DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 30, 2023

Licensee
Good Samaritan Society-Woodland
200 Buffalo Hills Lane
Brainerd, MN 56401

RE: Project Number(s) SL30309015

Dear Licensee:

On November 20, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the August 30, 2023, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

PMB

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 18, 2023

Licensee
Good Samaritan Society-Woodland
200 Buffalo Hills Lane
Brainerd, MN 56401

RE: Project Number(s) SL30309015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 30, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

The 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. The 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 and enforcement actions 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction 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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for 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

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 651-281-9796

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30309	A. BUILDING: _____ B. WING _____	08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-WOODLAND	200 BUFFALO HILLS LANE BRAINERD, MN 56401

(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 ******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: SL30309015 On August 28, 2023, through August 30, 2023, 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 106 active residents; 50 of whom were receiving services under the Assisted Living 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 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.	
0 115 SS=F	144G.10 Subd. 2 Licensure categories (a) The categories in this subdivision are established for assisted living facility licensure.	0 115		

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0 115	Continued From page 1 (1) The assisted living facility category is for assisted living facilities that only provide assisted living services. (2) The assisted living facility with dementia care category is for assisted living facilities that provide assisted living services and dementia care services. An assisted living facility with dementia care may also provide dementia care services in a secured dementia care unit. (b) An assisted living facility that has a secured dementia care unit must be licensed as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the licensee only provided assisted living services in the facility. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on August 28, 2023, at 9:20 a.m., licensed assisted living director (LALD)-A stated she was the LALD for the assisted living facility. On August 28, 2023, from 9:55 a.m. through 10:45 a.m., the surveyor toured the facility with	0 115		

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0 115	Continued From page 2 LALD-A consisting of three building numbers (200, 300, 320), which were all interconnected from the inside by hallways. In building 200, at the end of the hall, LALD-A stated the last four rooms were rented out to (other facility name) an adult day center. LALD-A stated that facility was open Monday through Friday and had residents come from the community The surveyor observed a license hanging issued by the Minnesota Department of Health for Base Fee-FBL, Category 1 Establishment Hospitality Fee issued for January 1, 2023, through December 31, 2023. The license indicated the adult day services had the same address as the assisted living facility. On August 29, 2023, at 6:44 a.m., unlicensed personnel (ULP)-E stated ULP-E did not know much about the other facility in the building, but they (the licensee) did rent out the last four rooms in the 200 building hallway. On August 29, 2023, from 10:31 a.m. through 10:45 a.m., the surveyor spoke with executive director of other facility (EDOOF)-I. EDOOF-I stated the facility was an adult day service and rented the last four rooms of building 200 from the assisted living facility and was not associated with the assisted living provider. EDOOF-I stated the adult day service provided their own meals and staff. On August 29, 2023, at 11:14 a.m., clinical nurse supervisor (CNS)-B stated the licensee rented out four rooms in the 200 building to a provider not associated with the licensee. CNS-B further stated the rooms had been rented out to the other provider starting at least in 2014 when CNS-B started at the facility. On August 29, 2023, at 12:49 p.m., Minnesota	0 115		

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0 115	Continued From page 3 Department of Health engineer stated there was not a sperate fire wall in the corridor between the licensee and the four rooms the licensee rented out. On August 29, 2023, at 1:20 p.m., LALD-A stated there was not a separate entrance for the other facility providing services in four rooms of the licensee building. LALD-A stated the hallway where the four rooms are located, also include current resident rooms. LALD-A further stated the other facility had the same address of the assisted living licensee. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) Days	0 115		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision.	0 660		

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0 660	Continued From page 4 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH), including completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for one of three employees (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 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on August 28, 2023, at 9:46 a.m., licensed assisted living director (LALD)-A stated TB history screen and baseline TST screenings were done at employee hire. The facility's TB risk assessment was completed on November 20, 2022, and the facility was determined to be a low risk level. On August 29, 2023, at 6:12 a.m., the surveyor observed ULP-D provide scheduled morning medication administration to R7. ULP-D was hired on June 6, 2017, and began	0 660		

