Electronically Delivered

September 26, 2022

Administrator
McCornell Court
122 McCornell Avenue West
Parkers Prairie, MN 56361

RE: Project Number(s) SL30437015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on August 24, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

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

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

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

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

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

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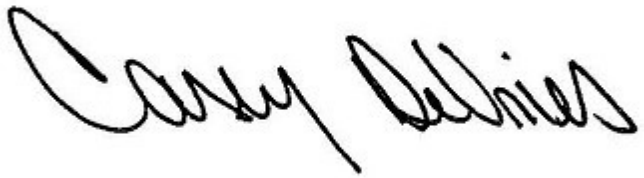
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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,



Casey DeVries, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30437	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCORNELL COURT	122 MCCORNELL AVE N PARKERS PRAIRIE, MN 56361

(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: SL30437015-0 On August 22, 2022, through August 24, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 14 residents, all of whom received services under the provider's Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD) was listed as the Director of Record with the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all the licensee's residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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). The findings include: LALD-B had a license effective through October 31, 2022. However, LALD-B's license lacked an organization listed as the Director of Record with BELTSS. On August 22, 2022, at approximately 10:10 a.m., LALD-B confirmed his license lacked identification of the Director of Record as required. The licensee's Personnel Records policy dated January 12, 2022, noted the personnel record would include evidence of current professional	0 110		

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0 110	Continued From page 2 licensure. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and 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. 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	0 480		

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0 480	Continued From page 3 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). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 23, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the required information related to reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC) as required. This had the potential to affect all current residents, staff and visitors.	0 550		

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0 550	Continued From page 4 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On August 22, 2022, at approximately 10:40 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-B and registered nurse (RN)-A. The facility had a bulletin board just inside the main entrance door and outside the dining room. On August 22, 2022, at approximately 11:50 a.m., RN-A verified the MAARC information, and the reporting number was not posted as required. RN-A stated the information had been posted but was not there at this time. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 550		
0 630 SS=F	144G.42 Subd. 6 (b) 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	0 630		

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0 630	Continued From page 5 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 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 was developed to include the required content for two of two residents (R1 and R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 and R2's records lacked an individual abuse prevention plan to include an assessment of the resident's susceptibility to abuse by another individual, including other vulnerable adults. R1 R1's diagnoses included chronic kidney disease. R1's Service Plan and Fee Schedule dated June 23, 2022, indicated R1 received services including assistance with bathing, medication management and glucose monitoring.	0 630		

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0 630	Continued From page 6 R1's Vulnerability assessment dated December 27, 2021, noted areas of vulnerability, the risk posed to other vulnerable adults or staff, but lacked the resident's susceptibility to abuse. R2 R2's diagnoses included hypertension. R2's Service Plan and Fee Schedule dated June 21, 2022, indicated R2 received services including assistance with bathing and medication management. R2's Vulnerability assessment dated December 6, 2021, noted areas of vulnerability, the risk posed to other vulnerable adults or staff, but lacked the resident's susceptibility to abuse. On August 24, 2022, at approximately 9:35 a.m., registered nurse (RN)-A verified the assessments did not identify a resident's susceptibility to abuse by other individuals, and stated the same format was utilized for all residents. The licensee's Individual Abuse Prevention Plans policy dated January 16, 2022, noted the individual abuse prevention plan would include an individualized review or assessment of the resident's susceptibility to be abuse by another individual, including other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 650 SS=E	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of	0 650		

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0 650	Continued From page 7 each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the employee records contained the required content for two of two employees (registered nurse (RN)-C and unlicensed personnel (ULP)-E). This practice resulted in a level two violation (a	0 650		

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0 650	Continued From page 8	0 650		

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:

RN-C
RN-C was hired on March 3, 2005, and began providing assisted living services on August 1, 2021.

On August 23, 2022, at approximately 10:05 a.m., the surveyor observed RN-C perform a dressing change on R2 in his apartment.

RN-C's employee record lacked evidence of:
- records of orientation to assisted living statutes, review of the provider's policies and procedures, reporting maltreatment of vulnerable adults, assisted living Bill of Rights, handling resident complaints, consumer advocacy services, and review of the types of assisted living services the employee would provide and the provider's scope of license.

ULP-E
ULP-E was hired on November 2, 2021, to provide assisted living services.

ULP-E's employee record lacked evidence of:
- records of training and competency evaluations under statute 144G.61 Subd. 2 and Subd. 2(b).

