

Electronically Delivered

June 2, 2023

Licensee

Psc Of Hutchinson, LLC  
1310 Bradford Street Southeast  
Hutchinson, MN 55350

RE: Project Number(s) SL30792015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 23, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

#### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. The 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 and enforcement actions 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction 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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

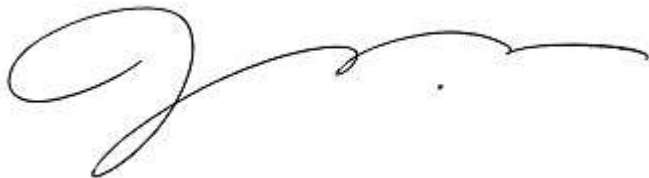
Please address your cover letter for reconsideration requests to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

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,



Jess Schoenecker, Supervisor  
SState Evaluation Team  
Email: jess.Schoenecker@state.mn.us  
Telephone: 651-247-0268 Fax: 651-281-9796  
PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30792</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PSC OF HUTCHINSON LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1310 BRADFORD STREET SE HUTCHINSON, MN 55350</b>
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL30792015</p> <p>On May 22, 2023, through May 23, 2023, 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 17 active residents receiving services under the Assisted Living with Dementia Care license.</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>	
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the</p>	0 480		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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0 480	<p>Continued From page 1</p> <p>following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated May 23, 2023, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 510 SS=D	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the</p>	0 510		

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0 510	<p>Continued From page 2</p> <p>national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control (IC) program that complies with accepted health care, medical and nursing standards for infection control. The deficient practice had the potential to affect residents, employees, and visitors.</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>Unlicensed personnel (ULP)-B was hired on May 30, 2006.</p> <p>ULP-B's My Transcript dated May 22, 2023, indicated ULP-B completed the licensee's infection control trainings on the following dates: April 27, 2022, April 26, 2021, April 27, 2021, and May 14, 2022.</p> <p>On May 23, 2023, at approximately 7:30 a.m.,</p>	0 510		

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0 510	<p>Continued From page 3</p> <p>during continuous observations by the surveyor, ULP-B provided oral medication administration to multiple residents sitting on common areas of the facility. ULP-B failed to perform hand hygiene between providing medication administration to each resident. Hand sanitizer was present on the desk in front of ULP-B where ULP-B would sit and obtain each resident's medications.</p> <p>On May 23, 2023, at 1:00 p.m., clinical nurse supervisor (CNS)-A and licensed assisted living director (LALD)-C stated the licensee's expectations are for ULPs to complete hand hygiene between providing services to residents.</p> <p>The licensee's Hand Hygiene policy dated August 1, 2021, read, "Hand washing shall be performed between client cares and whenever direct physical contact with a client takes place."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> <li>(2) employee actions to be taken in the event of a fire or similar emergency;</li> <li>(3) fire protection procedures necessary for residents; and</li> <li>(4) procedures for resident movement, evacuation, or relocation during a fire or similar</li> </ul>	0 810		

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0 810	<p>Continued From page 4</p> <p>emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p>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, failed to provide required employee and resident training on fire safety and evacuation, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors.</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 a widespread scope (when problems are pervasive or represent a systemic</p>	0 810		

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0 810	<p>Continued From page 5</p> <p>failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>A record review and interview were conducted on May 24, 2023, at approximately 11:45 a.m. with Licensed Assisted Living Director (LALD)-A on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated that the licensee did not have employee actions to be taken in the event of a fire or similar emergency. The facility plan indicated to use RACE acronym but was very vague and did not provide complete actions for employees to take in the event of a fire or similar emergency.</p> <p>Fire safety and evacuation plans were provided per RTasks electronic chart and printed out at the time of the survey. Fire safety and evacuation plans should be readily available at all times within the facility.</p> <p>Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan.</p> <p>Record review of the available documentation indicated that the fire safety and evacuation plan did not include 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. The facility plan did include some provisions for relocation of residents but did not specify how to move or evacuate residents or identify the unique and</p>	0 810		

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0 810	<p>Continued From page 6</p> <p>unusual needs of the residents.</p> <p>Record review of available documentation indicated that the licensee did not provide employee training on the fire safety and evacuation plan twice per year after the training it initial hire.</p> <p>Record review of the available documentation indicated that the licensee did not provide annual training to residents who can assist in their own evacuation on the proper actions to take in the event of a fire to include movement, evacuation, or relocation as required by statute.</p> <p>During interview, LALD-A verified that the fire safety and evacuation plan for the facility lacked these provisions.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 810		
01470 SS=F	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(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 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</p>	01470		

