Electronically Delivered

January 7, 2025

Licensee
Legacy Commons Senior Living LLC
322 County Highway 6
Clinton, MN 56225

RE: Project Number(s) SL30340016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 4, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30340	A. BUILDING: _____ B. WING _____	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY COMMONS SENIOR LIVING LLC	322 COUNTY HIGHWAY 6 CLINTON, MN 56225

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SLSL30340016 On December 2, 2024, through December 4, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 7 resident(s); 6 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
01370 SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn	01370		

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01370	Continued From page 1 (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.	01370		

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01370	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and/or competencies were completed and documented for three of three unlicensed personnel ((ULP)-D, ULP-E, and ULP-F). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On December 3, 2024, at 1:16 p.m., the surveyor observed ULP-D administer medications to R2 and provide assisted living services to the residents of the facility. ULP-D ULP-D was hired October 17, 2024, to provide direct care services to residents of the assisted living facility. ULP-E ULP-E was hired May 13, 2024, to provide direct care services to residents of the assisted living facility. ULP-F ULP-F was hired May 13, 2024, to provide direct care services to residents of the assisted living facility.	01370		

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01370	Continued From page 3 ULP-D, ULP-E, and ULP-F's personnel records lacked evidence of completed training and/or competency testing for the following: - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; - dressing and assisting with toileting; and - standby assistance techniques and how to perform them. On December 4, 2024, at 2:10 p.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A stated she agreed some of the competency evaluations for all of the employees are missing from their records due to they were missed by the previous registered nurse (RN) and that is why she is no longer employed by the licensee. The licensee's 5.02 Competency Training Evaluations policy dated April 22, 2024, indicated when a registered nurse or licensed health professional staff of licensee delegates tasks, prior to the delegation of services they must make certain the unlicensed personal (ULP) is trained in the proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to demonstrate the ability to competently follow the procedures and preform the tasks. Training in competency evaluations for all ULP's will include: -Appropriate and safe techniques in personal hygiene and grooming, including: -hair care and bathing; -care of teeth, gums, an oral prosthetic devices; -care and use of hearing aids; -dressing and assisting with toileting; and -Standby assistance techniques and how to perform them.	01370		

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01370	Continued From page 4 No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and/or competencies were completed and documented for three of three unlicensed personnel ((ULP)-D, ULP-E, and ULP-F). 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	01380		

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01380	Continued From page 5 cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On December 3, 2024, at 1:16 p.m., the surveyor observed ULP-D administer medications to R2 and provide assisted living services to the residents of the facility. ULP-D ULP-D was hired October 17, 2024, to provide direct care services to residents of the assisted living facility. ULP-D's personnel record lacked evidence of completed training and/or competency testing for the following: -Reading and recording temperature, pulse, and respirations of the resident; -Safe transfer techniques and ambulation; and -Range of motioning and positioning. ULP-E ULP-E was hired May 13, 2024, to provide direct care services to residents of the assisted living facility. ULP-F ULP-F was hired May 13, 2024, to provide direct care services to residents of the assisted living facility. ULP-E and ULP-F's personnel records lacked evidence of completed training and/or competency testing for the following:	01380		

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01380	Continued From page 6 -Reading and recording temperature, pulse, and respirations of the resident; and -Range of motioning and positioning. On December 4, 2024, at 2:10 p.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A stated she agreed some of the competency evaluations for all of the employees are missing from their records due to they were missed by the previous registered nurse (RN) and that is why she is no longer employed by the licensee. The licensee's 5.02 Competency Training Evaluations policy dated April 22, 2024, indicated when a registered nurse or licensed health professional staff of licensee delegates tasks, prior to the delegation of services they must make certain the unlicensed personal (ULP) is trained in the proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to demonstrate the ability to competently follow the procedures and preform the tasks. In addition to the above training and competency evaluation for unlicensed personnel providing assisted living services must include: -Reading and recording temperature, pulse, and respirations of the resident; -Safe transfer techniques and ambulation; and -Range of motioning and positioning. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs	01440		

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01440	Continued From page 7 (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure an appropriate licensed health professional, or a registered nurse (RN) conducted direct supervision of staff performing a delegated task within thirty calendar days after the date on which the individual began working for the facility and first performed the delegated task for one of three unlicensed personnel (ULP)-D. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	01440		