On August 22, 2022, at approximately 1:30 p.m.,

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0 650	Continued From page 9 RN-A stated the required training had been completed, however, RN-C's record lacked the check-off sheet used to identify the orientation was done. In addition, RN-A stated she had provided the training and competency testing for ULP-E but had not saved the check-off sheets to put in the employee record. The licensee's Personnel Records policy dated January 12, 2022, noted the personnel record would include record of orientation and all required training for unlicensed personnel and competency evaluations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives,	0 730		

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0 730	Continued From page 10 guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident record included a discharge summary with the required content for one of one discharged resident (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	0 730		

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0 730	Continued From page 11	0 730		

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:

R3's record lacked a discharge summary to include:
- diagnoses;
- course of illness;
- allergies;
- treatments and therapies;
- pertinent lab, radiology, and consultation results; and
- a final summary of the resident's status from the latest assessment or review including baseline and current mental, behavioral, and functional status.

R3's diagnoses included diabetes mellitus type 2 and dementia.

R3 discharged to the skilled nursing facility on August 12, 2022.

R3's undated Service Plan and Fee Schedule noted services included assistance with bathing and medication management.

On August 22, 2022, at approximately 12:55 p.m., registered nurse (RN)-A stated the resident's record lacked a discharge summary with the required content. In addition, RN-A stated the resident and family had just decided last week to transfer the resident to the skilled nursing facility.

The licensee's Discharge Summary policy dated December 16, 2021, indicated a discharge

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0 730	Continued From page 12 summary would be written at the time of discharge to include a summary of the resident's stay to include the diagnosis, course of illnesses, allergies, treatments, therapies, pertinent lab results, pertinent radiology results, pertinent consultation results, and a final summary of the resident's status. No further information was provided. TIME PERIOD FOR CORRECTIONS: Twenty-one (21) days	0 730		
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect some of the residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number	0 800		

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0 800	Continued From page 13 of staff are involved, or the situation has occurred only occasionally). The findings include: On August 23, 2022, from approximately 10:18 a.m. to 11:40 a.m., survey staff toured the facility with licensed assisted living director (LALD)-B. During the facility tour, survey staff observed and verified the following maintenance issues: 1. Bathroom fan cover in room #208 was loose and not hanging on the wall properly. 2. Bathroom towel holder was loose in room # 202. LALD-B verbally confirmed survey staff observations during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
01560 SS=C	144G.64 (a, b, c) TRAINING IN DEMENTIA CARE REQUIRED (5) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months. (b) Areas of required training include: (1) an explanation of Alzheimer's disease and other dementias; (2) assistance with activities of daily living; (3) problem solving with challenging behaviors; (4) communication skills; and (5) person-centered planning and service delivery.	01560		

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01560	Continued From page 14 (c) The facility shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide in written or electronic form to residents, families, or other persons who requested it, the dementia care training program with the required content. This practice resulted in a level one violation (a violation that has no 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: The licensee's undated Dementia Disclosure Statement noted staff would be trained on a current explanation of Alzheimer's disease and related disorders, would be provided information to help them use effective approaches to problem solve when working with clients [residents] with challenging behaviors and would be trained on other topics related to dementia as deemed necessary. In addition, it noted the unlicensed personnel and nurses would be trained annually. The statement also noted the topics covered by the training would include dementia, right on target, vulnerable adult protection and client [resident] behaviors. However, the statement lacked the following required content:	01560		

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01560	Continued From page 15 - the frequency of training to include the initial training upon hire; and - topics to include assistance with activities of daily living, communication skills, and person-centered planning and service delivery. On August 22, 2022, at approximately 12:15 p.m., registered nurse (RN)-A confirmed the form lacked the required content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01560		
01620 SS=E	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a	01620		

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01620	Continued From page 16	01620		

prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment for two of two residents (R1 and R2).

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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:

R1
R1's diagnoses included chronic kidney disease.

R1's Service Plan and Fee Schedule dated June 23, 2022, indicated R1 received services including assistance with bathing, medication management, and glucose monitoring.

R1's record contained Comprehensive Nursing Assessments dated December 27, 2021, March 28, 2022, June 1, 2022, and June 20, 2022. In addition, R1's record contained a 14-day Supervisory Visit Notes form dated January 10, 2022. However, the form lacked the required content of a comprehensive assessment.

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01620	Continued From page 17 R2 R2's diagnoses included hypertension. R2's Service Plan and Fee Schedule dated June 21, 2022, indicated R2 received services including assistance with bathing and medication management. R2's record contained Comprehensive Nursing Assessments dated September 22, 2021, January 4, 2022, March 29, 2022, and June 14, 2022. In addition, the resident's record contained a 14-day Supervisory Visit Notes form dated October 4, 2021. However, the form lacked the required content of a comprehensive assessment. On August 24, 2022, at approximately 9:35 a.m., RN-A confirmed the 14-day visit note was not a comprehensive assessment, and stated she was not aware it needed to be comprehensive. The licensee's Initial and On-going Nursing Assessment of Residents policy dated January 12, 2022, noted the RN would complete a comprehensive nursing assessment of the resident's physical, mental, and cognitive needs as required to include: - pre-admission assessment; - 14-day assessment; - ongoing assessment no less than every 90 days; and - with a change in condition. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		

