Electronically Delivered

September 9, 2022

Administrator
Rosemount Court
3710 145th Street West
Rosemount, MN 55068

RE: Project Number(s) SL26024015

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:
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,

Jonathan Hill, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jonathan.hill@state.mn.us
Telephone: 651-592-5119 Fax: 651-215-9697

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 26024 | A. BUILDING: _____ B. WING _____ | 08/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROSEMOUNT COURT | 3710 145TH STREET WEST ROSEMOUNT, MN 55068 |

| (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 |
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| 0 000 | Initial Comments<br><br>Initial comments<br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br>SL26024015<br><br>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 20 residents, all of whom received medication management 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.<br><br>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.<br><br>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 pursuant to 144G.31 Subd. 1, 2 and 3. | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the | 0 480 | | |

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| 0 480 | Continued From page 1<br>following services to residents:<br><br>(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:<br><br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>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).<br>The findings include:<br><br>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 22, 2022, for the specific Minnesota Food Code deficiencies.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 480 | | |

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| 0 780 SS=F | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and<br>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to provide interconnection of smoke alarms in the resident apartment units. This has the potential to directly affect residents, staff, and visitors.<br><br>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 | 0 780 | | |

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| 0 780 | Continued From page 3<br>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).<br><br>The findings include:<br><br>On August 24, 2022, approximately from 10:45 a.m. to 12:20 p.m., survey staff toured the home with the owner (O)-B and the director of maintenance (DM)-E. During the tour, survey staff observed the DM-E tested the smoke alarms inside resident apartment #302 and all smoke alarms were not interconnected as all alarms sounded local. Survey staff explained to the O-B and the DM-E that the smoke alarms inside each bedroom and outside the vicinity of the bedrooms of each apartment must be interconnected such that when one alarm is activated, all smoke alarms inside the apartment must sound throughout the apartment. The O-A and the DM-E verified the findings. The O-A stated that smoke alarms in all apartment units of the building were installed the same way. They asked about how to achieve interconnection when the smoke alarms inside the bedrooms were battery operated and the combination smoke/carbon alarms in the hallways were hardwired. Survey staff suggested they research or consult with a contractor about the wireless battery smoke alarms that are compatible with their existing hardwired combination smoke and carbon monoxide alarms.<br><br>On August 24, 2022, at approximately 1:10 p.m., during the exit interview, the LALD-A acknowledged the above findings.<br><br>No further information was provided. | 0 780 | | |

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| 0 780 | Continued From page 4<br>TIME PERIOD FOR CORRECTION: Fourteen (14) days | 0 780 | | |
| 0 800 SS=F | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents and staff.<br><br>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 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).<br><br>The findings are:<br><br>On August 24, 2022, approximately from 10:45 a.m. to 12:20 p.m., survey staff toured the home with the owner (O)-B and the director of maintenance (DM)-E. Survey staff observed the | 0 800 | | |

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| 0 800 | Continued From page 5<br>following findings:<br><br>1) No records or tags were attached to the backflow preventer device (reduced pressure zone) serving the boiler make-up water line to show the required annual testing of the device to ensure proper functioning to protect the water supply system. Survey staff asked about the testing tag but the DM-E and the O-B were not aware of the backflow preventer device testing.<br><br>2) No tags attached or provided for review on the sprinkler risers in the mechanical closet. Survey staff asked the O-B and the DM-E if testing a record or a bill was provided by the sprinkler contractor to show the required annual testing to ensure proper testing and inspections of the system. The O-B stated that she will review her files but had thought that the contractor was scheduled for the upcoming September (2022). Survey staff stated that the O-B may email the annual test record for further consideration by end of the next day (August 25, 2022).<br><br>3)No annual testing record of the smoke detection system was available or provided for review. The O-B stated that she will review her files for this record. Survey staff stated that the O-B may also email the annual test record for further consideration by end of the next day (August 25, 2022).<br><br>On August 24, 2022, at approximately 1:10 p.m., during the exit interview, the LALD-A acknowledged the above findings. Survey staff also explained to the LALD-A that the above-requested records will be honored and considered if the licensee can provide the documentation by the end of the next day (August 25, 2022). | 0 800 | | |

