



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

February 27, 2025

Licensee  
Barnes Care  
154 East Highway 61  
Esko, MN 55733

RE: Project Number(s) SL29535016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 15, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

### **STATE CORRECTION ORDERS**

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

### **DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:



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

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jessie Chenze, Supervisor  
State Evaluation Team  
Email: [Jessie.Chenze@state.mn.us](mailto:Jessie.Chenze@state.mn.us)  
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>29535 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | (X3) DATE SURVEY COMPLETED<br><br>01/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BARNES CARE  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>154 EAST HIGHWAY 61<br>ESKO, MN 55733                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                              |
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| 0 000                                            | <p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL29535016</p> <p>On January 13, 2025, through January 15, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 14 residents receiving services under the Assisted Living Facility license.</p> | 0 000                                                           | <p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p> |                          |                                              |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Minnesota Department of Health

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| 0 480<br>SS=F                                          | <b>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</b><br><br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;<br>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;<br>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;<br>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; | 0 480                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 480                                                  | <p>Continued From page 2</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 14, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24</p> | 0 480                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 480                                            | Continued From page 3<br><br>hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer<br>to the FBEIR for any compliance dates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 480                                                                          |                                                                                                                          |  |                                              |
| 0 510<br>SS=D                                    | 144G.41 Subd. 3 Infection control program<br><br>(a) All assisted living facilities must establish and<br>maintain an infection control program that<br>complies with accepted health care, medical, and<br>nursing standards for infection control.<br>(b)The facility's infection control program must be<br>consistent with current guidelines from the<br>national Centers for Disease Control and<br>Prevention (CDC) for infection prevention and<br>control in long-term care facilities and, as<br>applicable, for infection prevention and control in<br>assisted living facilities.<br>(c) The facility must maintain written evidence of<br>compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation, interview, and record<br>review, the licensee failed to ensure infection<br>control standards were followed by one of three<br>unlicensed personnel (ULP-G) while providing<br>direct care to residents.<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety, but was not likely to<br>cause serious injury, impairment, or death), and<br>was issued at an isolated scope (when one or a<br>limited number of residents are affected or one or<br>a limited number of staff are involved or the<br>situation has occurred only occasionally). | 0 510                                                                          |                                                                                                                          |  |                                              |



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| 0 510                                                  | <p>Continued From page 4</p> <p>The findings include:</p> <p>ULP-G was hired on March 21, 2023, to provide direct care services to the facility's residents.</p> <p>On January 14, 2025, from 6:32 a.m. through 7:20 a.m., the surveyor continuously observed ULP-G assist three of the licensee's residents.</p> <p>On January 14, 2025, at 6:32 a.m., the surveyor observed ULP-G remove a pair of gloves worn. ULP-G removed a pair of socks from R7's drawer and applied them to R7's feet while R7 was seated on the toilet. ULP-G applied a clean brief and pants to R7's lower body. ULP-G applied gloves and put slippers on R7's feet. ULP-G moistened a washcloth with warm water, applied soap and cleaned under R7's breasts. ULP-G moistened another washcloth, applied soap, and cleaned under R7's abdominal folds. ULP-G rinsed the cloth out and cleaned under R7's abdominal folds again. ULP-G applied nystatin powder (yeast/antifungal) onto a washcloth and apply the powder under R7's breasts and abdominal folds. R7 stood and ULP-G wiped R7's bottom and pulled up R7's pants.</p> <p>At 6:41 a.m., the surveyor observed ULP-G remove their gloves, but did not perform hand hygiene. ULP-G turned on the water and applied toothpaste to R7's toothbrush and handed the toothbrush to R7. ULP-G applied gloves. ULP-G gathered R7's glasses and hearing aid from R7's bedside. ULP-G removed R7's denture from a cup, applied denture powder (adhesive) to R7's denture and handed the denture to R7. ULP-G removed their gloves, but did not perform hand hygiene. ULP-G placed R7's hearing aids into R7's ears and combed R7's hair. ULP-G prepared a washcloth for R7 and R7 washed her</p> | 0 510                                                                                  |                                                                                                                          |  |                                                        |



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| 0 510                                                  | <p>Continued From page 5</p> <p>face. R7 handed ULP-G their used toothbrush. ULP-G rinsed R7's toothbrush and put the toothbrush back into the cup. ULP-G straightened the vanity, assisted R7 into a recliner, and applied socks. ULP-G removed a bed liner off of R7's bed and took it into the bathroom and placed it into a laundry basket.</p> <p>At 6:49 a.m., ULP-G applied gloves, applied slipper socks to R7's feet, gathered the trash and exited R7's room. The surveyor did not observe ULP-G remove their gloves.</p> <p>On January 14, 2025, at 6:51 a.m., ULP-G went to R6's room, and assisted R6 into a Broda (a wheelchair offering tilt-n-space positioning with a seating system which prevents skin breakdown through reducing heat and moisture) wheelchair and into the bathroom. ULP-G lowered R6's pants and transferred R6 onto the toilet with assistance of a transfer belt. ULP-G gathered R6's trash and left the room. The surveyor did not observe ULP-G change gloves or perform hand hygiene between R7 and R6's care.</p> <p>On January 14, 2025, at 6:59 a.m., ULP-G removed their gloves and applied new gloves. ULP-G went to R8's room. ULP-G handed R8 a washcloth and asked R8 if he wanted to clean "down there" (peri area). ULP-G asked R8 to sit on the toilet. ULP-G applied a clean brief, compression stockings (TEDs), and pants to R8's lower body. ULP-G assisted R8 off the toilet, pulled R8's brief and pants up. ULP-G removed their gloves and instructed R8 while R8 brushed his teeth and inserted dentures. ULP-G dumped the water out of the denture cup, removed R8's trash and exited R8's room. ULP-G went to the sink in the kitchen and washed their hands.</p> | 0 510                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 510                                                  | <p>Continued From page 6</p> <p>On January 14, 2025, at 7:21 a.m., ULP-G stated she should have changed gloves more often (in-between residents). ULP-G stated she has eczema (skin irritation) so she tried to use gloves "more" and change them. ULP-G stated she tried to change gloves between the different "things" (cares) she completed. ULP-G stated she did not perform hand hygiene as she normally does, which was usually right after gloves were removed.</p> <p>On January 14, 2025, at 8:23 a.m., registered nurse (RN)-C stated her expectation was hand hygiene should occur when gloves are changed and when doing any cares, "dentures to medications". In addition, RN-C stated hands should be washed before going in and going out (resident rooms).</p> <p>The licensee's Infection Control policy dated August 1, 2021, noted the licensee's infection control program would be consistent with current guidelines from CDC (Center for Disease Control and Prevention) for prevention control in long-term care facilities, where applicable in assisted living facilities.</p> <p>The licensee's Gloves policy dated August 1, 2021, indicated to wash hands, apply gloves to both hands, removed contaminated materials, place materials in proper receptacle, removed gloves by grasping cuff of one glove and pulling it off, turning it inside out. Dispose used gloves in proper receptacle, rewash hands.</p> <p>The licensee's Denture Care policy dated August 1, 2021, indicated to gather needed equipment, explain procedure, and provide privacy to resident, wash hands and apply gloves, brush and rinse dentures, allow resident to brush and</p> | 0 510                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 510                                                  | Continued From page 7<br><br>rinse mouth and tongue, check moth for sores or redness, assist resident to replace dentures., remove gloves and wash hands.<br><br>The licensee's Hand Washing policy dated August 1, 2021, noted when conducting a procedure requiring the use of gloves, proper hand hygiene should be completed before donning gloves and after removing gloves.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 510                                                                                  |                                                                                                                          |  |                                                     |
| 0 680<br>SS=F                                          | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are | 0 680                                                                                  |                                                                                                                          |  |                                                     |



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| 0 680                                                  | <p>Continued From page 8</p> <p>allowed to work only when trained staff are also working on site.<br/>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content and failed to post an EPP prominently. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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).</p> <p>The findings include:</p> <p>During the entrance conference on January 13, 2025, at 10:35 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the facility's EPP was located in the office and staff knew of the EPP's location. LALD/CNS-A stated the office was not locked; however, LALD/CNS-A later stated the office was locked when staff were not present.</p> <p>On January 13, 2025, at 10:42 a.m. during a tour of the facility with LALD/CNS-A, the surveyor did not observe any signage of the facility's EPP.</p> <p>The facility's EPP annual review was completed</p> | 0 680                                                                  |                                                                                                                          |  |                                                     |



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| 0 680                                                  | <p>Continued From page 9<br/>on December 26, 2024.</p> <p>The licensee's EPP lacked the following content and/or policies and procedures to address:</p> <ul style="list-style-type: none"><li>- a description of the population served by the licensee</li><li>- a tracking system used to document locations of residents and staff.</li></ul> <p>On January 13, 2025, at 12:31 p.m., the EPP was reviewed with LALD/CNS-A. LALD/CNS-A stated the facility's EPP had been updated several times and it was possible that he "missed" to include the tracking of resident and on-duty staff during an update. LALD/CNS-A stated the form and procedure for tracking residents and on duty staff was not in the EPP binder. In addition, LALD/CNS-A confirmed the facility's EPP binder did not contain a description of the population served. LALD/CNS-A stated he was not aware of the requirement to post the EPP "prominently," and asked what that meant. LALD/CNS-A confirmed that there was no signage to indicate the EPP's location in the common area.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0100, sections A and B, effective October 2022, assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance," which is incorporated by reference.</p> <p>The licensee's Emergency Preparedness</p> | 0 680                                                                                  |                                                                                                                          |  |                                                     |



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| 0 680                                                  | Continued From page 10<br><br>Plan-Appendix Z Compliance policy dated August 1, 2021, noted the licensee's emergency preparedness plan would include all required elements of Appendix Z.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 680                                                                                  |                                                                                                                          |  |                                                     |
| 0 780<br>SS=F                                          | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>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 | 0 780                                                                                  |                                                                                                                          |  |                                                     |