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01650	Continued From page 18	01650		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for two of two residents (R1 and R2). This practice resulted in a level two violation (a	01650		

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01650	Continued From page 19 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 and R2's service plans lacked the following required content: - schedule and methods of monitoring reviews or assessments of the resident. R1 R1's diagnoses included chronic kidney disease. R1's Service Plan and Fee Schedule dated June 23, 2022, indicated R1 received services including assistance with bathing, medication management and glucose monitoring, however, the service plan lacked the above required content. R2 R2's diagnoses included hypertension. R2's Service Plan and Fee Schedule dated June 21, 2022, indicated R2 received services including assistance with bathing and medication management, however, the service plan lacked the above required content. On August 24, 2022, at approximately 9:35 a.m., registered nurse (RN)-A confirmed R1 and R2's service plans lacked the schedule and methods of monitoring reviews or assessments of the resident, and stated the same service plan template was utilized for all of the licensee's	01650		

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01650	Continued From page 20 residents. The licensee's Contents of Service Plans policy dated January 12, 2022, noted the service plan would include the schedule and methods of monitoring assessments. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01700 SS=F	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent	01700		

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01700	Continued From page 21 diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conducted an individualized assessment with the required content for two of two residents (R1 and R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on August 22, 2022, at approximately 10:15 a.m., RN-A stated the licensee provided medication management services to their residents. R1 and R2's records lacked evidence the RN had conducted a medication assessment to include: - an identification and review of all medications the resident was known to be taking; - indications; - side effects; - contraindications; - allergic or adverse reactions; and - actions to address these issues.	01700		

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01700	Continued From page 22 R1 R1's diagnoses included chronic kidney disease. R1's Service Plan and Fee Schedule dated June 23, 2022, indicated R1 received services including assistance with bathing, medication management, and glucose monitoring. On August 23, 2022, at approximately 1:05 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's medication. R1's prescriber orders dated June 20, 2022, included one medication for hypertension and one antidepressant. R1's August 2022 Medication Administration Record listed medications as prescribed, times to administer, and staff initials on each date to indicate the medications had been given. R1's record contained Comprehensive Nursing Assessments dated December 27, 2021, March 28, 2022, June 1, 2022, and June 20, 2022, however, the assessments lacked the required content related to a medication assessment. R2 R2's diagnoses included hypertension. R2's Service Plan and Fee Schedule dated June 21, 2022, indicated R2 received services including assistance with bathing and medication management. R2's prescriber orders dated January 10, 2022, included one medication for hypertension and one for anxiety. R2's August 2022 Medication Administration	01700		

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01700	Continued From page 23 Record listed medications as prescribed, times to administer, and staff initials on each date to indicate the medications had been given. R2's record contained Comprehensive Nursing Assessments dated September 22, 2021, January 4, 2022, March 29, 2022, and June 14, 2022, however, the assessments lacked the required content related to a medication assessment. On August 23, 2022, at approximately 10:50 a.m., RN-A confirmed the required content for the medication assessment was not included in the comprehensive assessment tool, or in any other format. In addition, RN-A stated she had not completed a medication assessment for any of the licensee's residents, and was not aware of the requirement. The licensee's Initial and On-going Nursing Assessment of Residents policy dated January 12, 2022, noted the assessment would include medication review to include the reason taken, side effects, contraindications, allergic or adverse reactions, and actions to address side effects, contraindications, and allergic or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication	01730		

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01730	Continued From page 24 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 professional, or authorized prescriber is providing medication management.	01730		

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01730	Continued From page 25 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 plan with the required content for one of two residents (R1). 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: During the entrance conference on August 22, 2022, at approximately 10:15 a.m., registered nurse (RN)-A stated the licensee provided medication management services to their residents. R1's diagnoses included chronic kidney disease. R1's Service Plan and Fee Schedule dated June 23, 2022, indicated R1 received services including assistance with bathing, medication management, and glucose monitoring. R1's prescriber orders dated June 20, 2022, included one medication for hypertension and one antidepressant. On August 23, 2022, at approximately 1:05 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's medication.	01730		

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01730	Continued From page 26 R1's August 2022 Medication Administration Record listed medications as prescribed, times to administer, and staff initials on each date to indicate the medications had been given. R1's record lacked evidence of a medication management plan to include: - a statement describing the medication management services to be provided; - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring mediation refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a RN when a problem arose with medication management services; and - any resident-specific requirements relating to documenting medication administration, verifications all medications were administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. R1's record contained Comprehensive Nursing Assessments dated December 27, 2021, March 28, 2022, June 1, 2022, and June 20, 2022, however, the assessments lacked the required content related to a medication assessment. On August 24, 2022, at approximately 9:35 a.m., RN-A confirmed R1's record lacked a medication management plan and stated it must have gotten	01730		

