



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 11, 2025

Licensee
Frazee Assisted Living
219 West Maple Avenue
Frazee, MN 56544

RE: Project Number(s) SL30423016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 20, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted 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(s) 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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jessie Chenze, Supervisor

State Evaluation Team

Email: jessie.chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER FRAZEE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 219 WEST MAPLE AVENUE FRAZEE, MN 56544			
(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 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: SL30423016-0 On December 18, 2024, through December 20, 2024, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider. At the time of the survey, there were 19 residents; 19 receiving services under the Assisted Living Facility license.	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.		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident	01620			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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01620	Continued From page 1 reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed ongoing assessments not to exceed 90-calendar days from the last assessment for two of two residents (R1, R2). 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).	01620			

Minnesota Department of Health

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01620	Continued From page 2 The findings include: On December 18, 2024, at 9:00 a.m., during the entrance conference, clinical nurse supervisor (CNS)-B stated ongoing assessments were done every 90 days and change of condition assessments would be conducted on residents for instances such as hospital returns, change in services, or a change in condition. R1 R1's diagnoses included diabetes, chronic kidney disease and depression. R1's service plan dated December 27, 2023, indicated R1 received medication administration, assistance with showering, housekeeping, and laundry. R1's records indicate 90-day assessments was completed on June 20, 2024, and September 29, 2024, which exceeded the 90 days from the last assessment (101 days). R2 R2's diagnoses include diabetes, major depressive disorder, and hypertension (high blood pressure). R2's service plan dated August 1, 2023, indicated R2 received medication administration, laundry, and housekeeping. R2's record indicated 90-day assessments was completed on July 4, 2024, and October 29, 2024, which exceeded the 90 days from the last assessment (117). On December 20, 2024, at 10:05 a.m., CNS-B stated the 90-day assessments was late for R1	01620			

Minnesota Department of Health

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01620	Continued From page 3 and R2. CNS-B stated she did not complete the 90-day assessments on time as she was filling in as direct care staff that were out on medical leave. The licensee's Resident Initial and On-going Assessments policy dated June 19, 2023, indicated the RN will complete the following comprehensive assessments of the resident's physical, mental and cognitive needs as required: - pre-admission assessment; - 14-day assessment: completed up to 14-days after start of services; - ongoing assessment: completed periodically but no less than every 90-days; and - change in resident condition. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620			

Type: Full
Date: 12/19/24
Time: 11:30:00
Report: 1049241275

Food and Beverage Establishment Inspection Report

Page 1

Location:

Frazee Assisted Living
219 West Maple Avenue
Frazee, MN56544
Becker County, 03

Establishment Info:

ID #: 0038567
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2183344501
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

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: Kitchen
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 180 Degrees Fahrenheit - Location: Corn
Violation Issued: No

Process/Item: Hot Holding
Temperature: 147 Degrees Fahrenheit - Location: Mashed Potatoes
Violation Issued: No

Process/Item: Hot Holding
Temperature: 188 Degrees Fahrenheit - Location: Meatballs
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 26 Degrees Fahrenheit - Location: Milk
Violation Issued: No

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

INSPECTOR MET WITH THE ESTABLISHMENT REPRESENTATIVE.

THE ESTABLISHMENT IS USING QUATERNARY AMMONIA TO SANITIZE NON-FOOD CONTACT SURFACES. ALL DISHES AND UTENSILS ARE WASHED AND SANITIZED IN THE NURSING HOME'S DISH MACHINE.

Type: Full
Date: 12/19/24
Time: 11:30:00
Report: 1049241275
Frazee Assisted Living

Food and Beverage Establishment Inspection Report

Page 2

KITCHEN WALLS WERE PAINTED DRYWALL, FLOORS WERE A SEALED WOOD TILE, AND THE CEILING WAS ACOUSTIC DROP CEILING TILES.

THE NURSING HOME PREPARES AND COOKS ALL THE FOOD FOR THE ASSISTED LIVING. THE ASSISTED LIVING IS A SERVING KITCHEN.

Things to Remember:

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.
2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.
3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.
4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1049241275 of 12/19/24.