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| 0 780                                                  | <p>Continued From page 11</p> <p>by:<br/>Based on observation and interview, the licensee failed to keep the facility in compliance with the Minnesota Fire Code. The deficient conditions have the ability to affect all staff and residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>On facility tour with maintenance (M)-E on January 15, 2025, between 9:00 a.m. and 11:00 a.m. the following deficient conditions were observed:</p> <p><b>FIRE SPRINKLER SYSTEM:</b></p> <p>The surveyor observed while reviewing the annual fire sprinkler system report that the 5-year internal pipe inspection had not been completed.</p> <p>The surveyor explained to the M-E that the internal pipe inspection shall be completed and could be completed during the next scheduled annual inspection by their contractor.</p> <p><b>FIRE ALARM SYSTEM:</b></p> <p>The M-E could not provide the surveyor a copy of the last annual fire alarm system report. The M-E stated they would email the report. We have not received it before writing this tag.</p> | 0 780                                                                                  |                                                                                                                          |  |                                                     |



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| 0 780                                                  | Continued From page 12<br><br>The surveyor explained to the M-E that the fire alarm system shall be inspected annually and any noted deficiencies on the report shall be fixed.<br><br>FIRE EXTINGUISHERS:<br><br>The surveyor observed that all the fire extinguishers were not mounted.<br><br>The surveyor explained to the M-E that all fire extinguishers shall be mounted to meet the requirements of the Minnesota State Fire Code.<br><br>DOOR RELEASE OPERATION:<br><br>The surveyor observed the door release switch in the office has a timer function in it.<br><br>The surveyor explained to the M-E that this switch shall be an on/off type of switch. When it releases the doors, it shall stay unlocked until switched back to the normal position.<br><br>The deficient conditions were visually verified by the M-E accompanying on the tour.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days. | 0 780                                                                                  |                                                                                                                          |  |                                                     |
| 0 810<br>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) staff actions to be taken in the event of a fire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 810                                                                                  |                                                                                                                          |  |                                                     |



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| 0 810                                                  | <p>Continued From page 13</p> <p>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) Staff 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 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 staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and the annual training on the fire safety and evacuation plan was not being completed for residents and documented at new hire and semi-annually for employees. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a</p> | 0 810                                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b>                                   |  |                                                     |
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| 0 810                                                  | <p>Continued From page 14</p> <p>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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>A record review and interview were conducted on January 15, 2025, at approximately 10:30 a.m. with maintenance (M)-E on the fire safety and evacuation plan for the facility and training for employees and residents.</p> <p>FIRE/EVACUATION PLAN:</p> <p>During record review the surveyor noticed no indication in the plan where the switch is located to unlock the doors or on how to unlock the doors in an emergency.</p> <p>TRAINING:</p> <p>During record review the surveyor M-E stated there was no documentation of training on the fire safety and evacuation plan for the employees or residents.</p> <p>The surveyor explained to the M-E that the location of the unlock switch as well as the procedures for unlocking the doors shall be spelled out in the fire safety and evacuation plan, that the fire/evacuation drills shall be conducted twice per year per shift with at least one drill every other month and documented and that training on the fire safety and evacuation plan shall be conducted at new hire and twice per year thereafter for employees and be offered to the</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 810                                                  | Continued From page 15<br><br>residents once per year. The training shall be documented.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 810                                                                                  |                                                                                                                          |  |                                                     |
| 01290<br>SS=D                                          | <b>144G.60 Subdivision 1 Background studies required</b><br><br>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.<br>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.<br>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure a background study (BGS) was submitted and a clearance was received in affiliation with the assisted living licensee's current health facility identification (HFID 29535) for one of five employees (unlicensed personnel (ULP)-H). This had the potential to affect all 14 residents.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or | 01290                                                                                  |                                                                                                                          |  |                                                     |



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| 01290                                                  | <p>Continued From page 16</p> <p>safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-H was hired on October 30, 2020, to provide direct care services to residents of the facility.</p> <p>The January 2025, staffing schedule for the facility indicated ULP-H worked:</p> <ul style="list-style-type: none"><li>- January 1, 2025, through January 5, 2025</li><li>- January 8, 2025, through January 12, 2025.</li></ul> <p>R7's Resident's Services Delivery Record dated January 9, 2025, noted ULP-H provided services to R7 to include:</p> <p>room checks, dressing, grooming, eating, mobility, toileting, orientation, and household services.</p> <p>On January 13, 2025, at 1:15 p.m., the surveyor requested background studies, NETStudy results, for all of the employees listed on the employee roster.</p> <p>On January 13, 2025, at 2:30 p.m., the facility NETStudy results for HFID 29535 were reviewed with manager (M)-E. ULP-H's name was not on the NETStudy roster. M-E stated ULP-H was a "special one." M-E stated ULP-H was affiliated with one building (owned by the licensee) and he could get the letter he received. M-E stated ULP-H worked at this site (HFID 29535) four days a week and ULP-H could not be affiliated here (HFID 29535). M-E stated HFID 29535 was</p> | 01290                                                                  |                                                                                                                          |  |                                                     |



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| 01290                                                  | <p>Continued From page 17</p> <p>ULP-H's primary work location. M-E added he "screwed up" (affiliated ULP-H with a different HFID).</p> <p>Directly after the above observation the letter dated September 15, 2024, from the Department of Health was reviewed with M-E, which noted: entity [licensee] 30389.</p> <p>- "As a result of our review, the Department has set aside the disqualification. The individual continues to have a disqualification, but you may allow him/her to provide services at the above-named program.</p> <p>On January 14, 2025, at 8:20 a.m., registered nurse (RN)-C stated ULP-H worked independently (unsupervised) on the overnight shift.</p> <p>ULP-H's employee record lacked documentation of a cleared background study for HFID 29535.</p> <p>The licensee's Background Studies policy dated August 1, 2021, noted no employee may provide direct services and have independent direct contact with any residents until acceptable result of the background study have been received. The licensee would not employ individuals whose results of the background study indicated disqualification for the position.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 01290                                                                                  |                                                                                                                          |  |                                                     |
| 01560<br>SS=C                                          | <p>144G.64 (a, b, c) TRAINING IN DEMENTIA CARE REQUIRED</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01560                                                                                  |                                                                                                                          |  |                                                     |



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| 01560                                                  | <p>Continued From page 18</p> <p>(5) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.</p> <p>(b) Areas of required training include:</p> <p>(1) an explanation of Alzheimer's disease and other dementias;</p> <p>(2) assistance with activities of daily living;</p> <p>(3) problem solving with challenging behaviors;</p> <p>(4) communication skills; and</p> <p>(5) person-centered planning and service delivery.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to provide in written or electronic form to residents, families, or other persons who request it, a description of the dementia care training program, the categories of employees trained, the frequency of training, and the basic topics covered. This had the potential to affect all residents.</p> <p>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).</p> <p>The findings include:</p> | 01560                                                                  |                                                                                                                          |  |                                                     |



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| 01560                                                  | Continued From page 19<br><br>On January 14, 2025, at 1:04 p.m., R7's record was reviewed with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. LALD/CNS-A stated he did not have a description of the dementia training program, the categories of employees trained, the frequency of training, and the basic topics covered, in written or electronic form to consumers. LALD/CNS-A stated he was not aware of the requirement.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01560                                                                  |                                                                                                                          |  |                                                     |
| 01620<br>SS=F                                          | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(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.<br>(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.<br>(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                                                  | <p>Continued From page 20</p> <p>prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted assessments with the uniform assessment tool that included all required content for two of two residents (R7, R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on January 13, 2025, at 10:14 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements.</p> <p>R7<br/>R7's diagnosis included anxiety, heart disease, diabetes, and depression.</p> <p>R7's service plan dated October 17, 2023, indicated R7 received the following services: medication administration, compression stockings (TEDs), transfer assist, dressing assist, and housekeeping services.</p> <p>On January 14, 2025, at 6:38 a.m., the surveyor</p> | 01620                                                                                  |                                                                                                                          |  |                                                     |



