DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

March 31, 2023

Licensee
Circle Drive Manor
56733 State Highway 56 South
Berne, MN 55985

RE: Project Number(s) SL30326015

Dear Licensee:

On March 16, 2023, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the December 13, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3789 Fax: 651-281-9796

JMD

Electronically Delivered

January 12, 2023

Licensee
Circle Drive Manor
56733 State Highway 56 South
Berne, MN 55985

RE: Project Number(s) SL30326015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on December 13, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this evaluation:

St - 0 - 0470 - 144g.41 Subdivision 1 - Minimum Requirements - $3,000.00

St - 0 - 0495 - 144g.41 Subd. 1 (14) - Minimum Requirements - $3,000.00

The total amount you are assessed is $6,000.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

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

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jess Gallmeier, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jess.gallmeier@state.mn.us
Phone: 651-201-3789 Fax: 651-215-9697

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30326	A. BUILDING: _____ B. WING _____	12/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CIRCLE DRIVE MANOR	56733 STATE HIGHWAY 56 SOUTH BERNE, MN 55985

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL30326015 On December 12, 2022, through December 13, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were eight residents receiving services under the provider's Assisted Living license. Immediate correction orders were identified on December 12, 2022, issued for SL30326015-0, tag identifications 0470 and 0495. Immediacy of the licensing orders was not removed prior to the exit date of December 13, 2022.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 470 SS=I	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470		

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0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure night staff were awake to monitor residents needs and to minimize the risk of self-abuse. This had the potential to affect all eight residents residing in the facility. This resulted in an immediate correction order on December 12, 2022, at 1:20 p.m. This practice resulted in a level three violation (a violation that harmed a residents health or safety,	0 470		

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0 470	Continued From page 2 not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During an entrance conference interview on December 12, 2022, at 10:50 a.m., licensed assisted living director (LALD)-C stated the licensee did employee staff to work on the overnight shift during 8:00p.m. to 6:00 a.m. LALD-C stated the staff were not required to stay awake. LALD-C also stated if a resident were to need assistance, they have been instructed to use their call button. This call button will ring to the unlicensed staff (ULP) to notify them that there is someone in need of assistance. LALD-C stated this plan has been in effect since the new Minnesota Assisted Living statutes went into effect August 1, 2021. LALD-C brought to surveyor a Minnesota Department of Health (MDH) Assisted Living Variance form that LALD-C states she completed and submitted to MDH on December 9, 2022, requesting permission to allow overnight staff to sleep. The licensee's 2.01 24-Hour Emergency Response policy dated August 1, 2021, indicated residents will have access to 24-hour emergency response by staff. The policy did not indicate if staff were required to be awake during the 24-hour period. No further information was provided. TIME PERIOD OF CORRECTION: IMMEDIATE	0 470		

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0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all residents in the Assisted Living facility. 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:	0 480		

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0 480	Continued From page 4 Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated December 12, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 485 SS=C	144G.41 Subd 1. (13) (i) (A) and (C) Minimum Requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; (C) the facility cannot require a resident to include and pay for meals in their contract; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a menu was prepared and provided to residents a week in advance. This had the potential to affect all	0 485		

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0 485	Continued From page 5 residents. 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 the residents). The findings include: On December 12, 2022, at approximately 10:30 a.m., during the entrance conference, licensed assisted living director (LALD)-C stated meals are provided and prepared by the licensee and the licensee does have a menu available to the residents to view. On December 12, 2022, at approximately 11:30 a.m., during a facility tour, the surveyor did observe a daily menu available in the dining area. The surveyor did not observe a menu for at least a week available in any common area. During an interview on December 12, 2022, at approximately 2:15 p.m., unlicensed personnel (ULP)-B stated there was a menu that is available for the residents to see, but it was in a drawer somewhere in the kitchen. ULP-B stated he made the majority of the meals and there were times that he needed to change the menu. ULP-B was not aware the weekly menu needed to be available for the residents to view. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		

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0 495 SS=I	144G.41 Subd. 1 (14) Minimum Requirements (14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure that a registered nurse was available on-call 24 hours a day, seven days per week. This had the potential to affect all residents and staff of the facility. This resulted in an immediate correction order on December 12, 2022, at 1:20 p.m. This practice resulted in a level three 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 12, 2022, at approximately 10:30 a.m., during entrance conference, licensed assisted living director (LALD)-C stated there was one registered nurse (RN)-A and one licensed practical nurse (LPN)-F employed with licensee. LALD-C stated RN-A worked a full-time position at another establishment but was available for phone calls twenty-four hours per day; seven days a week. When the surveyor asked who would cover RN-A if they were sick, taking a vacation, or unable to answer a call due to other full-time employment, LALD-C stated LPN-F	0 495		

