Electronically Delivered

March 14, 2024

Licensee
Tamarack Court of Bemidji
1511 Delton Avenue Northwest
Bemidji, MN 56601

RE: Project Number(s) SL30668015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 29, 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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30668	A. BUILDING: _____ B. WING _____	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMARACK COURT OF BEMIDJI	1511 DELTON AVENUE NW BEMIDJI, MN 56601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER 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: SL30668015 On February 26, 2024, through February 29, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 52 receiving services under the Assisted Living 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 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.	
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics:	01470		

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01470	Continued From page 1 (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 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:	01470		

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01470	Continued From page 2 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (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 one of three employees (clinical nurse supervisor (CNS)-B). 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: CNS-B was hired October 24, 2023, and provided assisted living services for residents of the facility. CNS-B's employee record lacked documentation of the following orientation topics required by Minnesota Statute 144G.63 Subdivision 2: -assisted living bill of rights; and	01470		

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01470	Continued From page 3 -consumer advocacy services. On February 27, 2024, at 12:17 p.m., assisted living director in residence (ALDIR)-A stated CNS-B's employee record lacked documentation of orientation to the assisted living bill of rights and consumer advocacy services. The licensee's Orientation of Staff and Supervisors and Content policy, dated March 1, 2019, indicated orientation would contain the following topics: -the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; and -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. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557;	01500		

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01500	Continued From page 4 (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training 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 challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations,	01500		

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01500	Continued From page 5 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 observation, interview, and record review, the licensee failed to ensure an employee received all the required training for one of three employees (unlicensed personnel (ULP)-D). 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: ULP-D was hired on March 3, 2022, and provided services under the assisted living license. On February 27, 2024, at 9:30 a.m., surveyor observed ULP-D administer R3's morning medications. ULP-D's employee annual training records lacked the following training: - training on reporting of maltreatment of vulnerable adults under section 626.557. On February 27, 2024, at 1:04 p.m., assisted	01500		

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01500	Continued From page 6 living director in residency (ALDIR)-A stated the Abuse, Neglect and Exploitation Mandatory Reporter course was last completed by ULP-D on December 31, 2022, and was unsure why the same annual training course assigned on January 9, 2023, was not completed. The licensee's Annual Required Staff Training policy dated March 1, 2019, indicated the following training elements must be included every 12 months to all staff who performs direct care services. Included in the training elements was training on reporting of maltreatment of vulnerable adults under section 626.557. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan.	01640		

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01640	Continued From page 7 (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the resident and/or resident's representative to document agreement on the services to be provided for three of three residents (R1, R2, R3). 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 the potential to affect a large portion or all residents). The findings include: R1 R1's signed Service Plan dated August 3, 2023, indicated the following services were included: -bathing assistance two days per week; -licensed practical nurse (LPN) reminder every thirteen days; -medication administration by unlicensed personnel (ULP) seven times per day; and -weight recorded seven days per week. R1's unsigned Service plan with print date of February 27, 2024, indicated the following	01640		

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01640	Continued From page 8 changes had been made to the Service Plan: -bathing assistance increased to three days per week; -LPN reminder increased to every 28 days; -addition of medications administered by nurse every fourteen days; -medication administration by ULP decreased to six times per day; -addition of pain recorded five times per day; and -decrease of weight recorded to three days per week. R1's record lacked a current service plan with signature or authentication by the resident or resident's representative with all current services provided by the licensee after addition and revision of services on or after August 3, 2023. R2 R2's signed Service Plan dated December 19, 2023, included the following services: -continuous glucose monitoring sensor replacement every 26 days; -hydration/water therapy four times per day; -medication administration by ULP six times per day; -recording blood glucose four times per day; and -safety checks/well-being checks 16 times per day. R2's unsigned Service Plan with a print date of February 26, 2024, indicated the following changes had been made to the Service Plan: -continuous glucose monitoring sensor replacement increased to every 28 days; -hydration/water therapy increased to seven times daily; -addition of meal assistance three times daily; -addition of medication administration by the nurse every 14 days;	01640		

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01640	Continued From page 9 -medication administration by ULP increased to eight times per day; -recording blood glucose decreased to three times per day; -safety checks/well being checks increased to 21 times per day; -addition of daily skin treatment by nurse; -addition of toileting assistance eight times per day; and -addition of wheelchair use three times per day. R2's record lacked a current service plan with signature or authentication by the resident or resident's representative with all current services provided by the licensee after addition and revision of services on or after December 19, 2023. R3 R3's signed Service Plan dated July 6, 2023, included the following services: -medication administration by ULP three times per day; -recording blood glucose even days and odd days; -record weight one time day per week; -toileting assistance three times per day; and -safety checks/well-being checks two times per day. R3's unsigned Service Plan with a print date of February 26, 2024, indicated the following changes had been made to the Service Plan: -medication administration by ULP increased to four times per day; -recording blood glucose increased to four times a day; -record weight increased three times day per week; -toileting assistance increased to six times per	01640		