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| (X4) ID<br>PREFIX<br>TAG                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01620                                                  | <p>Continued From page 21</p> <p>observed unlicensed personnel (ULP)-G apply nystatin powder (yeast/antifungal) onto a washcloth and apply the powder under R7's breasts and abdominal folds.</p> <p>R7's RN Quarterly Reviews were dated June 14, 2024, September 13, 2024, and December 10, 2024, respectively.</p> <p>R7's Care Plan dated October 17, 2023, noted:<br/>-notify nurse on duty if resident has any of the following changes in condition: discoloration, swelling, bruises, increased pain, decreased mobility, decreased appetite, new wounds (location, size, characteristics)<br/>- special instructions noted: resident has chronic lower back pain related to degenerative disease. Ambulates with four wheeled walked but has wheelchair available when she becomes weak.</p> <p>R2<br/>R2's diagnoses included diabetes, obesity, hypertension (high blood pressure/HTN), congested heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs/CHF), atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart/A-fib), and weakness.</p> <p>R2's service plan dated July 23, 2022, indicated R2 received the following services: medication administration, diabetic diet, insulin injections, blood glucose (BG) monitoring, daily weights, assistance with dressing, oral hygiene, hair care, grooming, toileting, bathing, and housekeeping services.</p> <p>On January 14, 2025, at 11:41 a.m., the surveyor observed ULP-D administer an insulin injection</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>BARNES CARE  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>154 EAST HIGHWAY 61<br>ESKO, MN 55733                                           |  |                                              |
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| 01620                                            | <p>Continued From page 22</p> <p>into R2's left abdomen.</p> <p>R2's RN Quarterly Reviews were dated June 14, 2024, September 13, 2024, and December 10, 2024, respectively.</p> <p>R2's Care Plan dated April 26, 2022, noted:</p> <ul style="list-style-type: none"><li>- notify nurse on duty if resident has any of the following changes in condition: discoloration, swelling, bruises, increased pain, decreased mobility, decreased appetite, new wounds (location, size, characteristics).</li></ul> <p>R2 and R7's Quarterly Review lacked the following content of the uniform assessment tool:</p> <ul style="list-style-type: none"><li>-spiritual and cultural preferences</li><li>-pain, including:</li><li>-location, frequency, intensity, and duration, and effectiveness of medication and non-medication alternatives.</li></ul> <p>On January 15, 2025, at 9:52 a.m., Quarterly Review forms (assessments) were reviewed with RN-C. RN-C stated there was no review of spiritual and cultural preferences on the form. RN-C was able to locate allergies, and other information on care plan form which RN-C stated was reviewed at the same time the assessment was completed.</p> <p>On January 15, 2025, at 9:57 a.m., RN-C said she could not locate pain on either the Quarterly Review form or the care plan form. RN-C stated pain was assessed daily but confirmed there was no documentation of a pain assessment in R2 or R7's records completed as required. RN-C added all the assessment forms used were the same, but they licensee was in the process of changing an electronic system.</p> | 01620                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b>                                   |  |                                                     |
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| 01620                                                  | <p>Continued From page 23</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0140, Subp. 2, effective October 2022, a nursing assessment or reassessment under Minnesota Statutes, section 144G.70, subdivision 2, paragraphs (b) and (c), must be conducted on a prospective resident or resident receiving any of the assisted living services identified in Minnesota Statutes, section 144G.08, subdivision 9, clauses (6) to (12).</p> <p>B. The nursing assessment or reassessment under item A must:</p> <p>(1) address part 4659.0150, subpart 2, items A to N</p> <p>(2) be conducted in person unless an exception under Minnesota Statutes, section 144G.70, subdivision 2, paragraph (b), applies</p> <p>(3) be conducted using a uniform assessment tool that complies with part 4659.0150.</p> <p>The licensee's Assessments, Reviews &amp; Monitoring policy dated August 1, 2021, noted, the initial nursing assessment or reassessment must include all the elements of the uniform assessment tool as required.</p> <p>The licensee's Uniform Assessment Tool policy dated August 1, 2021, noted the uniform assessment tool would address the following:</p> <ul style="list-style-type: none"><li>-spiritual and cultural preferences</li><li>-pain, including: locations, frequency, intensity, duration, and effectiveness of medication and nonmedication alternatives.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION:<br/>Twenty-One (21) days</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01640                                                  | Continued From page 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 01640                                                                                  |                                                                                                                          |  |                                                     |
| 01640<br>SS=E                                          | <p><b>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</b></p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure service plans were revised to include provided services for three of three residents (R2, R6, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more</p> | 01640                                                                                  |                                                                                                                          |  |                                                     |



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| 01640                                                  | <p>Continued From page 25</p> <p>than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R2</p> <p>R2's diagnoses included diabetes, obesity, hypertension (high blood pressure/HTN), congested heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs/ CHF), atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart/A-fib), and weakness.</p> <p>R2's service plan dated July 23, 2022, indicated R2 received the following services: medication administration, diabetic diet, insulin injections twice daily, blood glucose monitoring twice daily, daily weights, and creams for legs.</p> <p>On January 14, 2025, at 11:41 a.m., the surveyor observed unlicensed personnel (ULP)-D administer an insulin injection into R2's left abdomen.</p> <p>On January 15, 2025, at 11:27 a.m., the surveyor observed R2 sitting in chair wearing a nasal cannula (a lightweight tube which on one end splits into two prongs which are placed in the nostrils to deliver supplemental oxygen/NC) while ULP-B checked R2's oxygen concentrator setting. ULP-B stated R2's oxygen concentrator was set at half a liter (0.5).</p> <p>R2's prescriber order dated July 22, 2022, noted: -oxygen use, 2 LPM (liters per minute) via NC, diagnosis for oxygen use: CHF, as needed (PRN).</p> | 01640                                                                                  |                                                                                                                          |  |                                                     |



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| 01640                                                  | <p>Continued From page 26</p> <p>R2's prescriber order dated April 4, 2024, noted:<br/>-Humalog (short acting insulin/diabetes)100 units/<br/>milliliter (ml), inject 4 units Sub Q<br/>(subcutaneous/under skin into fatty tissue) with<br/>each meal.</p> <p>R2's prescriber order dated January 3, 2025,<br/>noted:<br/>-auto shield (needles for insulin administration)<br/>use as directed to administer insulin five times<br/>daily and PRN.</p> <p>R2's prescriber order dated August 2, 2024,<br/>noted:<br/>-hydrocortisone cream (relieve redness, itching,<br/>swelling, discomfort) 2.5% apply thin layer to<br/>lesions on abdomen two times a day.</p> <p>R2's prescriber order dated December 12, 2024,<br/>noted:<br/>-change hydrocortisone cream to PRN.</p> <p>R2's medication administration record (MAR)<br/>dated January 1, 2025, through January 13,<br/>2025, included:<br/>-oxygen on PRN, keep SATs (saturation) greater<br/>than 90%, call RN (registered nurse) if under 88%<br/>-Humalog Kwik pen 100 milliliters, inject 4 units<br/>Sub Q with each meal<br/>-hydrocort cream (hydrocortisone cream) 2.5%,<br/>apply a thin layer to lesions on the abdomen twice<br/>daily PRN.</p> <p>R2's service plan was not revised to include<br/>oxygen administration and increased insulin<br/>injections. In addition, R2 was no longer on a<br/>diabetic diet or required cream to legs daily.</p> <p>On January 14, 2025, at 2:14 p.m., RN-C stated</p> | 01640                                                                                  |                                                                                                                          |  |                                                     |



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| 01640                                                  | <p>Continued From page 27</p> <p>when R2 was admitted, R2 came with an order for a diabetic diet. RN-C stated R2 was not compliant with the diet, "she could/would eat a whole pie." RN-C stated R2 was no longer on a diabetic diet and R2's insulin orders had also changed. RN-C confirmed R2's service plan did not include oxygen administration PRN.</p> <p>On January 15, 2025, at approximately 9:15 a.m., RN-C confirmed in addition to the issues previous noted, R2's leg cream had been changed to PRN and was no longer a daily requirement. RN-C confirmed R2's service plan did not reflect this change of service.</p> <p>R6<br/>R6's diagnosis included Lewy body dementia (type of dementia affecting thinking, memory, movement, sleep and behavior).</p> <p>R6's service plan dated October 15, 2024, indicated R6 received the following services: standby assistance PRN, hands-on assistance with transfers and mobility PRN, dressing assistance daily, assistance with grooming PRN, and toileting PRN.</p> <p>R6's Resident's Services Delivery Record dated January 6, 2025, through January 12, 2025, included:<br/>-mobility, assist to turn and sit up twice daily (BID)<br/>-transferring, one assist, BID<br/>-toileting, BID<br/>-dressing, BID<br/>-sensory: hearing aids/glasses, BID.</p> <p>On January 14, 2025, at 6:51 a.m., the surveyor observed ULP-G transfer R6 from his bed into a Broda chair (a wheelchair offering tilt-n-space positioning with a seating system which prevents</p> | 01640                                                                                  |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b>                                   |  |                                                     |
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| 01640                                                  | <p>Continued From page 28</p> <p>skin breakdown through reducing heat and moisture).</p> <p>On January 14, 2025, at 7:24 a.m., the surveyor observed. ULP-F attempt to assist R6 off of the toilet. ULP-F was not able to assist R6 off the toilet. ULP-F summoned ULP-D to assist her transfer R6 off the toilet.</p> <p>On January 14, 2025, at 7:33 a.m., ULP-D and ULP-F assisted R6 into a standing position and ULP-D provided peri care to R6.</p> <p>R6's service plan was not revised to reflect current services.</p> <p>On January 15, 2025, at 8:37 a.m., RN-C stated R6 was "different" when he first came to the facility. RN-C said R6's service plan was not revised to reflect the current services provided to R6.</p> <p>R4<br/>R4 diagnosis included respiratory failure.</p> <p>R4's service plan dated January 9, 2025, indicated R4 received the following services: oxygen (O2) check daily.</p> <p>R4's MAR dated January 1, 2025, through January 14, 2025, included:<br/>-check O2 SATs every week, on shower day, before removing O2. If less than 90%, call RN<br/>-oxygen 1 to 2 liters nasal cannula, on continuous. To keep SATs greater than 90%.</p> <p>R4's service plan was not revised to include current services.</p> <p>On January 15, 2025, at 8:40 a.m., RN-C stated</p> | 01640                                                                  |                                                                                                                          |  |                                                     |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>29535</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>01/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b> |                                                                                                                          |  |                                                     |
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| 01640                                                  | Continued From page 29<br><br>R4 was new to the facility and was on hospice. RN-C confirmed R4's service plan did not reflect the current service provided and should be revised.<br><br>The licensee's Service Plan policy dated August 1, 2021, noted the service plans should be revised, if needed, based on resident reassessments and monitoring. Service plans and any revisions or updates shall be entered into the resident's record, including notice of change in fees when applicable.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days                                                                                                                                                                                                                                              | 01640                                                                                  |                                                                                                                          |  |                                                     |
| 01750<br>SS=F                                          | 144G.71 Subd. 7 Delegation of medication administration<br><br>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:<br>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;<br>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and<br>(3) communicated with the unlicensed personnel about the individual needs of the resident.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) prepared in writing specific | 01750                                                                                  |                                                                                                                          |  |                                                     |



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| 01750                                                  | <p>Continued From page 30</p> <p>instructions for each resident and documented those instructions for two of two residents (R7, R2)</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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).</p> <p>The findings include:</p> <p>R7<br/>R7's diagnosis included anxiety, heart disease, diabetes, and depression.</p> <p>R7's service plan dated October 17, 2023, indicated R7 received medication administration.</p> <p>On January 14, 2025, at 6:38 a.m., the surveyor observed unlicensed personnel (ULP)-G apply nystatin powder (yeast/antifungal) onto a washcloth and apply the powder under R7's breasts and abdominal folds.</p> <p>R7's medication administration record (MAR) dated January 1, 2025, through January 13, 2025, included:</p> <ul style="list-style-type: none"><li>-Reguloid powder orange, (bowel regulation) mix four grams in liquid and drink by mouth daily as needed (PRN)</li><li>-nitroglycerin SUB (sublingual, placed underneath the tongue) 0.3 milligrams (mg) every five minutes times three doses PRN for chest pain</li><li>-pain relief pad 4% (Aspercreme lidocaine) place one patch onto the skin PRN (on for 12 hours, off</li></ul> | 01750                                                                                  |                                                                                                                          |  |                                                     |



