Electronically Delivered
February 2, 2022

Administrator
Parks' Place
18040 Medina Road
Plymouth, MN 55446

RE: Project Number(s) SL35447015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on December 15, 2021, 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 surveys. 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,

Jessica 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
	35447	A. BUILDING: _____ B. WING _____	12/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKS' PLACE	18040 MEDINA ROAD PLYMOUTH, MN 55446

(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 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: SL#35447015 On December 13, 2021, through December 15, 2021, 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 29 residents receiving services under the provider's Assisted Living with Dementia Care 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 Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 450 SS=C	144G.41 Subdivision 1 Minimum requirements	0 450		

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0 450	Continued From page 1 All assisted living facilities shall: (1) distribute to residents the assisted living bill of rights; (2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285; (3) utilize a person-centered planning and service delivery process; (4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections 148.171 to 148.285; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current "Minnesota Bill of Rights for Assisted Living Residents" (BOR) was provided to the residents and a written acknowledgement received for two of three residents (R1 and R3) with records reviewed. This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 started receiving services on August 8, 2020. R1's record indicated the BOR was sent to the resident/resident representative but there was no written acknowledgement from the	0 450		

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0 450	Continued From page 2 resident/resident representative in record. R3 started receiving services on May 25, 2021. R3's record lacked evidence the BOR was provided or a written acknowledgement received. On December 15, 2021, at approximately 11:20 a.m., licensed assisted living director (LALD)-C acknowledged R1 and R3's records lacked BOR acknowledgement and stated most of the residents admitted before August 1, 2021, were missing the assisted living BOR acknowledgement in their records. The licensee's Bill of Rights-AL-MN policy, dated September 16, 2021, indicated the licensee will ensure each resident receives a current copy of the BOR for assisted living residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 450		
0 630 SS=E	144G.42 Subd. 6 Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes	0 630		

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0 630	Continued From page 3 self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed including statements of specific measures to be taken to minimize the risk of abuse for two of three residents (R2 and R3) 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: R2 was admitted to the licensee on September 8, 2021. R2's diagnoses included unspecified dementia without behavioral disturbance, weakness, and dysphagia (difficulty swallowing). R2's IAPP, dated November 18, 2021, identified vulnerabilities including: fall risk, risk for pressure ulcers, risk of abuse from others, not oriented to person, place or time, anxiety and weakness. R2's IAPP lacked individualized measures to reduce the risk of abuse to self and by others. R3 was admitted to the licensee on May 25, 2021. R3's diagnoses included late onset Alzheimer's dementia (a progressive disease that destroys memory and other important mental	0 630		

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0 630	Continued From page 4 functions) with behaviors, hypertension, and nonrheumatic aortic valve disorders (heart disease not caused by rheumatic fever). R3's IAPP, dated August 13, 2021, identified vulnerabilities including: not oriented to person, place, or time, fall risk, mobility, decreased physical strength, chronic pain, skin breakdown, and memory loss. R3's IAPP lacked individualized measures to reduce the risk of abuse to self and by others. On December 15, 2021, at approximately 12:30 p.m., registered nurse (RN)-A, acknowledged R2 and R3's IAPPs were missing specific interventions and stated they will update their interventions. The licensee's Abuse Prohibition-AL-MN policy, dated February 21, 2019, indicated the licensee prohibits the maltreatment by anyone including staff, other vulnerable adults, family, friends, volunteers, etc. The licensee has designated and implemented processes, which strive to ensure the prevention, identification, reporting, and investigation of vulnerable adult maltreatment. The policy lacked the verbiage to include specific interventions. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
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	0 810		

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0 810	Continued From page 5 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct required employee evacuation drills. This had the potential to affect all current residents, staff, and visitors to the facility. This practice resulted in a level two violation (a	0 810		

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0 810	Continued From page 6 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 is 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: On December 14, 2021, at approximately 11:30 a.m., the surveyor requested to review the licensee's fire safety and evacuation policy, plans, procedures, schedules, and logs, if available. Upon review the following items were not documented: 1. No record of required employee evacuation drills since August 1, 2021. The licensed assisted living director (LALD)-C stated the last fire drill was performed April 13, 2021 and January 19, 2021, indicating a quarterly frequency. Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
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	01470		

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01470	Continued From page 7 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: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and	01470		