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0 660	Continued From page 5 providing direct care services under the assisted living license on August 1, 2021. ULP-D's employee record lacked evidence of completion of a two-step TST or other evidence of TB screening such as a blood test. On August 30, 2023, at 8:32 a.m., LALD-A stated the licensee was unable to locate a two-step TST for ULP-D. The licensee's Employee Immunization and TB Screening Program-Enterprise policy dated August 26, 2020, indicated all employees will complete a two-step TST or Quantiferon Gold Test Plus (to test for TB) upon hire. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 660		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;	0 780		

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0 780	Continued From page 6 (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnected smoke alarms in individual sleeping units of the facility. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On a facility tour on August 29, 2023, at approximately 11:30 a.m. with maintenance supervisor (MS)-C, licensed assisted living director (LALD)-A and nursing home administrator (NHA)-H it was observed that smoke alarms were not interconnected so activation of one alarm in the individual sleeping unit activates all alarms in the individual sleeping unit in resident rooms 127.	0 780		

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0 780	Continued From page 7 All smoke alarms within individual sleeping units required to have multiple alarms are required to be interconnected so activation of one alarm activates all alarms within the individual sleeping unit. It was also observed the smoke alarms in resident room 129 did not alarms upon activation of the test switch. These deficient findings were visually and verbally verified by MS-C, LALD-A and NHA-H at the time of discovery. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
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 residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors.	0 800		

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0 800	Continued From page 8 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). Findings include: On a facility tour on August 29, 2023, at approximately 11:30 a.m. with maintenance supervisor (MS)-C, licensed assisted living director (LALD)-A and nursing home administrator (NHA)-H it was observed that the exhaust fan motor assembly was missing in laundry room #5. The laundry room fan is required to be maintained as installed at the time of construction according to manufactures instructions. It was observed the fire-resistant rated door of storage room #5 near the stairway of building 320 did not automatically close and positively latch. Fire-resistant rated doors are required to automatically close and positively latch as designed and installed at the time of construction approval. It was observed the left boiler was not in working condition in the 200-building boiler room. It was stated by MS-C the boiler is scheduled to be replaced. It was observed an electrical box cover was missing exposing the electrical wires in trash room near resident room 41. These deficient conditions were visually verified	0 800		

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0 800	Continued From page 9 by MS-C, LALD-A and NHA-H accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 820 SS=F	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all residents and staff. 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).	0 820		

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0 820	Continued From page 10 Findings include: On a facility tour on August 29, 2023, at approximately 11:30 a.m. with maintenance supervisor (MS)-C, licensed assisted living director (LALD)-A and nursing home administrator (NHA)-H, it was observed a space heater was in a chair plugged into the wall with a multi plug electrical adapter not overcurrent protected in resident room 127. Electric space heaters are required to be used according to the manufactures listing and instructions for use. This deficient condition was verified by MS-C, LALD-A and NHA-H accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 820		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to	0 970		

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0 970	Continued From page 11 affect all 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 the potential to affect a large portion or all the residents). The findings include: During the entrance conference on August 28, 2023, at 9:54 a.m., the surveyor asked for a copy of the licensee's assisted living contract. The assisted living contract was provided and later reviewed by the surveyor. The licensee's assisted living contract contained a section titled VIII. Acknowledgments, under section G, on page 8, it was written "this agreement (assisted living contract) includes by reference the Application and Resident Handbook for residents at the facility." Also included, in Addendum B Ownership and Licensure, it was written, "resident is encouraged to give careful attention to the Occupancy Agreement and Resident Handbook." The licensee's Resident Handbook, dated November 2022, contained a section waiving liability. On page seven (7), section titled Property Insurance, in the Resident Handbook, it was written, "the licensee has property insurance to protect its buildings and its owned personal property in those buildings. This coverage will not apply to loss or damage of your (resident) own personal property."	0 970		