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| 01750                                                  | <p>Continued From page 31</p> <p>for 12 hours)<br/>-povidone-iodine solution 10% (skin disinfection/wound cleaning), use as directed.</p> <p>R7's prescriber's order dated October 9, 2024, included the above orders, with the exception of povidone-iodine solution.</p> <p>On January 14, 2025, at 12:45 p.m., R7's record was reviewed with RN-C. RN-C stated R7's record did not include how much liquid to add to Reguloid and what the medication was to be given for. RN-C also stated it would be a good idea to include the nurse should be called when PRN nitroglycerin is used, and the directions were not on R7's MAR for this. RN-C further stated R7's record did not include where to place the pain relief pad. RN-C stated there were no specific instructions for povidone-iodine on R7's MAR; further, the povidone-iodine should have been "pinked out" because the povidone-iodine solution had been discontinued. RN-C confirmed R7's MAR did not contain specific instructions for all of R7's medications.</p> <p>R2<br/>R2's diagnoses included diabetes, obesity, hypertension (high blood pressure/HTN), congested heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs/ CHF), atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart/A-fib), and weakness.</p> <p>R2's service plan dated July 23, 2022, indicated R2 received medication administration and creams to legs.</p> <p>On January 14, 2025, at 11:41 a.m., the surveyor</p> | 01750                                                                  |                                                                                                                          |  |                                                     |



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| 01750                                                  | <p>Continued From page 32</p> <p>observed ULP-D administer an insulin injection into R2's left abdomen.</p> <p>R2's MAR dated January 1, 2025, through January 13, 2025, included:<br/>-acetaminophen tablets (mild pain/fever) 325 mg, take two tablets (650 mg) by mouth every six hours PRN (not to exceed four grams in 24 hours)<br/>-hydrocort cream (hydrocortisone cream) 2.5%, apply a thin layer to lesions on the abdomen twice daily PRN.</p> <p>R2's prescriber order dated April 29, 2022, include the above acetaminophen order.</p> <p>R2's prescriber order dated December 12, 2024, indicated to change hydrocortisone cream to PRN.</p> <p>On January 15, 2025, at 10:10 a.m., R2's MAR was reviewed with RN-C. RN-C stated R2's MAR did not include what acetaminophen was used for. RN-C stated she did not think to include what the medication was used for on the MAR. RN-C stated the hydrocortisone cream order was recently changed from twice daily application to PRN. RN-C stated R2's record did not have specific instructions to include acetaminophen use or when to notify the RN of skin issues.</p> <p>The Medication &amp; Treatment-Administration &amp; Delegation dated August 1, 2021, noted a registered nurse must specify, in writing, specific instructions for each resident and document those instructions in the resident's record.</p> <p>The licensee's Delegation of Assisted Living Services policy dated August 1, 2021, noted when a registered nurse or licensed health profession</p> | 01750                                                                  |                                                                                                                          |  |                                                     |



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| 01750                                                  | Continued From page 33<br><br>delegated tasks to unlicensed personnel, that person would ensure that there were written specific instructions for each resident and document those instructions in the resident's record.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01750                                                                                  |                                                                                                                          |  |                                                     |
| 01760<br>SS=E                                          | 144G.71 Subd. 8 Documentation of administration of medication<br><br>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medication was given per manufacturer's instructions for two of three residents (R2, R4). In addition, the licensee failed to ensure medication was administered as ordered for one of two residents (R2). | 01760                                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                  | <p>Continued From page 34</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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).</p> <p>The findings include:</p> <p><b>MANUFACTURER'S INSTRUCTIONS</b><br/>R2's diagnosis included psoriasis and diabetes.</p> <p>R2's service plan dated July 23, 2022, indicated R2 received medication administration.</p> <p>R2's January 1, 2025, through January 14, 2025, medication administration record (MAR) included:<br/>-Humalog Kwik pen (short acting insulin)100/milliliters (ml), inject 4 units SUB Q (subcutaneous/under skin into fatty tissue) with each meal.</p> <p>R2's prescriber order dated April 4, 2024, included the above medication order.</p> <p>On January 14, 2025, at 11:41 a.m., the surveyor observed unlicensed personnel (ULP)-D review R2's MAR. ULP-D gathered an alcohol pad, Humalog Kwik insulin pen, and a needle and went to R2's room. ULP-D cleaned an area on R2's abdomen with the alcohol pad, dialed four units of Humalog insulin and injected the insulin into R2's left abdomen. The surveyor did not see ULP-D prime the insulin pen prior to use (remove air bubbles from the needle, to ensure that the needle is open and working/air shot).</p> | 01760                                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                  | <p>Continued From page 35</p> <p>On January 14, 2025, at 1:11 p.m., the manufacturer's instructions found in the front of R2's MAR dated 2020, were reviewed with registered nurse (RN)-C, which noted: prime before each injection, priming your pen means removing the air from the needle and cartridge that may collect during normal use and ensures that the pen is working correctly. If you do not prime before each injection, you may get too much or too little insulin. To prime your pen, turn the dose knob to select two units. RN-C said she would have done an air shot prior to administration. RN-C said the insulin was not administered per manufacturer's instruction.</p> <p>R4<br/>R4's diagnosis included respiratory failure.</p> <p>R4's service plan dated January 9, 2025, indicated R4 received medication administration.</p> <p>R4's MAR dated January 1, 2025, through January 14, 2025, included: albuterol sulfate HFA 90 micrograms (mcg) inhale two puffs BID (twice daily) for shortness of breath.</p> <p>R4's prescriber order dated January 10, 2025, included the above medication order.</p> <p>On January 14, 2025, at 9:09 a.m., ULP-B removed the top of R4's albuterol inhaler and shook the canister. ULP-B applied a spacer to the inhaler and asked R4 to breath out and to breath in and repeated the action. ULP-B offered R4 to rinse her mouth after the inhaler, but R4 declined.</p> <p>On January 14, 2025, at 2:30 p.m., the manufacturer's insert found in the albuterol box was reviewed with RN-C. RN-C stated R2's</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b>                                   |  |                                                     |
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| 01760                                                  | <p>Continued From page 36</p> <p>albuterol inhaler did not require a spacer. RN-C confirmed manufacturer's instructions were not followed. ULP-B stated R4 used to have a different inhaler that required a spacer, so she (ULP-B) used the spacer on R4's albuterol inhaler also.</p> <p>The manufacturer's instructions for albuterol dated November 2004, noted:<br/>-shake the inhaler well, immediately before each use. Then remove the cap from the mouthpiece. Check mouthpiece for foreign objects prior to use. Breathe out fully through the mouth, place the mouthpiece fully into your mouth holding the inhaler in its upright position and closing your lips around it. Make sure your tongue is placed below the mouthpiece. Hold your breath as long as possible, up to ten seconds. Wait one minute, shake the inhaler again and repeat. Replace the cap after use.</p> <p>MEDICATION GIVEN AS PRESCRIBED<br/>R2<br/>R2's prescriber order dated October 25, 2022, included: ketoconazole 2% shampoo, topical. Apply one application externally then rinse after five minutes once daily PRN (as needed or desired).</p> <p>R2's undated, Medical Referral Form included ketoconazole 2% shampoo. Apply to scalp, rinse after five minutes PRN.</p> <p>R2's MAR dated January 1, 2025, through January 13, 2025, did not include ketoconazole shampoo.</p> <p>On January 15, 2025, at 9:44 a.m., RN-C stated she missed the order for R2's medicated shampoo. RN-C stated the ketoconazole</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                  | <p>Continued From page 37</p> <p>shampoo order was not administered as ordered.</p> <p>The licensee's Delegation of Assisted Living Services policy dated August 1, 2021, noted the RN or licensed health professional, prior to delegation, ensured unlicensed personnel was trained in the proper methods to perform the tasks or procedures for each resident and was able to demonstrate the ability to competently follow the procedures and perform the tasks.</p> <p>The licensee's Inhaler policy dated August 1, 2021, noted inhaler medications must be administered according to the prescriber's orders and verified with the manufacturer's requirements per instructions.</p> <p>The licensee's Medication &amp; Treatment Orders-Implementing dated August 1, 2021, upon receipt of a medication and/or treatment order, whether new or change of an order from an authorized prescriber, a licensed nurse must take action to implement the order within 24 hours.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01760                                                                                  |                                                                                                                          |  |                                                     |
| 01830<br>SS=D                                          | <p><b>144G.71 Subd. 14</b> Renewal of prescriptions</p> <p>Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152.</p> <p>This MN Requirement is not met as evidenced</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01830                                                                                  |                                                                                                                          |  |                                                     |



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| 01830                                                  | <p>Continued From page 38</p> <p>by:<br/>Based on observation, interview, and record review, the licensee failed to renew prescriptions at least every 12 months for one of two residents (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>During the entrance conference on January 13, 2025, at approximately 10:15 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management services to the residents at the facility.</p> <p>R2's diagnoses included diabetes, obesity, hypertension (high blood pressure/HTN), congestive heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs/CHF), atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart/A-fib), and weakness.</p> <p>R2's service plan dated July 23, 2022, indicated R2 received medication administration.</p> <p>On January 14, 2025, at 11:41 a.m., the surveyor observed unlicensed personnel (ULP)-D administer an insulin injection into R2's left abdomen.</p> | 01830                                                                  |                                                                                                                          |  |                                                     |