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01470	Continued From page 8 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 orientation to assisted living facility statutes, included all the required content, for two of two employees (registered nurse (RN)-A and 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, 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). The findings include: On December 14, 2021, at approximately 8:00 a.m., RN-A served breakfast to the residents. RN-A started employment with the licensee on September 1, 2021. RN-A's employee record lacked evidence of	01470		

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01470	Continued From page 9 orientation to the following: - an overview of Assisted Living laws 144G - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - 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 - a review of the types of assisted living services the employee will be providing and the facility's category of licensure On December 14, 2021, at approximately 9:30 a.m., ULP-B passed medications to the assisted living residents. ULP-B started employment on October 14, 2019, under the comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-B's employee record lacked evidence of orientation to the following: - an overview of Assisted Living laws 144G - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights - the principles of person-centered planning and service delivery and how they apply to direct	01470		

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01470	Continued From page 10 support services provided by the staff person - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - 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 - a review of the types of assisted living services the employee will be providing and the facility's category of licensure On December 15, 2021, at approximately 11:40 a.m., licensed assisted living director (LALD)-C acknowledged the employees' record lacked orientation to assisted living licensing requirements and regulations and stated the licensee will do orientation to all staff to include assisted living licensing requirements and regulations. The licensee's Orientation and Annual Training-AL-MN policy, dated August 1, 2021, indicated the licensee will ensure all employees receive necessary training upon employment and annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470		
01500 SS=F	144G.63 Subd. 5 Required annual training	01500		

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01500	Continued From page 11 (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; (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	01500		

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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
01500	Continued From page 12 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, 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 at least eight hours of annual training for each 12 months of employment for one of two employees (unlicensed personnel (ULP)-B) with training 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 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: On December 14, 2021, at approximately 9:30 a.m., ULP-B passed medications to the assisted	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35447	A. BUILDING: _____ B. WING _____	12/15/2021

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01500	Continued From page 13 living residents. ULP-B started employment on October 14, 2019, under the comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-B's record lacked evidence of annual training to include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (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	01500		

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01500	Continued From page 14 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, 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. On December 15, 2021, at approximately 11:55 a.m., licensed assisted living director (LALD)-C acknowledged annual training had not been completed for ULP-B. LALD-C stated none of the licensee's staff had completed the annual training due to Covid-19. The licensee's Orientation and Annual Training-AL-MN policy, dated August 1, 2021, indicated the licensee will ensure all employees receive necessary training upon employment and annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan	01730		

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01730	Continued From page 15 (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health	01730		

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01730	Continued From page 16 professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop an individualized medication management record with the required content for two of three residents (R2 and R3) 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 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On December 14, 2021, between 9:30 a.m. and 10:00 a.m., unlicensed personnel (ULP)-B administered medications to R2 and R3. R2 was admitted to the licensee on September 8, 2021. R2's service plan, dated October 6, 2021, indicated R2 received services including medication administration. R2's Individualized Medication Management Plan, dated November 18, 2021, lacked procedures for ULPs to notify a nurse if problems arise. R3 was admitted to the licensee on May 25, 2021.	01730		

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01730	Continued From page 17 R3's service plan, dated October 6, 2021, indicated R3 received services including medication administration. R3's Individualized Medication Management Plan, dated October 8, 2021, lacked procedures for ULPs to notify a nurse if problems arise. On December 14, 2021, at approximately 1:00 p.m., registered nurse (RN)-A acknowledged staff did not have specific instructions for notifying the RN or licensed health professional when problems arise and stated she will update the records. The licensee's Medication Management Services-AL policy, dated August 7, 2021, indicated the RN will develop individual medication management plan (IMMP) for each resident receiving medication management services. The policy lacked the verbiage for the content of the IMMP. No further information was provided. Time period for correction: Seven (7) days	01730		
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	01890		