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01640	Continued From page 10 day; -safety checks/well-being checks increased six times per day; -addition of ULP reminder daily; -addition of incontinence and perineal care assistance three times per day; -addition of oxygen management every 28 days by nurse; -addition of oxygen management every 30 days by nurse; -addition of respiratory equipment care and maintenance every 14 days by nurse; -addition of daily skin treatment by nurse; and -addition of daily wound care by nurse. R3's record lacked a current service plan with signature or authentication by the resident or resident's representative with all current services provided by the licensee after addition and revision of services on or after July 6, 2023. On February 27, 2024, at 2:54 p.m., assisted living director in residence (ALDIR)-A and operations director (OD)-C stated they updated service plans and authenticated them annually and with changes to pricing. The licensee's Service Plan policy dated August 1, 2021, indicated the service plan and any revisions shall include a signature or other authentication by [licensee] and by the resident, or resident's representative, documenting agreement on the services to be provided. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		

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01790	Continued From page 11	01790		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in	01790		

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01790	Continued From page 12 the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two unlicensed personnel (ULP)-D, ULP-E) were trained and demonstrated competency to prepare and give medications for residents having unplanned time away when licensed nurse is not available. 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 the potential to affect a large portion or all of the residents).	01790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30668	A. BUILDING: _____ B. WING _____	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMARACK COURT OF BEMIDJI	1511 DELTON AVENUE NW BEMIDJI, MN 56601

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01790	Continued From page 13 The findings include: During the entrance conference on February 26, 2024, at 9:15 a.m., the assisted living director in residency (ALDIR)-A confirmed the licensee provided medication management services to residents at the facility. ULP-D ULP-D was hired on March 3, 2022, and provided services under the assisted living license. On February 27, 2024, at 9:30 a.m., surveyor observed ULP-D administer R3's morning medications. ULP-E ULP-E was hired on May 26, 2023, and provided services under the assisted living license. On February 27, 2024, at 7:30 a.m., surveyor observed ULP-E administer R1's morning medications. ULP-D and ULP-E's training record lacked evidence to indicate ULP-D and ULP-E had been trained and had demonstrated competency to provide medications for residents for unplanned time away from home. On February 27, 2024, at 12:13 p.m., ALDIR-A stated the licensee has a policy, but no competency. Additionally, ALDIR-A stated the licensee has talked about the training, just have not completed the training and competency with the ULPs yet. The licensee's Medication Administration-Outings and Unplanned Time Away (LOA) policy dated	01790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30668	A. BUILDING: _____ B. WING _____	02/29/2024

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01790	Continued From page 14 November 11, 2019, indicated a licensed nurse or properly trained and competency tested ULP may give the resident or resident's representatives medications in amount and dosages needed for the length of anticipated absence, not to exceed seven days. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01790		

Minnesota Department of Health
Food, Pools & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *02/27/24*
Time: 11:58:17
Report: 3822241028

Food and Beverage Establishment Inspection Report

Location:
Tamarack Court
1511 Delton Avenue N.W.
Bemidji, MN56601
Beltrami County, 04

Establishment Info:
ID #: 0021083
Risk: Low
Announced Inspection: No

License Categories:

Expires on: / /

Operator:
Eldercare of Bemidji, Inc.

Phone #: 2184444999
ID #: 26300

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.

4-600 Cleaning Equipment and Utensils

4-601.11A ***** Priority 2 *****

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

CEDAR COTTAGE: OBSERVED COMMERCIAL CAN OPENER PIERCING EDGE DIRTY, CLEAN AND SANITIZE.

Comply By: 02/27/24

4-100 Equipment Construction Materials

4-101.19

MN Rule 4626.0495 Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.

CEDAR COTTAGE: REMOVE ABSORBENT MATTING UNDER DISHWARE.

Comply By: 02/28/24

Surface and Equipment Sanitizers

Acid: = 700 PPM at Degrees Fahrenheit
Location: SPRAY BOTTLES, WIPING BUCKETS
Violation Issued: No

Chlorine: = 75PPM at Degrees Fahrenheit
Location: TAMARACK DISHWASHER
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit
Location: CEDAR DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 135 Degrees Fahrenheit - Location: TAMARACK SLOPPY JOES
Violation Issued: No

Process/Item: Cooking
Temperature: 165 Degrees Fahrenheit - Location: CEDAR SWEET SOUR CHICKEN
Violation Issued: No

Process/Item: Upright Cooler
Temperature: <41 Degrees Fahrenheit - Location: ALL REACH-IN COOLERS
Violation Issued: No

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

TAMARACK COURT AND CEDAR COTTAGE OPERATE ON SAME MDH LICENSE.

SANITIZER AND TEMP LOGS UP TO DATE AND COMPLIANT.

SERVING KITCHEN FROM ATTACHED NURSING HOME FOR TAMARACK COURT.

BOTH FACILITIES SERVE FOOD FAMILY STYLE.

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 3822241028 of 02/27/24.

Certified Food Protection Manager: Alyssa Dervie

Certification Number: FM112998 Expires: 09/23/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Shirley Herding
Manager

Signed: Dave Kaufman
Dave Kaufman, RS
Environmental Health Specialist
Bemidji District Office
218-308-2100
david.kaufman@state.mn.us