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| 01830                                                  | <p>Continued From page 39</p> <p>R2's MAR dated January 1, 2025, through January 13, 2025, included:<br/>-acetaminophen tablets (mild pain/fever) 325 mg, take two tablets (650 mg) by mouth every six hours PRN (not to exceed four grams in 24 hours)</p> <p>R2's prescriber order dated April 29, 2022, include the above acetaminophen order.</p> <p>R2's prescriber order dated October 25, 2022, included: ketoconazole 2% shampoo, topical. Apply one application externally then rinse after five minutes once daily PRN (as needed or desired).</p> <p>R2's MAR dated January 1, 2025, through January 13, 2025, did not include ketoconazole shampoo.</p> <p>R2's undated, Medical Referral Form included ketoconazole 2% shampoo. Apply to scalp rinse after five minutes PRN. (RN-C stated form would be sent to health care provider PRN to alert prescriber of current medications.)</p> <p>On January 14, 2025, at 2:14 p.m., registered nurse (RN)-C said she was not able to locate annual orders for all of R2's medications. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated there were "more" current orders R2; however, he was not going to take to time to locate the orders and the surveyor should write the order for not having annual orders for all of R2's medications.</p> <p>The licensee's Medication &amp; Treatment Orders policy dated August 1, 2021, noted the RN was responsible for assuring that:</p> | 01830                                                                  |                                                                                                                          |  |                                                     |



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| 01830                                                  | Continued From page 40<br><br>-current, authorized prescriber orders for medications or treatments administered by the staff were kept on file in the resident's record<br>-the licensed nurse would communicate with the prescriber to assure that the prescriber renews a medication or treatment/therapy order at least every 12 months, or more frequently as needed.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 01830                                                                                  |                                                                                                                          |  |                                                        |
| 01880<br>SS=E                                          | <b>144G.71 Subd. 19 Storage of medications</b><br><br>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the medication was secured in a locked area for two of four residents (R7, R8).<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 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). | 01880                                                                                  |                                                                                                                          |  |                                                        |



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| 01880                                                  | <p>Continued From page 41</p> <p>The findings include:</p> <p>R7<br/>R7's diagnosis included anxiety, heart disease, diabetes, and depression.</p> <p>R7's service plan dated October 17, 2023, indicated R7 received medication administration.</p> <p>R7's Medication Self-Administration Assessment dated October 27, 2023, noted R7 was unable to demonstrate secure storage for medication kept in room and central storage of medication was needed.</p> <p>On January 14, 2025, at 6:38 a.m., the surveyor observed unlicensed personnel (ULP)-G apply nystatin powder (yeast/antifungal) onto a washcloth and apply the powder under R7's breasts and abdominal folds. R7's nystatin powder was in R7's bathroom. In addition, the surveyor observed an opened container of ipratropium nasal spray 00.6% (congestion) on a side table positioned next to R7's recliner.</p> <p>R7's prescriber order dated October 9, 2024, included:<br/>-ipratropium spray 0.06% instill two sprays into both nostrils, twice daily<br/>-nystatin powder 100,000 topically under breasts, and folds (abdomen) twice daily.</p> <p>On January 14, 2025, at 8:27 a.m., registered nurse (RN)-C stated some residents are assessed to have medications in their rooms. R7's medication assessment was reviewed by RN-C. RN-C stated R7 was not assessed to keep medication in her room. RN-C further stated the two medications located in R7's room should have been centrally stored and secured.</p> | 01880                                                                  |                                                                                                                          |  |                                                     |



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| 01880                                                  | <p>Continued From page 42</p> <p>R8<br/>R8's diagnosis included dementia.</p> <p>R8's service plan dated August 16, 2022,<br/>indicated R8 received medication administration<br/>daily.</p> <p>R8's Medication Self-Administration Assessment<br/>dated March 9, 2022, noted:<br/>-the resident is deemed unable to safely<br/>self-administer medication for the following<br/>reasons: resident has dementia and tremors.<br/>Resident needs central storage of medications.</p> <p>On January 14, 2025, at 7:06 a.m., the surveyor<br/>observed ULP-G apply compression stockings<br/>(TEDs) while R8 sat on the toilet. The surveyor<br/>observed an opened container of Zeaorb<br/>(athlete's foot/antifungal) powder on an open<br/>shelf above R8's toilet.</p> <p>The back of the Zeaorb container dated 2023,<br/>noted:<br/>-keep out of reach of children. If swallowed, get<br/>medical help or contact a Poison Control Center<br/>right away.</p> <p>On January 14, 2025, at 8:22 a.m., the surveyor<br/>and RN-C observed the opened Zeaorb container<br/>in R8's bathroom, unsecured. RN-C stated R8's<br/>wife must have brought in the Zeaorb. RN-C<br/>stated all of R8's medications needed to be<br/>centrally stored and secured.</p> <p>The licensee's Medication Storage policy dated<br/>August 1, 2021, noted medications would be<br/>stored consistent with each resident's medication<br/>management plan and service plan. Medications<br/>managed inside a resident's private "living space"</p> | 01880                                                                                  |                                                                                                                          |  |                                                     |



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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>29535</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 01880                                                  | Continued From page 43<br><br>must be in securely locked and substantially<br>constructed compartments and permit only<br>authorized personnel to have access. This may<br>be a locked drawer, cabinet, etc.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01880                                                                                  |                                                                                                                          |  |                                                        |
| 01890<br>SS=D                                          | 144G.71 Subd. 20 Prescription drugs<br><br>A prescription drug, prior to being set up for<br>immediate or later administration, must be kept in<br>the original container in which it was dispensed<br>by the pharmacy bearing the original prescription<br>label with legible information including the<br>expiration or beyond-use date of a time-dated<br>drug.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation, interview, and record<br>review, the licensee failed to ensure medications<br>were maintained bearing the original prescription<br>label with legible information including the<br>expiration date for time sensitive medications for<br>one of two residents (R2).<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety, but was not likely to<br>cause serious injury, impairment, or death), and<br>was issued at an isolated scope (when one or a<br>limited number of residents are affected or one or<br>a limited number of staff are involved or the<br>situation has occurred only occasionally). | 01890                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b> |                                                                                                                          |  |                                                     |
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| 01890                                                  | <p>Continued From page 44</p> <p>The findings include:</p> <p>On January 13, 2025, at 10:47 a.m., the surveyor reviewed the contents of the locked medication closet with unlicensed personnel (ULP)-B and licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. LALD/CNS-A observed and confirmed the following:</p> <ul style="list-style-type: none"><li>-an opened Ozempic 2 milligram (mg)/3 milliliters (ml) (blood sugar control/diabetes/weight loss) pen for R2 dated January 8, "discard 56 days," was written on label</li><li>-an opened Humulin 70/30 100 units/milliliters (ml) (short acting insulin/diabetes) pen for R2, dated January 13, "discard after ten days," was written on label.</li></ul> <p>Directly after the above observation, LALD/CNS-A stated medication should include dates which include an open date and expiration date. LALD/CNS-A stated R2's insulin pen would expire 28 days after opening, not ten days. ULP-B stated R2 used up the insulin in two days.</p> <p>The manufacturer's instructions for Ozempic dated July 2024, noted it was good for 56 days after first use.</p> <p>The manufacturer's instructions for Humulin dated June 2022, noted throw away the Humulin 70/30 pen after ten days, even if it still has insulin left in it.</p> <p>The licensee's Medication Storage policy dated August 1, 201, noted medications would be stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen).</p> <p>No further information was provided.</p> | 01890                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01890                                                  | Continued From page 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01890                                                                                  |                                                                                                                          |  |                                                     |
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| 01940<br>SS=D                                          | <b>144G.72 Subd. 3 Individualized treatment or therapy managemen</b><br><br>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:<br>(1) a statement of the type of services that will be provided;<br>(2) documentation of specific resident instructions relating to the treatments or therapy administration;<br>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;<br>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and<br>(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.<br><br>This MN Requirement is not met as evidenced | 01940                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01940                                                  | <p>Continued From page 46</p> <p>by:<br/>Based on observation, 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 (R2) who had treatments managed by the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>During the entrance conference on January 13, 2025, at 10:23 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided treatment/therapy management services to the residents at the facility.</p> <p>R2's diagnoses included diabetes, obesity, hypertension (high blood pressure/HTN), congestive heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs/ CHF), atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart/A-fib), and weakness.</p> <p>R2's service plan dated July 23, 2022, indicated R2 received the following services: medication administration, diabetic diet, insulin injections, daily weights, assistance with dressing, oral</p> | 01940                                                                                  |                                                                                                                          |  |                                                        |



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| 01940                                                  | <p>Continued From page 47</p> <p>hygiene, hair care, grooming, toileting, bathing, and housekeeping services.</p> <p>R2's service plan did not include oxygen administration.</p> <p>R2's prescriber order dated July 22, 2022, noted:<br/>-oxygen use, 2 LPM (liters per minute) via NC (nasal cannula/ lightweight tube which on one end splits into two prongs which are placed in the nostrils to deliver supplemental oxygen),<br/>diagnosis for oxygen use: CHF, as needed, PRN (as desired or as needed).</p> <p>R2's medication administration record (MAR) dated January 1, 2025, through January 13, 2025, included:<br/>-O2 (oxygen) on PRN, keep SAT (saturation) greater than 90%, call RN if less than 88%.</p> <p>R2's undated, treatment and therapy plan included:<br/>-blood glucose monitoring<br/>-daily weights.<br/>The treatment and therapy plan did not include oxygen administration.</p> <p>On January 14, 2025, at 2:15 p.m., R2's record was reviewed with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and registered nurse (RN)-C. LALD/CNS-A and RN-C stated when R2 was admitted to the facility, R2 had oxygen. RN-C confirmed oxygen was on R2's MAR. RN-C stated oxygen was not on R2's service plan or treatment plan.</p> <p>On January 15, 2025, at 11:26 a.m., unlicensed personnel (ULP)-B stated R2 "never" used oxygen.</p> | 01940                                                                                  |                                                                                                                          |  |                                                        |



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| 01940                                                  | <p>Continued From page 48</p> <p>On January 15, 2025, at 11:27 a.m., the surveyor observed R2 sitting in a chair wearing a nasal cannula while ULP-B checked R2's oxygen concentrator setting. ULP-B stated the oxygen concentrator was set at half a liter (0.5).</p> <p>The licensee's Treatment &amp; Therapy Management Plan dated August 1, 2021, noted the licensee would develop and maintain current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <ul style="list-style-type: none"><li>- a statement of the type of services that would be provided</li><li>- documentation of specific resident instructions relating to the treatments or therapy administration</li><li>- procedures for notifying a registered nurse or appropriate licensed health professional when a problem around with treatments or therapy services</li><li>- any resident-specific requirements relating to documentation for treatment and therapy received.</li><li>- the treatment or therapy management record must be current and updated when there are any changes.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01940                                                                                  |                                                                                                                          |  |                                                     |
| 01950<br>SS=E                                          | <p>144G.72 Subd. 4 Administration of treatments and therapy</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01950                                                                                  |                                                                                                                          |  |                                                     |