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| 0 800 | Continued From page 6<br><br>Additional information was received:<br><br>1)An email from O-B on 8/25/2022, at 2:15 p.m., that she has secured a sprinkler contractor for the sprinkler system test and inspection scheduled on 8/31/2022 sprinkler inspection at 2:00 p.m.<br>2)An email from the O-B's office manager, received on 8/24/2022, 4:46 p.m., with an attached contractor invoice, dated 1/1/2022, for "Annual Alarm Monitoring" which was not relevant to the requested annual smoke detection/alarm system test.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 800 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(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.<br>(d) Fire safety and evacuation plans shall be | 0 810 | | |

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| 0 810 | Continued From page 7<br>readily available at all times within the facility.<br>(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.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, record review, and interview, the licensee failed to provide all required content on the fire safety and evacuation plan and required employee training. This has the potential to directly affect the safety of residents receiving care, staff, and visitors.<br><br>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).<br><br>The findings include:<br><br>On August 24, 2022, at approximately 12:20 p.m. survey staff received the facility's fire safety and evacuation documentation and related documentation from the LALD-A for review. The review of the documentation indicated the following findings: | 0 810 | | |

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| 0 810 | Continued From page 8<br><br>FIRE SAFETY AND EVACUATION PLAN<br>1) The plan documentation 9.06 (fire policy), dated, 8/1/2021, lacked fire protection procedures necessary to address unique resident-specific situations during an evacuation. Unique situations that must be considered during an evacuation could be residents who have mobility limitations, cognitive impairment, deaf or blind, or any residents needing additional assistance during an evacuation that must be addressed in the fire safety and evacuation plan.<br>2)The floor plans lacked location and numbers of sleeping (apartment) rooms.<br><br>TRAINING<br>Documentation review showed the licensee lacked records of employee training specifically on the fire safety and evacuation plan. Survey staff explained that the fire safety and evacuation training was in addition to the annual required emergency preparedness plan training.<br><br>On August 24, 2022, at approximately 1:10 p.m., during the exit interview, the LALD-A acknowledged the above findings.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Fourteen (14) days | 0 810 | | |

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

Type: Full
Date: *08/22/22*
Time: 12:11:03
Report: 1004221194

# Food and Beverage Establishment Inspection Report



**Location:**
Rosemount Court
3710 145th Street West
Rosemount, MN55068
Dakota County, 19

**Establishment Info:**
ID #: 0037682
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6514540161
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

Wash Temp. Gauge: = at 151 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Rinse Temp. Gauge: = at 180 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Utensil Surface Temp.: = at 162 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Chlorine: = 200PPM at Degrees Fahrenheit
Location: SANITIZER SPRAY BOTTLE
Violation Issued: No

## Food and Equipment Temperatures

Process/Item: DELI HAM
Temperature: 39 Degrees Fahrenheit - Location: TRUE REFRIGERATOR
Violation Issued: No

Process/Item: MILK
Temperature: 40 Degrees Fahrenheit - Location: TRUE REFRIGERATOR
Violation Issued: No

# Food and Beverage Establishment Inspection Report



| 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 JOLENE BERTELSEN.

DISCUSSED:
-EMPLOYEE ILLNESS POLICY AND LOG
-HANDWASHING
-SANITIZER USE AND TEST KITS
-VERIFYING DISH MACHINE UTENSIL SURFACE SANITIZING TEMPERATURES
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-DATE MARKING PROCEDURES
-COOLING PROCEDURES
-REHEATING PROCEDURES
-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
-FOOD SOURCE
-RECEIVING DELIVERIES PROCEDURES
-PEST CONTROL

*NO VIOLATIONS OBSERVED DURING INSPECTION.

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

REPORT WAS DISCUSSED WITH PERSON IN CHARGE ON SITE AND WITH THE NURSE EVALUATOR, JOLENE.

**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 1004221194 of 08/22/22.

Certified Food Protection Manager: RENEE FOGERTY

Certification Number: FM54058 Expires: 06/29/25

Signed: _____
RENEE FOGERTY

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