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0 970	Continued From page 12 On August 28, 2023, at 3:16 p.m., licensed assisted living director (LALD)-A stated the licensee provided the same assisted living contract to all residents. LALD-A further stated the Resident Handbook indicated residents should get renters insurance if they (residents) want it as they (residents) were responsible for their own personal property and the licensee was not. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01420 SS=F	144G.62 Subd. 2 Delegation of assisted living services (b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse	01420		

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01420	Continued From page 13 (RN) conducted training and competency evaluations for one of one unlicensed personnel (ULP-D) who provided direct care to R10. 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 was hired on June 6, 2017, and began providing direct care services under the assisted living license on August 1, 2021. R10's service plan dated, August 6, 2022, had not been revised to reflect services including wound care every other day and applying/removing R10's post-op shoe/boot (boot used to protect foot) to R10's right foot and shin. R10's Treatment Administration Record dated August 23, 2023, through August 28, 2023, indicated the registered nurse (on weekdays) and ULPs (on weekends) were providing wound care every other day to R10's foot and shin, and putting on/removing R10's post-op shoe/boot. ULP-D's record lacked documentation to indicate ULP-D had received training and demonstrated competency for wound care and post-op shoe/boot. On August 30, 2023, at 11:06 a.m., clinical nurse supervisor (CNS)-B stated ULP-D's record lacked training and competency for R10's wound care	01420		

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01420	Continued From page 14 and post-op boot. CNS-B stated no ULPs had completed training and competency testing for R10's wound care or post-op boot. The licensee's Treatment and Therapy Management Services- Minnesota policy dated May 11, 2023, indicated when a treatment is delegated to the ULP, the assisted living provider must ensure that the RN or authorized licensed health professional has instructed the ULP in proper method with respect to each resident and the ULP has demonstrated the ability to competently follow the procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01420		
01500 SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such	01500		

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01500	Continued From page 15 as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training 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 challenges it poses to communication; (2) the 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:	01500		

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01500	Continued From page 16 Based on observation, interview, and record review, the licensee failed to ensure employees received annual training in all required topics for one of one employee (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 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 was hired on June 6, 2017, and began providing direct care services under the assisted living license on August 1, 2021. On August 29, 2023, at 6:12 a.m., the surveyor observed ULP-D provide scheduled morning medication administration to R7. ULP-D's employee record lacked evidence ULP-D successfully completed annual training as required to include a review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures. On August 30, 2023, at 9:08 a.m., licensed assisted living director (LALD)-A stated ULP-D did not complete annual training on the facility's policies and procedures and "would guess no one (staff) would have the policy and procedure training." The licensee's Required Training for All	01500		

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01500	Continued From page 17 Employees, Minnesota-Assisted Living policy dated December 13, 2022, indicated all employees who perform direct care services must complete at least eight hours of annual training, including a review of the facilities [sic] policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01540 SS=F	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01540		

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01540	Continued From page 18 review, the licensee failed to ensure employees providing direct care received at least two hours of annual dementia training for two of two employees (clinical nurse supervisor (CNS)-B, 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 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: The licensee provided services under an assisted living license. During the entrance conference on August 28, 2023, at 9:24 a.m., licensed assisted living director (LALD)-A stated the licensee provided services to residents with dementia or other related disorders. CNS-B CNS-B was hired on January 7, 2014, and began providing direct care services under the assisted living license on August 1, 2021. On August 29, 2023, at 11:49 a.m., the surveyor observed CNS-B provide wound care to R10. CNS-B's employee record lacked evidence CNS-B completed at least two hours of training on topics related to dementia care for each 12 months of employment thereafter. On August 28, 2023, at 2:28 p.m., CNS-B stated	01540		