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| 01950                                                  | <p>Continued From page 49</p> <p>perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) prepared in writing specific instructions for each resident and documented those instructions for three of three residents (R2, R4, R7) receiving treatments.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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).</p> <p>The findings include:</p> <p>R2</p> | 01950                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b>                                   |  |                                                     |
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| 01950                                                  | <p>Continued From page 50</p> <p>R2's diagnoses included diabetes, obesity, hypertension (high blood pressure/HTN), congestive heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs/CHF), atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart/A-fib), and weakness.</p> <p>R2's service plan dated July 23, 2022, indicated R2 received the following service: daily weights.</p> <p>On January 15, 2025, at 11:27 a.m., the surveyor observed R2 sitting in chair wearing a nasal cannula (a lightweight tube which on one end splits into two prongs which are placed in the nostrils to deliver supplemental oxygen/NC) while unlicensed personnel (ULP)-B checked R2's oxygen concentrator setting. ULP-B stated R2's oxygen concentrator was set at half a liter (0.5).</p> <p>R2's medication administration record (MAR) dated January 1, 2025, through January 13, 2025, included:</p> <ul style="list-style-type: none"><li>- daily weight</li><li>- Oxygen PRN (as desired or as needed), keep SATs (saturation) greater than 90%, call RN if under 88%.</li></ul> <p>R2's prescriber orders included:</p> <ul style="list-style-type: none"><li>- dated May 17, 2022: daily weight. Please notify MD (medical doctor) for a weight gain of more than three pounds daily weight, and five pound weekly weight</li><li>- dated July 22, 2022: oxygen use,2 LPM (liters per minute) via NC, diagnosis for oxygen use: CHF, PRN.</li></ul> <p>R2's undated, treatment and therapy plan included:</p> | 01950                                                                  |                                                                                                                          |  |                                                     |



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| 01950                                                  | <p>Continued From page 51</p> <p>-daily weights.<br/>The treatment and therapy plan did not include oxygen.</p> <p>On January 14, 2025, at 2:10 p.m., RN-C stated R2's oxygen was for "comfort;" however, R2 did not use oxygen. RN-C confirmed there was oxygen in R2's room/available.</p> <p>On January 14, 2025, at 2:14 p.m., RN-C stated R2's record did not include specific instructions for oxygen administration, such as how much oxygen to use. RN-C stated R2's record did not include instructions for R2's weight, including what or when to report to nursing.</p> <p>R4<br/>R4 diagnosis included respiratory failure.</p> <p>R4's service plan dated January 9, 2025, indicated R4 received the following service: oxygen check daily.</p> <p>R4's MAR dated January 1, 2025, through January 14, 2025, included:<br/>-check O2 SATs every week, on shower day before removing O2. If less than 90%, call RN<br/>-oxygen 1 to 2 liters nasal cannula, on continuous. To keep SAT greater than 90%.</p> <p>R4's prescriber order dated January 9, 2025, included:<br/>-oxygen at 1 to 2 LPM via nasal cannula to keep O2 SATs greater than 90 %.</p> <p>R4's undated treatment and therapy plan included:<br/>-oxygen on at 1 to 2 liters NC continuous to keep SATs greater than 90.</p> | 01950                                                                                  |                                                                                                                          |  |                                                     |



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| 01950                                                  | <p>Continued From page 52</p> <p>On January 14, 2025, at 9:06 a.m., the surveyor observed R4 sitting in a recliner wearing a NC attached to an oxygen concentrator. ULP-B administered R4's morning medication to include an inhaler (medication delivery system into the lungs).</p> <p>On January 15, 2025, at 8:40 a.m., RN-C stated R4 was new to the facility and was on hospice. RN-C said R4's record did not include specific instructions for R4's oxygen use to include the specific amount of oxygen to be administered and when to notify nursing of issue/concerns.</p> <p>R7<br/>R7's diagnosis included anxiety, heart disease, diabetes, and depression.</p> <p>R7's service plan dated October 17, 2023, indicated R7 received the following service: compression stockings (TEDs) every day.</p> <p>R7's MAR dated January 1, 2025, through January 14, 2025, included: TEDs on, off.</p> <p>R7's prescriber order dated October 9, 2024, included:<br/>-Tubigrip (support bandage, open ended, continuous support) to be worn below knees bilaterally. On during day and off at night. Dispense four feet of four inch) or nearest size, patient would wear large TED socks (compression stocking).</p> <p>R7's undated, treatment and therapy plan included: no treatments.</p> <p>On January 14, 2025, at 6:38 a.m., the surveyor observed ULP-G remove a pair of socks from a dresser drawer and apply them to R7's feet.</p> | 01950                                                                  |                                                                                                                          |  |                                                     |



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| 01950                                                  | <p>Continued From page 53</p> <p>ULP-G stated these were "normal socks."</p> <p>On January 14, 2025, at 1:17 p.m., LALD/CNS-A stated R7 had TEDs at one point, adding the order changed and the licensee was not able to get Tubigrips. LALD/CNS-A stated instructions for R7's compression socks were in R7's record, in the front of the chart.</p> <p>On January 15, 2025, at approximately 10:30 a.m., RN-C stated R7's record did not contain specific instructions for TEDs/Tubigrips, to include what/when to report concerns to nursing.</p> <p>The licensee's Treatment &amp; Therapy Management Plan policy dated August 1, 2021, noted each resident's record must contain:</p> <ul style="list-style-type: none"><li>-procedures for notifying a RN or appropriate licensed health professional when a problem arose with treatments or therapy services</li><li>-any resident-specific requirements relating to documentation of treatment and therapy received.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01950                                                                                  |                                                                                                                          |  |                                                        |
| 01960<br>SS=D                                          | <p><b>144G.72 Subd. 5</b> Documentation of administration of treatments</p> <p>Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01960                                                                                  |                                                                                                                          |  |                                                        |



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| 01960                                                  | <p>Continued From page 54</p> <p>document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure treatments or therapies were administered as prescribed for one of two residents (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2's diagnoses included diabetes, obesity, hypertension (high blood pressure/HTN), congestive heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs/CHF), atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart/A-fib), and weakness.</p> <p>R2's service plan dated July 23, 2022, indicated R2 received the following services: medication administration, diabetic diet, insulin injections twice daily, and creams for legs.</p> <p>TUBIGRIPS (support bandage, open ended, continuous support)<br/>R2's prescriber order dated November 26, 2024,</p> | 01960                                                                                  |                                                                                                                          |  |                                                     |



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| 01960                                                  | <p>Continued From page 55</p> <p>noted:<br/>-patient trialed Tubigrips for lower left edema,<br/>reported they (Tubigrips) feel good<br/>-please assist patient with taking off at night and<br/>putting on in the morning.</p> <p>R2's prescriber order dated December 3, 2024,<br/>noted:<br/>-continue encouraging use of Tubigrips daily, on<br/>during day and off at night<br/>-visual given to patient with wear schedule.</p> <p>On January 15, 2025, at 9:39 a.m., R2's<br/>prescriber's orders were reviewed with registered<br/>nurse (RN)-C. RN-C stated she did not see the<br/>order for R2's Tubigrips. RN-C stated R2's<br/>Tubigrip prescriber's order was not implemented<br/>as written.</p> <p><b>OXYGEN</b><br/>On January 15, 2025, at 11:27 a.m., the surveyor<br/>observed R2 sitting in a chair wearing a nasal<br/>cannula (a lightweight tube which on one end<br/>splits into two prongs which are placed in the<br/>nostrils to deliver supplemental oxygen/NC) while<br/>ULP-B checked R2's oxygen concentrator setting.<br/>ULP-B stated R2's oxygen concentrator was set<br/>at half a liter (0.5).</p> <p>R2's medication administration record (MAR)<br/>dated January 1, 2025, through January 13,<br/>2025, included:<br/>-Oxygen on PRN (as desired or as needed), keep<br/>SATs (saturation) greater than 90%, call RN if<br/>under 88%.</p> <p>R2's prescriber orders dated July 22, 2022,<br/>included:<br/>- Oxygen, 2 LPM (liters per minute), via NC,</p> | 01960                                                                                  |                                                                                                                          |  |                                                        |



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| 01960                                                  | Continued From page 56<br><br>diagnosis for oxygen use: CHF, PRN.<br><br>On January 15, 2025, at 11:35 a.m., RN-C stated R2's oxygen was not set at two liters as prescribed.<br><br>The licensee's Delegation of Assisted Living Services policy dated August 1, 2021, noted when a registered nurse or licensed health profession delegated tasks to unlicensed personnel that person would ensure that there were specify, in writing, specific instructions for each resident and document those instructions in the resident's record.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                           | 01960                                                                                  |                                                                                                                          |  |                                                     |
| 01970<br>SS=D                                          | <b>144G.72 Subd. 6 Treatment and therapy orders</b><br><br>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of two residents (R2) who received treatments managed by the provider. | 01970                                                                                  |                                                                                                                          |  |                                                     |