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01890	Continued From page 18 by: Based on observation, interview and record review, the licensee failed to ensure expired medications were properly disposed of for one of three residents (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, 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). Findings include: On December 14, 2021, at approximately 9:30 a.m., unlicensed personnel (ULP)-B administered medications to R2. On December 14, 2021, at approximately 10:20 a.m., the surveyor observed the following expired medications, all which were past the manufacturer's use by date, in R2's medication box: -acetaminophen (analgesic) tablets 500 mg -melatonin (treats insomnia) tablets 3 mg -triamcinolon (topical steroid) ointment 0.1% -baza protector (moisture barrier) cream -biofreeze (topical analgesic) gel 4% -polyethylene glycol 3350 (laxative) R2's physician orders, dated December 1, 2021, indicated R2's prescriptions included: -fluoxitine (antidepressant) 20 milligrams (mg) one capsule by mouth once a day -milk of magnesia (laxative) 15 milliliter (ml) by mouth once a day	01890		

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01890	Continued From page 19 -vitamin D3 (treats low vitamin D) 50 microgram (mcg) one capsule by mouth once daily -Benicar (antihypertensive) 20 mg one tablet by mouth once daily On December 14, 2021, at approximately 10:40 a.m., registered nurse (RN)-A acknowledged the R2 had expired medications and stated nurses check medications monthly to ensure they are not expired. The licensee's Medication Management Services-AL policy, dated August 7, 2021, indicated there will be a signed prescription for all medications for the residents. The policy lacked what to do with expired medications. No further information provided TIME PERIOD FOR CORRECTION: Seven (7) days.	01890		

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

Type: Full
Date: *12/14/21*
Time: 11:28:25
Report: 1004211280

Food and Beverage Establishment Inspection Report

Location:
Parks' Place
18040 Medina Road
Plymouth, MN55446
Hennepin County, 27

Establishment Info:
ID #: 0037672
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6123988166
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

Chlorine: = 100PPM at Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: SANITIZER DISPENSER (3-COMP)
Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: WET WIPING CLOTH BUCKET
Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: WET WIPING CLOTH BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: TURKEY
Temperature: 38 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: PUDDING
Temperature: 38 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: MILK
Temperature: 39 Degrees Fahrenheit - Location: NORKLAKE STANDING COOLER
Violation Issued: No

Process/Item: SAUCE/GRAVY
Temperature: 176 Degrees Fahrenheit - Location: HOT HOLDING FOR SERVICE- STOVE TOP
Violation Issued: No

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

INSPECTION WAS CONDUCTED BY MOLLY DOUGHERTY (FPLS) IN CONJUNCTION WITH A HEALTH REGULATIONS DIVISION (HRD) SURVEY CONDUCTED BY BENARD NYANGENA.

DISCUSSED:
-EMPLOYEE ILLNESS POLICY AND LOG
-HANDWASHING
-SANITIZER USE AND TEST KITS
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-DATE MARKING PROCEDURES
-COOLING PROCEDURES
-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
-VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES
-FOOD SOURCE
-RECEIVING DELIVERIES PROCEDURES
-FOOD SERVICE PROCEDURES
-PEST CONTROL
-LOGS (COOLER TEMPERATURE, COOKING TEMPERATURES, COOLING TEMPERATURES, SANITIZER CONCENTRATIONS, ETC)
-PHYSICAL FACILITIES AND MAINTENANCE

*ESTABLISHMENT HAS A KITCHENETTE AREA IN THE DINING ROOM THAT IS EQUIPPED WITH RESIDENTIAL EQUIPMENT, COUNTERS, CABINETRY, FLOORS, AND WALLS. AREA IS USED ONLY FOR SAME-DAY SERVICE OF ITEMS SUCH AS COOKIES, SMOOTHIES, ETC, STORAGE OF EMPLOYEE FOOD, OR USED BY FAMILIES OF RESIDENTS. FLOORS, WALLS, CABINETRY, AND COUNTERTOPS ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

*IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

*NO VIOLATIONS OBSERVED DURING TIME OF INSPECTION

*REPORT WAS DISCUSSED WITH THE EXECUTIVE CHEF, GARRETT, THE EXECUTIVE DIRECTOR, JENNY, AND WITH THE NURSE EVALUATOR, BENARD.

Food and Beverage Establishment Inspection Report

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 1004211280 of 12/14/21.

Certified Food Protection Manager: GARRETT R. HESS

Certification Number: FM48200 Expires: 04/18/24

Signed: _____

GARRETT HESS
EXEC. CHEF

Signed: Molly Dougherty

Molly Dougherty
Public Health Sanitarian
Metro District Office
651-201-3978
molly.dougherty@state.mn.us