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01440	Continued From page 8 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On December 3, 2024, at 1:16 p.m., the surveyor observed ULP-D administer medications to R2 and provide assisted living services to the residents of the facility. ULP-D was hired October 17, 2024, to provide direct care services to residents of the assisted living facility. ULP-D's Staff Supervision History indicated licensed assisted living director/licensed practical nurse (LALD/LPN)-A completed a supervision for the service of ambulation with ULP-D on December 3, 2024 after the initiation of the survey on December 2, 2024. ULP-D's personnel record lacked evidence a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services. On December 4, 2024, at 10:35 a.m., LALD/LPN-A stated she realized yesterday that some of the 30-day supervisions of staff were due and needed to be completed, so she completed them. LALD/LPN-A stated she knew that they were due prior to yesterday and they had been missed and were not completed prior to the start of the survey. The licensee's 6.17 Supervision of Staff -	01440		

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01440	Continued From page 9 Delegated Services policy dated April 22, 2024, indicated direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the licensee and first performs the delegated tasks for the residents and thereafter as needed based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of	01470		

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01470	Continued From page 10 Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received orientation to include all required content for three of three employees (unlicensed	01470		

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01470	Continued From page 11 personnel (ULP)-D, ULP-E, and ULP-F). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On December 3, 2024, at 1:16 p.m., the surveyor observed ULP-D administer medications to R2 and provide assisted living services to the residents of the facility. ULP-D ULP-D was hired October 17, 2024, to provide direct care services to residents of the assisted living facility. ULP-E ULP-E was hired May 13, 2024, to provide direct care services to residents of the assisted living facility. ULP-F ULP-F was hired May 13, 2024, to provide direct care services to residents of the assisted living facility. ULP-D, ULP-E, and ULP-F's employee record lacked documentation of the following required orientation content: -review of the types of assisted living services the employee will be providing and the facility's category of licensure.	01470		

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01470	Continued From page 12 On December 4, 2024, at 2:30 p.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A stated the uniform disclosure of assisted living services and amenities (UDALSA) is missing from all of the employee's orientation topics and is due to an oversight from the previous registered nurse. The licensee's 5.01 Orientation of Staff and Supervisors & Content policy dated April 22, 2024, indicated all licensee's employees must complete the orientation on assisted living facility requirements before providing assisted living services to residents. The orientation must contain the following topics: -A review of the types of assisted living services the employee will be providing and the facility's category of licensure. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based	01730		

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	30340	A. BUILDING: _____ B. WING _____	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY COMMONS SENIOR LIVING LLC	322 COUNTY HIGHWAY 6 CLINTON, MN 56225

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01730	Continued From page 13 on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a current individualized medication management plan to include all required content for one of two residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	01730		

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01730	Continued From page 14 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On December 3, 2024, at 1:16 p.m., surveyor observed unlicensed personnel (ULP)-D administer medication to R2. During observation of medication, surveyor observed an open bottle of Nystatin Powder (antifungal powder) on R2's end table. On December 3, 2024, at 1:16 p.m., ULP-D stated, "R2 applies that (Nystatin powder) herself as needed." R2 admitted to licensee on June 3, 2024, and began receiving assisted living services. R2's diagnoses included Type 2 diabetes mellitus, macular degeneration, glaucoma, and unspecified hallucinations. R2's Service Plan dated June 18, 2024, indicated medication administration six times daily. R2's prescriber order dated August 6, 2024, indicated a self-administer order for Nystatin powder. In addition, R2's prescriber order dated November 8, 2024, indicated a self-administer order for cough drops. R2's self-administration of medication assessment dated September 11, 2024, indicated "Med Self-Admin is not applicable: Staff will administer all medications to resident;" and "In	01730		