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| 01970                                                  | <p>Continued From page 57</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2's diagnoses included diabetes, obesity, hypertension (high blood pressure/HTN), congestive heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs/CHF), atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart/A-fib), and weakness.</p> <p>R2's service plan dated July 23, 2022, indicated R2 received daily weights.</p> <p>R2's service plan did not include oxygen administration.</p> <p>On January 15, 2025, at 11:27 a.m., the surveyor observed R2 sitting in a chair wearing a nasal cannula (a lightweight tube which on one end splits into two prongs which are placed in the nostrils to deliver supplemental oxygen /NC) while unlicensed personnel (ULP)-B checked R2's oxygen concentrator setting. ULP-B stated R2's oxygen concentrator was set at half a liter (0.5).</p> <p>R2's medication administration record (MAR) dated January 1, 2025, through January 13, 2025, included:</p> | 01970                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>29535</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>01/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b>                                   |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01970                                                  | <p>Continued From page 58</p> <p>-oxygen, PRN (as desired or as needed), keep SATs (saturation) greater than 90%, call RN (registered nurse) if under 88%<br/>-daily weight.</p> <p>R2's prescriber orders included:<br/>- dated July 22, 2022: oxygen use, two LPM (liters per minute) via NC, diagnosis for oxygen use: CHF, PRN<br/>- dated May 17, 2022: daily weight please (notify MD (medical doctor) for a weight gain of more than three pounds daily weight and five-pound weekly weight.</p> <p>On January 14, 2025, at 2:14 p.m., RN-C said she was not able to locate annual orders for R2's oxygen administration or daily weight monitoring in R2's record. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated there were "more" current orders for R2's oxygen and weight monitoring; however, he was not going to take to time to locate the orders and the surveyor should write the order for not having annual orders for R2's oxygen administration and daily weight monitoring.</p> <p>The licensee's Medication &amp; Treatment Orders policy dated August 1, 2021, noted the RN was responsible for assuring that:<br/>-current, authorized prescriber orders for medications or treatments administered by the staff were kept on file in the resident's record<br/>-the licensed nurse would communicate with the prescriber to assure that the prescriber renews a medication or treatment/therapy order at least every 12 months, or more frequently as needed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p> | 01970                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>29535</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>01/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b> |                                                                                                                          |  |                                                     |
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| 01970                                                  | Continued From page 59<br><br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01970                                                                                  |                                                                                                                          |  |                                                     |
| 02410<br>SS=E                                          | <b>144G.91 Subd. 13 Personal and treatment privacy</b><br><br>(a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan.<br>(b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan.<br>(c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure staff knocked before entering resident rooms for two of four staff (licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, unlicensed personnel (ULP)-B). In addition, the licensee failed to ensure privacy by two of three | 02410                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>29535</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>01/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b> |                                                                                                                          |  |                                                     |
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| 02410                                                  | <p>Continued From page 60</p> <p>unlicensed personnel (ULP-F, ULP-D) when providing direct assistance for R6.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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).</p> <p>The findings include:</p> <p><b>KNOCKING PRIOR TO ENTRY</b><br/><b>LALD/CNS-A</b><br/>On January 13, 2025, at 12:44 p.m., LALD/CNS-A stated there were no bedrails used at the facility. The surveyor observed LALD/CNS-A go to R5's room and open the door. The surveyor did not observe LALD/CNS-A knock on R5's closed door prior to entry. R5 was lying in bed and appeared to be startled by LALD/CNS-A's unannounced entrance.</p> <p>Directly after the above observation, LALD/CNS-A stated he should have knocked on R5's door before entering. LALD/CNS-A added he (LALD/CNS-A) was upset.</p> <p><b>ULP-B</b><br/>On January 15, 2025, at 11:27 a.m., the surveyor observed ULP-B enter R2's and R9's (shared) room without knocking prior to entering. R9 verbally expressed his surprise when ULP-B entered the room.</p> <p>Directly after the above observation, ULP-B</p> | 02410                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>29535</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>01/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b>                                   |  |                                                     |
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| 02410                                                  | <p>Continued From page 61</p> <p>stated she should have knocked on R2/R9's door prior to entering.</p> <p>On January 15, 2025, at 11:39 a.m., registered nurse (RN)-C stated staff should knock on doors prior to entering, and staff should close doors when assisting residents.</p> <p><b>RESIDENT ASSISTANCE</b><br/><b>ULP-F</b><br/>On January 13, 2025, at 12:59 p.m., during an independent tour of the facility, the surveyor observed R6 sitting on the toilet. ULP-F was assisting R6 while R6 was seated on the toilet. R6's door was not closed and R6's body was visible from the hallway.</p> <p>On January 13, 2025, at 1:02 p.m., registered nurse (RN)-C stated resident's doors should be closed when ULPs are assisting residents during personal cares.</p> <p><b>ULP-D</b><br/>On January 14, 2025, at 7:24 a.m., the surveyor observed ULP-F enter R6's room and close R6's door. ULP-F attempted to transfer R6 off the toilet. ULP-F was not able to assist R6 off the toilet. ULP-F summoned ULP-D to assist with R6's transfer off the toilet.</p> <p>On January 14, 2025, at 7:32 a.m., ULP-D entered R6's room. ULP-D did not close R6's door after she entered R6's room.</p> <p>On January 14, 2025, at 7:33 a.m., ULP-D and ULP-F assisted R6 into a standing position and ULP-D provided peri care to R6. The surveyor observed R8 standing outside of R6's room watching ULP-D and ULP-F assist R6. The surveyor asked ULP-D if R6's door was to be</p> | 02410                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>29535</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>01/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b>                                   |  |                                                     |
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| 02410                                                  | <p>Continued From page 62</p> <p>closed. ULP-D stated R6's door should have been closed. The surveyor closed R6's door.</p> <p>On January 14, 2025, at 7:34 a.m., ULP-D stated R6's door should have been closed. ULP-D motioned to R6's bathroom door and stated she (ULP-D) normally shut "this door" (bathroom door) but added it "gets really hot in here."</p> <p>On January 14, 2025, at 8:25 a.m., RN-C stated resident's doors should be closed while care is provided. RN-C added she had spoken to ULP-F about closing the door while providing care to residents.</p> <p>The Minnesota Bill of Rights for Assisted Living Residents dated November 8, 2022, noted staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan. In addition, residents have the right to be treated with courtesy and respect.</p> <p>The licensee's Professional Competency form dated June 2021, noted,<br/>-"I shall respect the privacy of residents/tenants/clients and hold in confidence all information obtained in the course of my services."<br/>- "I have a total commitment to provide the highest quality of care of those who seek my services."</p> <p>The Minnesota Bill of Rights for Assisted Living Residents dated November 8, 2022, noted residents have the right to be treated with courtesy and respect.</p> <p>No further information provided.</p> | 02410                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION    |                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>29535</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARNES CARE</b> |                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>154 EAST HIGHWAY 61<br/>ESKO, MN 55733</b> |                                                                                                                          |  |                                                        |
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| 02410                                                  | Continued From page 63<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                  | 02410                                                                                  |                                                                                                                          |  |                                                        |



Type: Full  
Date: 01/14/25  
Time: 10:30:00  
Report: 1027251003

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Barnes Care  
154 East Highway 61  
Esko, MN55733  
Carlton County, 09

**Establishment Info:**

ID #: 0039399  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 2188792703  
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 previously issued on 07/18/22 have NOT been corrected.

### 2-100 Supervision

#### 2-102.12AMN

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

STAFF HAD TAKEN A SERVE-SAFE COURSE, BUT HAD NOT YET APPLIED FOR CFPM. EMPLOY AT LEAST ONE STAFF WITH A CFPM.

*Issued on: 07/18/22*

*Comply By: 08/18/22*

### 2-100 Supervision

#### 2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

POST CFPM CERTIFICATE WHEN RECEIVED.

*Issued on: 07/18/22*

*Comply By: 08/18/22*

No NEW orders were issued during this inspection.

### Surface and Equipment Sanitizers

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit

Location: SPRAY BOTTLE

Violation Issued: No

Hot Water: = at 178 Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: No

### Food and Equipment Temperatures



Type: Full  
Date: 01/14/25  
Time: 10:30:00  
Report: 1027251003  
Barnes Care

# Food and Beverage Establishment Inspection Report

Page 2

---

Process/Item: Upright Cooler  
Temperature: 38 Degrees Fahrenheit - Location: THERMOMETER  
Violation Issued: No

---

Process/Item: Upright Cooler  
Temperature: 40 Degrees Fahrenheit - Location: MILK  
Violation Issued: No

---

Process/Item: Upright Cooler  
Temperature: 41 Degrees Fahrenheit - Location: SLICED CHEESE  
Violation Issued: No

---

Process/Item: Upright Cooler  
Temperature: 39 Degrees Fahrenheit - Location: THERMOMETER  
Violation Issued: No

---

Process/Item: Upright Freezer  
Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN  
Violation Issued: No

---

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

DISCUSSED EMPLOYEE ILLNESS AND EXCLUSIONS, REQUIRED SANITIZER STRENGTHS, AND FOODS THAT ARE OFFERED TO HIGHLY SUSCEPTIBLE POPULATIONS. OWNER STATED RAW EGGS ARE NEVER POOLED AND PASTEURIZED EGGS ARE USED WHEN POOLING EGGS FOR A MEAL.