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01470	<p>Continued From page 7</p> <p>and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(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</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(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:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p>	01470		

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01470	<p>Continued From page 8</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation with all the required content was completed for one of two employees (clinical nurse supervisor (CNS)-A).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>CNS-A was hired on October 18, 2022, and identified as the registered nurse who was responsible for all clinical requirements for the licensee.</p> <p>CNS-A's My Transcript dated May 22, 2023, was provided by licensed assisted living director (LALD)-C and identified as containing all orientation completed by CNS-A.</p> <p>CNS-A's orientation lacked the required content related to the principles of person-centered planning and service delivery and how they apply to direct support services provided.</p> <p>On May 22, 2023, at 2:00 p.m., LALD-C stated CNS-A did not complete the required training. LALD-C stated the online training system failed to assign the required training, but LALD-C would ensure all required training would be assign to all employees during orientation. LALD-C stated the</p>	01470		

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01470	Continued From page 9  required content should have been provided at hire.  The licensee's Assisted Living with Memory Care Annual Training policy dated August 1, 2021, indicated the required content would be provided annually.  No further information provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01890 SS=D	144G.71 Subd. 20 Prescription drugs  A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure expired medications were disposed of for one of two residents (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) 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).	01890		

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01890	<p>Continued From page 10</p> <p>The findings include:</p> <p>R2 was admitted on January 4, 2023.</p> <p>R2's untitled document identified by clinical nurse supervisor (CNS)-A as R2's provider order dated February 2, 2023, indicated R2's order for Levemir (insulin) was discontinued.</p> <p>R2's Medications - Current dated May 23, 2023, indicated R2 received no insulin and had no order for insulin.</p> <p>On May 23, 2023, at approximately 7:30 a.m., the surveyor observed a medication refrigerator which contained a box of seven unopened insulin pens and one opened insulin pen prescribed for R2.</p> <p>On May 23, 2023, at 8:05 a.m., CNS-A stated R2's insulin should have been removed and disposed of once R2's insulin order was discontinued on February 2, 2023.</p> <p>The licensee's Disposition or Disposal of Medication policy dated August 1, 2021, indicated when medications were discontinued, licensee would dispose of the medications and would document the destruction of the medications.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		
02040 SS=F	<p>144G.81 Subdivision 1 Fire protection and physical environment</p> <p>An assisted living facility with dementia care that</p>	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30792</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PSC OF HUTCHINSON LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1310 BRADFORD STREET SE HUTCHINSON, MN 55350</b>
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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
02040	<p>Continued From page 11</p> <p>has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide hazard vulnerability assessment or safety risk assessment of the physical environment with mitigation factors on and around the property for the facility. This deficient practice had the ability to affect all staff, residents, and visitors.</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 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).</p> <p>Findings include:</p> <p>A record review and interview were conducted on May 23, 2023, at approximately 11:50 a.m. with Licensed Assisted Living Director (LALD)-A on the hazard vulnerability assessment for the physical environment of the facility.</p>	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30792</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PSC OF HUTCHINSON LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1310 BRADFORD STREET SE HUTCHINSON, MN 55350</b>
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02040	<p>Continued From page 12</p> <p>During interview, LALD-A verified that the licensee had not done a hazard vulnerability assessment with mitigation factors for the physical environment on and around the property.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	02040		



Type: Full
Date: 05/23/23
Time: 11:20:00
Report: 1033231079

Food and Beverage Establishment Inspection Report

Location:

Prairie Senior Cottages North
1310 Bradford Street S.E.
Hutchinson, MN
Mc Leod County, 43

Establishment Info:

ID #: 0013717
Risk: Low
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Prairie Senior Cottages, LLC
Phone #: 3205875508
ID #: 15410

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

4-700 Sanitizing Equipment and Utensils

4-702.11 \*\* Priority 1 \*\*

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.

Facility does not sanitize food contact surfaces.

Comply By: 05/23/23

3-200B Food Characteristics:Receiving: temperature, condition

3-202.15 \*\* Priority 2 \*\*

MN Rule 4626.0190 Food packages must be in good condition and must protect the food from adulteration and potential contaminants.

Facility is using multiple dented cans.

Comply By: 05/23/23

Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Cooler
Violation Issued: No

Type: Full  
Date: 05/23/23  
Time: 11:20:00  
Report: 1033231079  
Prairie Senior Cottages North

# Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding  
Temperature: 0 > Degrees Fahrenheit - Location: Freezer  
Violation Issued: No

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

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

I acknowledge receipt of the inspection report number 1033231079 of 05/23/23.