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0 495	Continued From page 7 would take calls or the licensee could have a previous RN work (who was no longer on the payroll). LALD-C stated this RN felt it was too overwhelming to work her other job and be on call for licensee. On December 12, 2022, at 12:26 p.m., owner/unlicensed personnel (ULP)-B confirmed the licensee did not have another RN on staff to back up RN-A if needed. ULP-B stated he would be able to add her to his staff as she was willing to take call if needed. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 495		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the required information related to the grievance procedure. This had the potential to affect all the licensee's current residents, staff,	0 550		

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0 550	Continued From page 8 and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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 12, 2022, at approximately 11:30 a.m., during a facility-wide tour, the surveyor did not observe a posting of the required grievance procedure content in a conspicuous place. On December 12, 2022, at 3:05 p.m., licensed assisted living director (LALD)-C confirmed the required grievance procedure content had not been posted. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;	0 640		

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0 640	Continued From page 9 (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) in common areas and near telephones in the licensee's assisted living facility. 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: During a building tour on December 12, 2022, at approximately 11:45 a.m., the surveyor noted the licensee's common areas had no posting information related to reporting suspected maltreatment to MAARC. During an interview on December 12, 2022, at 2:25 p.m., licensed assisted living director (LALD)-C stated she was not aware the licensee needed to post information related to reporting suspected maltreatment to MAARC.	0 640		

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0 640	Continued From page 10 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640		
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by:	0 650		

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	30326	A. BUILDING: _____ B. WING _____	12/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CIRCLE DRIVE MANOR	56733 STATE HIGHWAY 56 SOUTH BERNE, MN 55985

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0 650	Continued From page 11 Based on interview and record review, the licensee failed to ensure the employee record contained the required content for one of one employee (registered nurse (RN)-A). 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: RN-A had a hire date of December 1, 2021. RN-A's record lacked records of orientation and infection control training. On December 12, 2022, at 11:12 a.m., licensed assisted living director (LALD)-C indicated she believed RN-A had a record of orientation and infection control training. LALD-C stated she would need to look for the paperwork. The licensee's 4.05 Employee Records Policy dated, August 1, 2021, indicated the licensee would retain in the employee record verification of completed orientation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 12 (a) The facility must meet the following requirements: (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; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (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 allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post an emergency preparedness plan prominently. This had the potential to impact all residents, staff, and visitors to the licensee's facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a	0 680		

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0 680	Continued From page 13 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 12, 2022, at approximately 11:25 a.m., during a tour of the facility, the surveyor did not observe any signage or information regarding the licensee's emergency disaster or preparedness plan posted in a prominent location. On December 12, 2022, at approximately 12:10 p.m., the surveyor requested the licensee's emergency disaster or preparedness plan. Licensed assisted living director (LALD)-C provided a binder consisting of the licensee's policies for the surveyor to review. During an interview on December 12, 2022, at approximately 2:15 p.m., LALD-C stated she was not aware the licensee had to post the emergency preparedness information. No additional information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the	0 800		

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0 800	Continued From page 14 residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation, and staff interview, the facility failed to maintain the facility in good repair in regards to resident health and safety in accordance with maintenance and repair program. This deficient condition has the ability to affect all staff and residents. 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: 1. On 12/13/2022 between 10:30 AM TO 11:30 AM, survey staff observed during the tour of the facility that in the Office, a power-strip was connected to an extension cord which was connected to a 1-to-3 multi-tap adapter 2. On 12/13/2022 between 10:30 AM TO 11:30 AM, survey staff observed during the tour of the facility that in the Living Room, an extension cord was in use 3. On 12/13/2022 between 10:30 AM TO 11:30 AM, survey staff observed during the tour of the facility that the smoke alarms appeared to be dated. Documentation was not available to confirm the age or manufacture dated of the	0 800		

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0 800	Continued From page 15 devices. ULP-B verbally confirmed survey staff observations. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one	0 810		

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0 810	Continued From page 16 evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, and staff interview, the facility was unable to provide documentation associated to annual evacuation training for residents. This deficient condition has the ability to affect all staff and residents. 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 12/13/2022 between 10:30 AM TO 11:30 AM, survey staff observed that no documentation was presented during documentation review to confirm that residents of the facility are being offered annual training of evacuation procedures (OE) verbally confirmed survey staff observations. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01370 SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn	01370		

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01370	Continued From page 17 (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	01370		

