-A and ULP-B's employee records lacked documentation of orientation to the principles of person-centered planning and service delivery. During interview on April 18, 2022, at 2:40 p.m., licensed assisted living director (LALD)-D stated all unlicensed staff had received orientation to the Minnesota assisted living statutes including person centered planning and service delivery. LALD-D verified RN-A and ULP-B's employee records lacked documentation indicating RN-A and ULP-B had received person centered planning education. The licensee's Orientation and Training policy, dated August 1, 2021, indicated all staff providing and supervising direct services must complete an orientation to assisted living licensing requirements and regulations before providing assisted living services to clients. The policy further indicated the orientation must contain an overview of the appropriate assisted living rules. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01530 SS=E	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of	01530		

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01530	Continued From page 16 employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two employees (registered nurse (RN)-A, unlicensed personnel (ULP)-B) received the required amount of dementia care training in the required time frame with records reviewed. 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 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). The findings include:	01530		

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01530	Continued From page 17 RN-A had a hire date of July 13, 2021. RN-A's employee record did not have eight (8) hours of dementia training within 120 working hours of the employment start date. ULP-B's hire date was January 12, 2022. ULP-B's employee record did not have eight (8) hours of dementia training within 120 working hours of the employment start date. During an interview on March 15, 2022, at approximately 1:15 p.m., licensed assisted living director (LALD)-D stated all employees received dementia training through an online education system. LALD-D stated the licensee specifically contracted with this online education system to ensure that all new employees would receive eight hours of dementia training upon hire. LALD-D stated she was not aware the dementia classes did not have the required number of hours needed. The licensee's Assisted Living Dementia Training policy dated August 1, 2021, indicated direct care staff would complete eight hours of initial training in dementia care within one hundred twenty hours of employment start date. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided,	01650		

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01650	Continued From page 18 the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure service plans included the method of supervision and monitoring of staff for two of two residents (R1, R2) with records reviewed. 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	01650		

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01650	Continued From page 19 or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1's medical record was reviewed. R1 admitted to the licensee on September 20, 2021. R1's diagnoses included type II diabetes. R1 required assistance with personal cares and medication administration. R1's service plan dated September 20, 2021, lacked the method of supervision and monitoring of staff. R2's medical record was reviewed. R2 admitted to the licensee on October 5, 2021. R2's diagnoses included insomnia and mood disorder. R2 required assistance with medication administration. R2's service plan dated October 5, 2021, lacked the method of supervision and monitoring of staff. During an interview on August 18, 2022, at 2:40 p.m., licensed assisted living director (LALD)-D indicated she was not aware the service plan lacked the method of supervision and monitoring of staff. The licensee's Service Plan policy dated August 1, 2021, indicated a service plan would include a schedule and method for the next planned monitoring of staff providing services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		

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01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prior to delegating nursing tasks, the registered nurse (RN) trained the unlicensed personnel (ULP) in the proper methods to perform the task or procedure for each resident, and failed to ensure that ULP demonstrated the ability to competently follow the procedure to perform the tasks for one of two employees (ULP-B) with records reviewed. 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). The findings include:	01750		

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01750	Continued From page 21 ULP-B started employment and began providing services on January 12, 2022, under the licensee's assisted living license. ULP-B's employee record lacked training or competency testing in delegated tasks by RN-A. ULP-B's employee record indicated that licensed practical nurse (LPN)-C provided training in delegated procedures and ensured ULP-B demonstrated competency in performing delegated tasks including competency for the administration of oral medications and insulin pens. On April 18, 2022, at approximately 2:15 p.m., RN-A confirmed ULP-B's record lacked documentation of the training as indicated above. The licensee's Orientation and Training policy dated August 1, 2021, indicated a registered nurse, prior to the delegation of services, must ensure the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and are able to demonstrate the ability to competently follow the procedures and perform the tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be	01950		

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01950	Continued From page 22 delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) trained and verified competency with treatments and therapies for unlicensed personnel (ULP) for one of two employees (ULP-B) with records reviewed. 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). The findings include: ULP-B was hired on January 12, 2022, to provide direct cares to licensee's residents.	01950		

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01950	Continued From page 23 ULP-B's employee record lacked documentation ULP-C was trained and demonstrated competency to a RN to perform blood glucose monitoring. On April 18, 2022, at 2:18 p.m., RN-A and licensed practical nurse (LPN)-C confirmed ULP-B's personnel file did not contain documentation ULP-B had been trained or deemed competent by the RN to provide blood glucose monitoring or any delegated treatments to residents. LPN-C stated she had completed all competency training for staff in medication administration and treatment administration. LPN-C also stated that RN-A reviewed orientation documentation after ULP's were trained to ensure all documentation was correct. LPN-C stated RN-A was not involved in any of the training for ULP's. The licensee's Orientation and Training policy dated August 1, 2021, indicated a registered nurse, prior to the delegation of services, must ensure the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to competently follow the procedures and perform the tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		

Minnesota Dept. of Health

Mankato

Type: Full
Date: *04/19/22*
Time: 13:02:39
Report: 1028221064

Food and Beverage Establishment Inspection Report

Location:
Horizon Place Inc
510 Commerce Drive
Le Center, MN56057
Le Sueur County, 40

Establishment Info:
ID #: 0039302
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5073572262
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Peroxyoctanoic Acid: = 15ppm at Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cooling
Temperature: 46 Degrees Fahrenheit - Location: Beans
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: Sausages
Violation Issued: No

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: Ambient
Violation Issued: No

Process/Item: Upright Freezer
Temperature: -5 Degrees Fahrenheit - Location: Ambient
Violation Issued: No

Process/Item: Upright Freezer
Temperature: -5 Degrees Fahrenheit - Location: Ambient
Violation Issued: No

Type: Full
Date: *04/19/22*
Time: 13:02:39
Report: 1028221064
Horizon Place Inc

Food and Beverage Establishment Inspection Report

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

This Inspection was conducted in conjunction with HRD.

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Dept. of Health inspection report number 1028221064 of 04/19/22.

Certified Food Protection Manager: Jane Paulsen

Certification Number: FM107452 Expires: 08/25/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Lori Blaschko
Cook

Signed: _____
Ryan Miller
Environmental Health Spec. II
Mankato
Ryan.Miller@state.mn.us