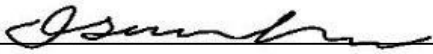
Certified Food Protection Manager: Christina J Hebrink

Certification Number: FM108040 Expires: 09/29/24

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Christina J Hebrink

Signed:  \_\_\_\_\_

Isaiah Armendariz  
Environmental Health Specialist  
Mankato District Office  
507-344-2743  
isaiah.armendariz@state.mn.us

Report #: 1033231079

# Food Establishment Inspection Report



No. of RF/PHI Categories Out	2	Date	05/23/23
No. of Repeat RF/PHI Categories Out	0	Time In	11:20:00
Legal Authority MN Rules Chapter 4626		Time Out	

Prairie Senior Cottages North	Address 1310 Bradford Street S.E.	City/State Hutchinson, MN	Zip Code	Telephone 3205875508
License/Permit # 0013717	Permit Holder Prairie Senior Cottages, LLC	Purpose of Inspection Full	Est Type	Risk Category L

## 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 compliance    OUT= not in compliance    N/O= not observed    N/A= not applicable    COS= corrected on-site during inspection    R= repeat violation

Compliance Status	Surpervision	COS	R
1 <input checked="" type="radio"/> IN	OUT PIC knowledgeable; duties & oversight		
2 <input checked="" type="radio"/> IN	OUT N/A Certified food protection manager, duties		
Employee Health			
3 <input checked="" type="radio"/> IN	OUT Mgmt/Staff; knowledge, responsibilities & reporting		
4 <input checked="" type="radio"/> IN	OUT Proper use of reporting, restriction & exclusion		
5 <input checked="" type="radio"/> IN	OUT Procedures for responding to vomiting & diarrheal events		
Good Hygienic Practices			
6 <input checked="" type="radio"/> IN	OUT N/O Proper eating, tasting, drinking, or tobacco use		
7 <input checked="" type="radio"/> IN	OUT N/O No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN	OUT N/O Hands clean & properly washed		
9 <input checked="" type="radio"/> IN	OUT N/A N/O No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10 <input checked="" type="radio"/> IN	OUT Adequate handwashing sinks supplied/accessible		
Approved Source			
1 <input checked="" type="radio"/> IN	OUT Food obtained from approved source		
12 IN	OUT N/A <input checked="" type="radio"/> N/O Food received at proper temperature		
13 <input checked="" type="radio"/> IN	<input checked="" type="radio"/> OUT Food in good condition, safe, & unadulterated		
14 IN	OUT <input checked="" type="radio"/> N/A N/O Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15 <input checked="" type="radio"/> IN	OUT N/A N/O Food separated and protected		
16 IN	<input checked="" type="radio"/> OUT N/A Food contact surfaces: cleaned & sanitized		
17 <input checked="" type="radio"/> IN	OUT Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status	Time/Temperature Control for Safety	COS	R
18 IN	OUT N/A <input checked="" type="radio"/> N/O Proper cooking time & temperature		
19 IN	OUT N/A <input checked="" type="radio"/> N/O Proper reheating procedures for hot holding		
20 IN	OUT N/A <input checked="" type="radio"/> N/O Proper cooling time & temperature		
21 IN	OUT N/A <input checked="" type="radio"/> N/O Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN	OUT N/A Proper cold holding temperatures		
23 <input checked="" type="radio"/> IN	OUT N/A N/O Proper date marking & disposition		
24 IN	OUT <input checked="" type="radio"/> N/A N/O Time as a public health control: procedures & records		
Consumer Advisory			
25 IN	OUT <input checked="" type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 IN	OUT <input checked="" type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27 <input checked="" type="radio"/> IN	OUT N/A Food additives: approved & properly used		
28 <input checked="" type="radio"/> IN	OUT Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 IN	OUT <input checked="" type="radio"/> N/A Compliance with variance/specialized process/HACCP		

**Risk factors (RF)** are improper practices or procedures 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 compliance Mark "X" in appropriate box for COS and/or R COS= corrected on-site during inspection    R= repeat violation

Compliance Status	Safe Food and Water	COS	R
30 IN	OUT <input checked="" type="radio"/> N/A Pasteurized eggs used where required		
31	Water & ice obtained from an approved source		
32 IN	OUT <input checked="" type="radio"/> N/A Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34 IN	OUT N/A <input checked="" type="radio"/> N/O Plant food properly cooked for hot holding		
35 IN	OUT N/A <input checked="" type="radio"/> N/O Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food prep, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status	Proper Use of Utensils	COS	R
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single service articles: properly stored & used		
46	Gloves used properly		
Utensil Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		
57	Compliance with MCIAA		
58	Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 05/30/23

Inspector (Signature)