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01370	Continued From page 18 technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure competency evaluations were completed by a registered nurse (RN) for two of two unlicensed personnel (ULP-B, ULP-D, ULP-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: ULP-B was hired on June 1, 2000. ULP-B's training record lacked documentation of completed competency evaulation by a RN. ULP-D was hired on March 19, 2022. ULP-D's training record lacked documentation of completed competency evaulation by a RN. ULP-E was hired on August 23, 2022. ULP-E's training record lacked documentation of completed competency evaulation by a RN. ULP-B, ULP-D, and ULP-E's employee records lacked competency evaluation for 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	01370		

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01370	Continued From page 19 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. During interview on December 12, 2022, licensed assisted living director (LALD)-C stated the licensee provided ULPs with orientation and all required trainings by way of an online education program as well as a training manual provided by the licensee. LALD-C stated once the ULP's completed the training, RN-A would observe ULPs' demonstrated competency to ensure they could perform the skills required of their position.	01370		

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01370	Continued From page 20 LALD-C stated RN-A did not provide any hands on training. On December 12, 2022, at 11:30 a.m., ULP-B stated they were trained with other staff members by viewing online education training sessions and reviewing the training with the staff that were at the training session. ULP-B stated RN-A was at the training sessions but was not responsible to complete the training. ULP-B stated RN-A ensured the ULPs completed the trainings. The licensee's 5.08 Instructor and Competency Evaluation Requirements dated, August 1, 2021, indicated training and competency evaluations of unlicensed personnel providing assisted living must be conducted by a registered nurse. 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;	01380		

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01380	Continued From page 21 (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 interview and record review, the licensee failed to ensure competency evaluations were completed by a registered nurse (RN), for three of three unlicensed personnel ((ULP)-B, ULP-D, ULP-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: ULP-B was hired on June 1, 2000. ULP-B's training record lacked documentation of completed competency evaulation by a RN. ULP-D was hired on March 19, 2022. ULP-D's training record lacked documentation of completed competency evaulation by a RN. ULP-E was hired on August 23, 2022. ULP-E's training record lacked documentation of completed competency evaulation by a RN. ULP-B, ULP-D, and ULP-E's employee records lacked competency evaluation for the following: (1) observing, reporting, and documenting resident status;	01380		

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01380	Continued From page 22 (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; and (6) range of motioning and positioning. During interview on December 12, 2022, licensed assisted living director (LALD)-C stated the licensee provided ULPs with orientation and all required trainings by way of an online education program as well as a training manual provided by the licensee. LALD-C stated once the ULPs completed the training, RN-A would observe ULPs demonstrated competency to ensure they could perform the skills required of their position. LALD-C stated RN-A did not provide any hands on training. On December 12, 2022, at 11:30 a.m., ULP-B stated they were trained with other staff members by viewing online education training sessions and reviewing the training with the staff that were at the training session. ULP-B stated RN-A was at the training sessions but was not responsible to complete the training. ULP-B stated RN-A ensured the ULPs completed the trainings. The licensee's 5.08 Instructor and Competency Evaluation Requirements dated, August 1, 2021, indicated training and competency evaluations of unlicensed personnel providing assisted living must be conducted by a registered nurse. No further information provided.	01380		

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01380	Continued From page 23 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (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 interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing delegated tasks within 30 days of providing services for two of two unlicensed personnel ((ULP)-D, ULP-E).	01440		

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01440	Continued From page 24 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: ULP-D had a hire date of March 19, 2022. ULP-D was hired to provide direct care and services to the licensee's residents. ULP-D's employee record lacked documentation of an RN supervising ULP-D performing delegated tasks within 30 days of providing delegated services. ULP-E had a hire date of August 23, 2022. ULP-E was hired to provide direct care and services to the licensee's residents. ULP-E's employee record lacked documentation of an RN supervising ULP-E performing delegated tasks within 30 days of providing delegated services. During an interview on December 12, 2022, at 1:20 p.m., licensed assistive living director (LALD)-C stated RN-A did conduct official 30-day supervisory evaluations of ULPs performing delegated tasks. LALD-C stated they would need to look for the documentation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
01460 SS=D	144G.63 Subdivision 1 Orientation of staff and supervisors	01460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30326	A. BUILDING: _____ B. WING _____	12/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CIRCLE DRIVE MANOR	56733 STATE HIGHWAY 56 SOUTH BERNE, MN 55985

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01460	Continued From page 25 All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff providing services completed an orientation to assisted living facility licensing requirements and regulations before providing services for one of one employee (registered nurse (RN)-A). 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: RN-A began providing direct care services to residents on December 1, 2022. RN-A's employee record lacked the required orientation to assisted living licensing requirements and regulations with the required content. On December 12, 2022, at 2:30 p.m., licensed assisted living director (LALD)-C verified the lack	01460		