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

I acknowledge receipt of the MN Department of Health inspection report number 1027251003 of 01/14/25.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

JUSTIN BARNES  
OWNER

Signed: Ian Harrison

Ian H

651-201-4500  
health.foodlodging@state.mn.us



|                                                                                                                                                                                                                                               |    |                                       |                                                                                            |                               |   |                   |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------|---|-------------------|-------------------------|
| Report #: 1027251003                                                                                                                                                                                                                          |    | Food Establishment Inspection Report  |                                                                                            |                               |   |                   |                         |
|  <div>MN Department of Health<br/>Food, Pools, &amp; Lodging Services<br/>P.O. Box 64975<br/>Saint Paul, MN 55164-0975</div>                                  |    | No. of RF/PHI Categories Out          |                                                                                            |                               | 1 | Date 01/14/25     |                         |
|                                                                                                                                                                                                                                               |    | No. of Repeat RF/PHI Categories Out   |                                                                                            |                               | 1 | Time In 10:30:00  |                         |
|                                                                                                                                                                                                                                               |    | Legal Authority MN Rules Chapter 4626 |                                                                                            |                               |   | Time Out          |                         |
| Barnes Care                                                                                                                                                                                                                                   |    | Address<br>154 East Highway 61        |                                                                                            | City/State<br>Esko, MN        |   | Zip Code<br>55733 | Telephone<br>2188792703 |
| License/Permit #<br>0039399                                                                                                                                                                                                                   |    | Permit Holder                         |                                                                                            | Purpose of Inspection<br>Full |   | Est Type          | Risk Category           |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS                                                                                                                                                                                |    |                                       |                                                                                            |                               |   |                   |                         |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item                                                                                                                                                                |    |                                       |                                                                                            |                               |   |                   |                         |
| Mark "X" in appropriate box for COS and/or R                                                                                                                                                                                                  |    |                                       |                                                                                            |                               |   |                   |                         |
| IN= in compliance    OUT= not in compliance    N/O= not observed    N/A= not applicable    COS=corrected on-site during inspection    R= repeat violation                                                                                     |    |                                       |                                                                                            |                               |   |                   |                         |
| Compliance Status                                                                                                                                                                                                                             |    |                                       |                                                                                            | COS                           | R |                   |                         |
| Supervision                                                                                                                                                                                                                                   |    |                                       |                                                                                            |                               |   |                   |                         |
| 1                                                                                                                                                                                                                                             | IN | OUT                                   | PIC knowledgeable; duties & oversight                                                      |                               |   |                   |                         |
| 2                                                                                                                                                                                                                                             | IN | OUT                                   | Certified food protection manager, duties                                                  |                               | X |                   |                         |
| Employee Health                                                                                                                                                                                                                               |    |                                       |                                                                                            |                               |   |                   |                         |
| 3                                                                                                                                                                                                                                             | IN | OUT                                   | Mgmt/Staff;knowledge,responsibilities&reporting                                            |                               |   |                   |                         |
| 4                                                                                                                                                                                                                                             | IN | OUT                                   | Proper use of reporting, restriction & exclusion                                           |                               |   |                   |                         |
| 5                                                                                                                                                                                                                                             | IN | OUT                                   | Procedures for responding to vomiting & diarrheal events                                   |                               |   |                   |                         |
| Good Hygenic Practices                                                                                                                                                                                                                        |    |                                       |                                                                                            |                               |   |                   |                         |
| 6                                                                                                                                                                                                                                             | IN | OUT                                   | Proper eating, tasting, drinking, or tobacco use                                           |                               |   |                   |                         |
| 7                                                                                                                                                                                                                                             | IN | OUT                                   | No discharge from eyes, nose, & mouth                                                      |                               |   |                   |                         |
| Preventing Contamination by Hands                                                                                                                                                                                                             |    |                                       |                                                                                            |                               |   |                   |                         |
| 8                                                                                                                                                                                                                                             | IN | OUT                                   | Hands clean & properly washed                                                              |                               |   |                   |                         |
| 9                                                                                                                                                                                                                                             | IN | OUT                                   | No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed |                               |   |                   |                         |
| 10                                                                                                                                                                                                                                            | IN | OUT                                   | Adequate handwashing sinks supplied/accessible                                             |                               |   |                   |                         |
| Approved Source                                                                                                                                                                                                                               |    |                                       |                                                                                            |                               |   |                   |                         |
| 11                                                                                                                                                                                                                                            | IN | OUT                                   | Food obtained from approved source                                                         |                               |   |                   |                         |
| 12                                                                                                                                                                                                                                            | IN | OUT                                   | Food received at proper temperature                                                        |                               |   |                   |                         |
| 13                                                                                                                                                                                                                                            | IN | OUT                                   | Food in good condition, safe, & unadulterated                                              |                               |   |                   |                         |
| 14                                                                                                                                                                                                                                            | IN | OUT                                   | Required records available; shellstock tags, parasite destruction                          |                               |   |                   |                         |
| Protection from Contamination                                                                                                                                                                                                                 |    |                                       |                                                                                            |                               |   |                   |                         |
| 15                                                                                                                                                                                                                                            | IN | OUT                                   | Food separated and protected                                                               |                               |   |                   |                         |
| 16                                                                                                                                                                                                                                            | IN | OUT                                   | Food contact surfaces: cleaned & sanitized                                                 |                               |   |                   |                         |
| 17                                                                                                                                                                                                                                            | IN | OUT                                   | Proper disposition of returned, previously served, reconditioned, & unsafe food            |                               |   |                   |                         |
| GOOD RETAIL PRACTICES                                                                                                                                                                                                                         |    |                                       |                                                                                            |                               |   |                   |                         |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.                                                                                                             |    |                                       |                                                                                            |                               |   |                   |                         |
| Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R= repeat violation                                                                       |    |                                       |                                                                                            |                               |   |                   |                         |
|                                                                                                                                                                                                                                               |    |                                       |                                                                                            | COS                           | R |                   |                         |
| Safe Food and Water                                                                                                                                                                                                                           |    |                                       |                                                                                            |                               |   |                   |                         |
| 30                                                                                                                                                                                                                                            | IN | OUT                                   | Pasteurized eggs used where required                                                       |                               |   |                   |                         |
| 31                                                                                                                                                                                                                                            |    |                                       | Water & ice obtained from an approved source                                               |                               |   |                   |                         |
| 32                                                                                                                                                                                                                                            | IN | OUT                                   | Variance obtained for specialized processing methods                                       |                               |   |                   |                         |
| Food Temperature Control                                                                                                                                                                                                                      |    |                                       |                                                                                            |                               |   |                   |                         |
| 33                                                                                                                                                                                                                                            |    |                                       | Proper cooling methods used; adequate equipment for temperature control                    |                               |   |                   |                         |
| 34                                                                                                                                                                                                                                            | IN | OUT                                   | Plant food properly cooked for hot holding                                                 |                               |   |                   |                         |
| 35                                                                                                                                                                                                                                            | IN | OUT                                   | Approved thawing methods used                                                              |                               |   |                   |                         |
| 36                                                                                                                                                                                                                                            |    |                                       | Thermometers provided & accurate                                                           |                               |   |                   |                         |
| Food Identification                                                                                                                                                                                                                           |    |                                       |                                                                                            |                               |   |                   |                         |
| 37                                                                                                                                                                                                                                            |    |                                       | Food properly labeled; original container                                                  |                               |   |                   |                         |
| Prevention of Food Contamination                                                                                                                                                                                                              |    |                                       |                                                                                            |                               |   |                   |                         |
| 38                                                                                                                                                                                                                                            |    |                                       | Insects, rodents, & animals not present                                                    |                               |   |                   |                         |
| 39                                                                                                                                                                                                                                            |    |                                       | Contamination prevented during food prep, storage & display                                |                               |   |                   |                         |
| 40                                                                                                                                                                                                                                            |    |                                       | Personal cleanliness                                                                       |                               |   |                   |                         |
| 41                                                                                                                                                                                                                                            |    |                                       | Wiping cloths: properly used & stored                                                      |                               |   |                   |                         |
| 42                                                                                                                                                                                                                                            |    |                                       | Washing fruits & vegetables                                                                |                               |   |                   |                         |
| Risk factors (RF) are improper practices or proceeedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury. |    |                                       |                                                                                            |                               |   |                   |                         |
|                                                                                                                                                                                                                                               |    |                                       |                                                                                            | COS                           | R |                   |                         |
| Proper Use of Utensils                                                                                                                                                                                                                        |    |                                       |                                                                                            |                               |   |                   |                         |
| 43                                                                                                                                                                                                                                            |    |                                       | In-use utensils: properly stored                                                           |                               |   |                   |                         |
| 44                                                                                                                                                                                                                                            |    |                                       | Utensils, equipment & linens: properly stored, dried, & handled                            |                               |   |                   |                         |
| 45                                                                                                                                                                                                                                            |    |                                       | Single-use/single service articles: properly stored & used                                 |                               |   |                   |                         |
| 46                                                                                                                                                                                                                                            |    |                                       | Gloves used properly                                                                       |                               |   |                   |                         |
| Utensil Equipment and Vending                                                                                                                                                                                                                 |    |                                       |                                                                                            |                               |   |                   |                         |
| 47                                                                                                                                                                                                                                            |    |                                       | Food & non-food contact surfaces cleanable, properly designed, constructed, & used         |                               |   |                   |                         |
| 48                                                                                                                                                                                                                                            |    |                                       | Warewashing facilities: installed, maintained, & used; test strips                         |                               |   |                   |                         |
| 49                                                                                                                                                                                                                                            |    |                                       | Non-food contact surfaces clean                                                            |                               |   |                   |                         |
| Physical Facilities                                                                                                                                                                                                                           |    |                                       |                                                                                            |                               |   |                   |                         |
| 50                                                                                                                                                                                                                                            |    |                                       | Hot & cold water available; adequate pressure                                              |                               |   |                   |                         |
| 51                                                                                                                                                                                                                                            |    |                                       | Plumbing installed; proper backflow devices                                                |                               |   |                   |                         |
| 52                                                                                                                                                                                                                                            |    |                                       | Sewage & waste water properly disposed                                                     |                               |   |                   |                         |
| 53                                                                                                                                                                                                                                            |    |                                       | Toilet facilities: properly constructed, supplied, & cleaned                               |                               |   |                   |                         |
| 54                                                                                                                                                                                                                                            |    |                                       | Garbage & refuse properly disposed; facilities maintained                                  |                               |   |                   |                         |
| 55                                                                                                                                                                                                                                            |    |                                       | Physical facilities installed, maintained, & clean                                         |                               |   |                   |                         |
| 56                                                                                                                                                                                                                                            |    |                                       | Adequate ventilation & lighting; designated areas used                                     |                               |   |                   |                         |
| 57                                                                                                                                                                                                                                            |    |                                       | Compliance with MCIAA                                                                      |                               |   |                   |                         |
| 58                                                                                                                                                                                                                                            |    |                                       | Compliance with licensing & plan review                                                    |                               |   |                   |                         |
| Food Recalls:                                                                                                                                                                                                                                 |    |                                       |                                                                                            |                               |   |                   |                         |
| Person in Charge (Signature)                                                                                                                                                                                                                  |    |                                       |                                                                                            |                               |   |                   |                         |
| Date: 01/14/25                                                                                                                                                                                                                                |    |                                       |                                                                                            |                               |   |                   |                         |
| Inspector (Signature)                                                                                                                                                                                                                         |    |                                       |                                                                                            |                               |   |                   |                         |