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	30437	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCORNELL COURT	122 MCCORNELL AVE N PARKERS PRAIRIE, MN 56361

(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
01730	Continued From page 27 missed. The licensee's Resident Pre-Admission Assessment & Monitoring Process - Nursing policy dated January 12, 2022, noted when the 14-day assessment was completed the RN would evaluate the resident's medication management services and medications and complete a medication management plan if the organization provided services related to the resident's medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30437	A. BUILDING: _____ B. WING _____	08/24/2022

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MCCORNELL COURT	122 MCCORNELL AVE N PARKERS PRAIRIE, MN 56361

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01940	Continued From page 28	01940		

problem arises with treatments or therapy services; and
(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (R1).

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:

During the entrance conference on August 22, 2022, at approximately 10:15 a.m., registered nurse (RN)-A stated the licensee provided treatment management services to the licensee's residents.

R1's diagnoses included chronic kidney disease.

R1's Service Plan and Fee Schedule dated June

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30437	A. BUILDING: _____ B. WING _____	08/24/2022

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01940	Continued From page 29 23, 2022, indicated R1 received services including assistance with bathing, medication management and glucose monitoring. R1's prescriber orders dated June 20, 2022, included an order for blood sugars one time a day every four days. R1's record lacked a treatment management plan to include: - a statement of the type of services that would be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that would be delegated to unlicensed personnel; - procedures for notifying a RN when a problem arose with treatment or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent complications or adverse reactions. On August 24, 2022, at approximately 9:35 a.m., RN-A confirmed a treatment management plan had not been completed on R1, and stated it had been missed. The licensee's Resident Pre-Admission Assessment & Monitoring Process - Nursing policy dated January 12, 2022, noted when the 14-day assessment was completed it would include an evaluation of the resident's treatments, if any and completion of a treatment and therapy management plan if the organization provided services related to the resident's treatments.	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01940	Continued From page 30 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

Minnesota Department of Health

PO Box 64495
St Paul, Minnesota
651-201-4500

Type: Full
Date: *08/23/22*
Time: 11:00:10
Report: 1008221045

Food and Beverage Establishment Inspection Report

Location:
Mccornell Court
122 Mccornell Ave N
Parkers Prairie, MN56361
Otter Tail County, 56

Establishment Info:
ID #: 0037466
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2183384671
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.

The following orders were issued during this inspection.

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

CURRENTLY ONE EMPLOYEE HAS COMPLETED THE COURSE WORK AND IS APPLYING TO THE STATE FOR THEIR CFPM.

Comply By: 09/06/22

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 42 Degrees Fahrenheit - Location: MILK
Violation Issued: No

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

ASSISTED LIVING MEALS ARE PREPPED, COOKED, AND PLATED AND TRANSPORTED FROM THE NURSING HOME COMMERCIAL KITCHEN. AFTER SERVICE ALL DISHES ARE RETURNED TO THE NURSING HOME COMMERCIAL KITCHEN FOR CLEANING.

THINGS TO REMEMBER:

1 THE CERTIFIED FOOD PROTECTION MANAGER SHOULD BE ROUTINELY CONDUCTING SELF INSPECTIONS TO ENSURE THAT EMPLOYEES ARE FOLLOWING PROPER FOOD HANDLING PRACTICE.

2 EDUCATE EMPLOYEES ON THE IMPORTANCE OF REPORTING TO MANAGEMENT ANY ILLNESS THEY HAVE OR HAVE HAD RECENTLY. MANAGEMENT SHOULD EXCLUDE ANY

WORKERS ILL WITH VOMITING OR DIARRHEA FROM HANDLING FOOD, AND THEY SHOULD KEEP AN UP TO DATE EMPLOYEE ILLNESS LOG.

3 THERE SHOULD BE A PERSON IN CHARGE A THE ESTABLISHMENT DURING ALL HOURS OF OPERATION. THIS PERSON SHOULD ENSURE THAT EMPLOYEES ARE PRACTICING GOOD HAND WASHING PROCEDURES, INCLUDING BEING KNOWLEDGEABLE ABOUT WHEN HAND WASHING SHOULD BE DONE AND HOW TO PROPERLY WASH HANDS.

4. EMPLOYEES SHOULD USE SPATULA, TONGS, DELI TISSUE, GLOVES OR SOME OTHER APPROVED MEANS TO PREVENT ANY DIRECT BARE HAND CONTACT WITH READY TO EAT FOODS.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1008221045 of 08/23/22.

Certified Food Protection Manager: PENDING

Certification Number: _____ Expires: / /

Signed: emailed to HLD
Establishment Representative

Signed: Inspector ID# 1088

Public Health Sanitarian 3
Fergus Falls District Office
651-201-4500
health.foodlodging@state.mn.us