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01460	Continued From page 26 of employee orientation records for RN-A. LALD-C stated they were unable to verify RN-A's orientation to the assisted living licensing requirements and regulations. The licensee's 5.01 Orientation of Staff and Supervisors and Content policy dated August 1, 2021, indicated all staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01460		
01610 SS=F	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.	01610		

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01610	Continued From page 27 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive assessment of the physical and cognitive needs of the prospective resident to include all areas identified on the uniform assessment tool prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in for two of two residents (R1, R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 was admitted on July 12, 2021, with a diagnosis of hypertension and diabetes. R1 had an initial admission assessment completed on July 1, 2021. R2 was admitted on November 28, 2022, with a diagnosis of hypertension. R2 had an initial admission assessment completed on November 28, 2022. During interview on December 12, 2022, at 11:10 a.m., licensed assisted living director (LALD)-C indicated RN-A did not complete pre-assessments for potential admissions.	01610		

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	30326	A. BUILDING: _____ B. WING _____	12/13/2022

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01610	Continued From page 28 LALD-C stated she herself completed the pre-assessment. LALD-C stated she had been doing this type of work for over twenty years and she can tell if a resident is going to be a good fit for admission. The licensee's 6.02 Assessment - Schedules policy dated August 1, 2021, indicated prior to the date on which a prospective resident admits, an RN will conduct an assessment either in person or via telecommunications. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01610		
02410 SS=D	144G.91 Subd. 13 Personal and treatment privacy (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 where clearly inadvisable or unless otherwise documented in the resident's service plan. (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. (c) Residents have the right to respect and privacy regarding the resident's service plan.	02410		

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02410	Continued From page 29 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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure privacy was maintained for one of one resident (R3) observed during medication administration. 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 12, 2022, at approximately 12:08 p.m., R3 was seated in the common dining area eating lunch with other residents. Unlicensed personnel (ULP)-B approached R3 carrying a bottle of eye drops. ULP-B bent down next to R3 and announced that ULP-B would be administering R3's eye drop. R3 was chewing her food when ULP-B announced what he would be doing. R3 finished chewing her food and bent her head backwards for ULP-B to administer the eye drops into both of the R3's eyes while at the dining table with other residents. ULP-B gave R3 a tissue to wipe any residue from eye drops and ULP-B advised R3 that she could continue to eat.	02410		

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02410	Continued From page 30 On December 12, 2022, at approximately 2:47 p.m., licensed assisted living director (LALD)-C, stated she was not aware residents' privacy was impacted if given medications in the dining area during meals. LALD-C stated this was a common procedure for her staff. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02410		

Minnesota Department of Health
Food, Pools, Lodging
18 Woodlake Dr. SE
Rochester
507-206-2700

Type: Full
Date: *12/12/22*
Time: 07:50:00
Report: 8074221213

Food and Beverage Establishment Inspection Report

Location:
Circle Drive Manor
56733 State Highway 56 South
West Concord, MN55985
Dodge County, 20

Establishment Info:
ID #: 0037523
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5075272424
ID #:

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

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ** Priority 1 **

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

upright cooler bottom half holding above 41 df. unit turned down on site.

Comply By: 12/15/22

4-300 Equipment Numbers and Capacities

4-302.12B ** Priority 2 **

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

Comply By: 12/15/22

Surface and Equipment Sanitizers

Hot Water: = at 184 Degrees Fahrenheit
Location: dish machine log
Violation Issued: No

Food and Equipment Temperatures

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

Type: Full
Date: *12/12/22*
Time: 07:50:00
Report: 8074221213
Circle Drive Manor

Food and Beverage Establishment Inspection Report

Process/Item: Upright Cooler
Temperature: 43 Degrees Fahrenheit - Location: pie
Violation Issued: Yes

Process/Item: Upright Cooler
Temperature: 44 Degrees Fahrenheit - Location: ham
Violation Issued: Yes

Process/Item: Hot Holding
Temperature: 136 Degrees Fahrenheit - Location: meat ball
Violation Issued: No

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

Water test completed 5/23/22.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 8074221213 of 12/12/22.

Certified Food Protection Manager: Meliissa Christianson

Certification Number: FM14408 Expires: 06/19/23

Inspection report reviewed with person in charge and emailed.

Signed:_____
Establishment Representative

Signed: Andrea Kieffer
Andrea Kieffer

507-206-2721
andrea.kieffer@state.mn.us