Certified Food Protection Manager NA

Certification Number: _____ Expires: ____/____/____

Signed: _____

Establishment Representative

Signed: Stephanie Reynolds

Stephanie Reynolds
Public Health Sanitarian
Fergus Falls
218-332-5179
stephanie.reynolds@state.mn.us

Report #: 1049241275

DEPARTMENT OF HEALTH

Minnesota Department of Health

Fergus Falls District

2312 College Way

Fergus Falls

No. of RF/PHI Categories Out

0

Date

12/19/24

No. of Repeat RF/PHI Categories Out

0

Time In

11:30:00

Legal Authority MN Rules Chapter 4626

Time Out

Frazee Assisted Living

Address

219 West Maple Avenue

City/State

Frazee, MN

Zip Code

56544

Telephone

2183344501

License/Permit #

0038567

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in complianceOUT= not in complianceN/O= not observedN/A= not applicableCOS=corrected on-site during inspectionR= repeat violation

Compliance Status

COS

R

Supervision

1INOUTPIC knowledgeable; duties & oversight

2INOUTN/ACertified food protection manager, duties

Employee Health

3INOUTMgmt/Staff;knowledge,responsibilities&reporting

4INOUTProper use of reporting, restriction & exclusion

5INOUTProcedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6INOUTN/OProper eating, tasting, drinking, or tobacco use

7INOUTN/ONo discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8INOUTN/OHands clean & properly washed

9INOUTN/AN/ONo bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10INOUTAdequate handwashing sinks supplied/accessible

Approved Source

11INOUTFood obtained from approved source

12INOUTN/AN/OFood received at proper temperature

13INOUTFood in good condition, safe, & unadulterated

14INOUTN/AN/OREquired records available; shellstock tags, parasite destruction

Protection from Contamination

15INOUTN/AN/OFood separated and protected

16INOUTN/AFood contact surfaces: cleaned & sanitized

17INOUTProper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18INOUTN/AN/OProper cooking time & temperature

19INOUTN/AN/OProper reheating procedures for hot holding

20INOUTN/AN/OProper cooling time & temperature

21INOUTN/AN/OProper hot holding temperatures

22INOUTN/AProper cold holding temperatures

23INOUTN/AN/OProper date marking & disposition

24INOUTN/AN/OTime as a public health control: procedures & records

Consumer Advisory

25INOUTN/AConsumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26INOUTN/APasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27INOUTN/AFood additives: approved & properly used

28INOUTToxic substances properly identified, stored, & used

Conformance with Approved Procedures

29INOUTN/ACompliance with variance/specialized process/HACCP

Risk factors(RF) are improper practices or proceeedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in complianceMark "X" in appropriate box for COS and/or RCOS=corrected on-site during inspectionR= repeat violation

Safe Food and Water

30INOUTN/APasteurized eggs used where required

31Water & ice obtained from an approved source

32INOUTN/AVariance obtained for specialized processing methods

Food Temperature Control

33Proper cooling methods used; adequate equipment for temperature control

34INOUTN/AN/OPlant food properly cooked for hot holding

35INOUTN/AN/OProper thawing methods used

36Thermometers provided & accurate

Food Identification

37Food properly labled; original container

Prevention of Food Contamination

38Insects, rodents, & animals not present

39Contamination prevented during food prep, storage & display

40Personal cleanliness

41Wiping cloths: properly used & stored

42Washing fruits & vegetables

Proper Use of Utensils

43In-use utensils: properly stored

44Utensils, equipment & linens: properly stored, dried, & handled

45Single-use/single service articles: properly stored & used

46Gloves used properly

Utensil Equipment and Vending

47Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48Warewashing facilities: installed, maintained, & used; test strips

49Non-food contact surfaces clean

Physical Facilities

50Hot & cold water available; adequate pressure

51Plumbing installed; proper backflow devices

52Sewage & waste water properly disposed

53Toilet facilities: properly constructed, supplied, & cleaned

54Garbage & refuse properly disposed; facilities maintained

55Physical facilities installed, maintained, & clean

56Adequate ventilation & lighting; designated areas used

57Compliance with MCIAA

58Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Inspector (Signature)

Stephanie Reynolds

Date: 12/19/24