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01730	Continued From page 15 summary, may self administer medication safely-specify: No." R2's record lacked a medication management plan to include: -the medication management record must be current and updated when there are any changes. On December 3, 2024, at 1:16 p.m., ULP-D stated, "R2 applies that (Nystatin powder) herself as needed." On December 4, 2024, at 10:40 a.m., licensed assisted living director/ licensed practical nurse (LALD/LPN)-A stated R2 is not safe to self-administer any medication due to intermittent hallucinations. The previous nurse should not have accepted the orders for self-administration of Nystatin or cough drops but the order was accepted, and the assessment should have been updated to reflect the new orders. The licensee's 7.03 Medication Management Individualized Plan dated April 23, 2024, indicated the medication management record will be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01750 SS=F	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the	01750		

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01750	Continued From page 16 proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure prior to delegating the nursing task of medication administration, the unlicensed personnel (ULP) demonstrated competency to a registered nurse (RN) for administering medications for one of three ULPs (ULP-D). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On December 3, 2024, at 1:16 p.m., the surveyor observed ULP-D administer medications to R2. ULP-D was hired on October 17, 2024, to provide direct care services to residents of the assisted living facility. ULP-D's employee record included an Educare (online training program) transcript that indicated	01750		

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01750	Continued From page 17 ULP-D's medication administration training modules were completed on November 3, 2024. ULP-D's employee record lacked evidence of competency evaluation completed by a RN for medication administration. On December 3, 2024, at 1:20 p.m., ULP-D stated I used to teach a medication administration class, so I did not complete any training here. They showed me the medication cart, introduced me to each resident, and how to use the electronic medication administration record (EMAR). On December 4, 2024, at 9:35 a.m., the licensed practical nurse (LPN)-B stated she was not aware of any competencies that were completed but would need to check with the licensed assisted living director/licensed practical nurse (LALD/LPN)-A to verify. LPN-C also stated the RN from another facility was supposed to come down soon to complete some competency evaluations but has not been to the facility to complete them yet. On December 4, 2024, at 11:40 a.m., ULP-D stated that he did not have any competency evaluations completed from the RN when hired due to she was only working at the facility for two days after he started before she left employment with the licensee. On December 4, 2024, at 1:39 p.m., the LALD/LPN-A confirmed that ULP-D did not have any competency evaluations completed and they were missed by the RN that no longer works for the licensee. The licensee's 7.15 Medication and Treatment - Administration and Delegation policy, dated April	01750		

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01750	Continued From page 18 23, 2024, indicated when administration of medications or treatment/therapy is delegated or assigned to unlicensed personnel, the licensee will ensure that the registered nurse has: - Instructed the unlicensed personnel (ULP) in the proper methods with respect to each resident to administer the medications or perform treatment/therapy and ULP has demonstrated the ability to competently follow the procedures. No further information was provided. TIME PERIOD FOR CORRECTION: two day	01750		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure medications were transcribed as prescribed for one of three residents (R4).	01760		

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01760	Continued From page 19 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R4 admitted to licensee on November 1, 2024, and began receiving assisted living services. R4's diagnoses included coronary artery disease (CAD), gastroesophageal reflux disease (GERD), Dementia, hypertension, Reactive Airway Disease, and atrial fibrillation. R4's service plan dated November 1, 2024, indicated R4 received medication administration. R4's record signed provider orders dated November 5, 2024, included a scheduled order for Mupirocin 2% ointment- apply topically three times a day. Apply to affected area, posterior and superior scalp area. R4's December 2024 medication administration record (MAR) included an as needed (PRN) order for Mupirocin 2% ointment (daily) Apply ointment to open areas on head three times per day as needed. On December 4, 2024, at 12:30 p.m., director of nursing (DON)-B stated the Mupirocin order was transcribed incorrectly on the MAR by the previous DON.	01760		

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01760	Continued From page 20 The licensee's 7.20 Medication & Treatment Orders policy dated April 23, 2024, indicated the RN is responsible for assuring that: - current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records; - orders are communicated to the resident or responsible party; - resident or responsible party are educated on all medication and treatment orders; and - changes in orders are addressed in the resident's service plan and/or eMAR, and are communicated to the other staff. An order for medication or treatment must contain the name of the resident, a description of the medication, treatment or therapy to be provided and the frequency, duration, and other information needed to carry out the order. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of three residents (R2).	01820		

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01820	Continued From page 21 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 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 occurs only occasionally). The findings include: On December 3, 2024, at 1:16 p.m., surveyor observed unlicensed personnel (ULP)-D administer medication to R2. R2 admitted to licensee on June 3, 2024, and began receiving assisted living services. R2's diagnoses included Type 2 diabetes mellitus, macular degeneration, glaucoma, and unspecified hallucinations. R2's Service Plan dated June 18, 2024, indicated medication administration six times daily. R2's record lacked authenticated current prescription orders for acetaminophen and ibuprofen. R2's record also lacked an order to discontinue Amlodipine (blood pressure management). On December 4, 2024, at 10:40 a.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A stated, "My last registered nurse (RN) was a horrible nurse. She did incomplete work and that is why she is no longer here. I will look for the missing orders or contact the pharmacy."	01820		

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01820	Continued From page 22 On December 4, 2024, at 2:40 p.m., surveyor received unsigned Plan of Care documents indicating updated orders for acetaminophen, ibuprofen, and to discontinue Amlodipine. On December 5, 2024, at 10:47 a.m., LALD/LPN-A stated any nurse knows you need a signature on an order and the previous registered nurse (RN) was a bad nurse and did not obtain a signature for those orders. We will get them from the pharmacy today. The licensee's 7.20 Medication & Treatment Orders policy dated April 3, 2024, indicated the registered nurse (RN) is responsible for assuring that: - current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records. No further information provider. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to discard expired	01890		

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01890	Continued From page 23 medication for one of three residents (R4). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On December 3, 2024, at 1:30 p.m., surveyor observed the medication cart with unlicensed personnel (ULP)-D and observed the following expired medication for R4: -Albuterol HFA 90 micrograms (mcg)/ actuation (act) with an expiration date of November 2023. On December 3, 2024, at 1:30 p.m., ULP-D confirmed the expiration date with surveyor. On December 4, 2024, at 8:25 a.m., surveyor observed the medication room with ULP-D and observed the following expired medication for R4: -acetaminophen 500 milligrams (mg) with an expiration date of February 16, 2024. On December 4, 2024, at 8:25 a.m., ULP-D confirmed the expiration date with surveyor. On December 4, 2024, at 8:38 a.m., director of nursing (DON)-B stated "I agree the Tylenol is expired. I was told he came in with his medication in bottles and family brought them to the pharmacy for repackaging into bubble packs. I can't believe the pharmacist didn't catch this."	01890		

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01890	Continued From page 24 The licensee's 7.23 Medication Disposal policy dated April 23, 2024, indicated "Expired Prescription Drugs: -Expired medications managed by Legacy Commons Senior Living will be disposed of according to the accepted practices of the Minnesota board of Pharmacy and the labels from the containers will be destroyed. Medication labels may be discarded in regular trash once all identifiable information has been made unreadable." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

MN Department of Health
Food, Pools, and Lodging Services
PO Box 64975
St. Paul, MN 55164-0975
218-332-5150

Type: Full
Date: *12/02/24*
Time: 15:35:01
Report: 7935241100

Food and Beverage Establishment Inspection Report

Location:
Waters Edge Assisted Living
322 County Highway 6
Clinton, MN56225
Big Stone County, 06

Establishment Info:
ID #: 0039372
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3203255414
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 165 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: Wiping Cloth Bucket
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: Norlake
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: Norlake - 2 Door
Violation Issued: No

Process/Item: Cooking
Temperature: 185 Degrees Fahrenheit - Location: Fish
Violation Issued: No

Process/Item: Hot Holding
Temperature: 161 Degrees Fahrenheit - Location: Veggies
Violation Issued: No

Process/Item: Hot Holding
Temperature: 154 Degrees Fahrenheit - Location: Potatoes
Violation Issued: No

Type: Full
Date: *12/02/24*
Time: 15:35:01
Report: 7935241100
Waters Edge Assisted Living

Food and Beverage Establishment Inspection Report

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

CFPM - Julie Wagner
#39273 Exp: 04/28/25

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 7935241100 of 12/02/24.

Certified Food Protection Manager: Carol Findlay

Certification Number: 25052 Expires: 05/15/25

Signed: _____
Establishment Representative

Signed: Rebecca Tonneson
Rebecca Tonneson
Public Health San Supervisor
Fergus Falls District Office
218-332-5142
rebecca.tonneson@state.mn.us