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01540	Continued From page 19 CNS-B had not completed two hours of annual dementia training, however, was aware that it was required. On August 28, 2023, at 3:26 p.m., LALD-A stated, "it appears that only the ULPs were assigned annual dementia training and no other staff were." ULP-D ULP-D was hired on June 6, 2017, and began providing direct care services under the assisted living license on August 1, 2021. On August 29, 2023, at 6:12 a.m., the surveyor observed ULP-D provide scheduled morning medication administration to R7. ULP-D's employee record contained one hour of dementia training, however, lacked evidence ULP-D completed at least two hours of training on topics related to dementia care for each 12 months of employment thereafter. On August 30, 2023, at 9:07 a.m., LALD-A stated ULP-D only completed one hour of annual dementia training and should have completed two hours. The licensee's Required Training for All Employees, Minnesota-Assisted Living policy dated December 13, 2022, indicated all employees must complete two hours of training on topics related to dementia care annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01540		

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01550	Continued From page 20	01550		
01550 SS=F	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (4) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees not providing direct care received at least two hours of annual dementia training for one of one employee (maintenance supervisor (MS)-C). 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: The licensee provided services under an assisted living license. During the entrance conference on August 28, 2023, at 9:24 a.m., licensed assisted living director (LALD)-A stated the licensee provided services to residents with dementia or other related disorders.	01550		

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01550	Continued From page 21 MS-C started employment on August 14, 2018, and began providing maintenance services under the assisted living license on August 1, 2021. MS-C's employee record lacked evidence MS-C completed at least two hours of training on topics related to dementia care for each 12 months of employment thereafter. On August 28, 2023, at 3:26 p.m., LALD-A reviewed MS-C's employee record and on-line training transcript. LALD-A stated MS-C completed dementia training on August 28, 2023, after the surveyor requested to see the annual training. LALD-A further stated, "it appears that only the ULPs were assigned annual dementia training and no other staff were." The licensee's Required Training for All Employees, Minnesota-Assisted Living policy dated December 13, 2022, indicated all employees must complete two hours of training on topics related to dementia care annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01550		
01620 SS=C	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.	01620		

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01620	Continued From page 22 (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted assessments with the uniform assessment tool that included all required content for two of three residents (R5, R10). 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 the potential to affect a large portion or all the residents). The findings include: R5 R5's diagnoses included hypertension (HTN-high blood pressure), diabetes, and depression.	01620		

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01620	Continued From page 23 R5's Nursing Assessments were completed April 24, 2023, and July 21, 2023, respectively. On August 29, 2023, at 6:54 a.m., the surveyor observed unlicensed personnel (ULP)-D complete scheduled medication administration to R5. R10 R10's diagnoses included HTN, fibromyalgia (widespread musculoskeletal pain), and peripheral vascular disease (reduced blood flow to extremities). R10's Nursing assessments were completed June 30, 2023, July 3, 2023, and August 16, 2023, respectively. On August 29, 2023, at 11:49 a.m., the surveyor observed clinical nurse supervisor (CNS)-B provide wound care to R10. R5 and R10's Nursing Assessments lacked the resident's personal lifestyle preferences including spiritual and cultural preferences required from the uniform assessment tool as identified in Assisted Living Facilities: Minnesota Rules Chapter 4659.0150 Subp. 2. On August 30, 2023, at 10:56 a.m., CNS-B stated spiritual and cultural assessments were only addressed upon admission and not addressed at least every 90 days. CNS-B further stated all residents assessments were done the same. The licensee's Resident Medical Record Documentation Requirements-Minnesota policy dated May 31, 2023, indicated residents must be reassessed at least every 90 calendar days from	01620		

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01620	Continued From page 24 the last assessment using the Uniform Assessment Review-MN (Minnesota)-AL (assisted living). Minnesota Rules - Assisted Living Facilities 4659.0150 subpart 2, Assessment tool elements, indicated each facility must develop a uniform assessment tool. The facility may use an acceptable form or format for the tool, such as an online or a hard-copy paper assessment tool, as long as the tool includes the elements identified in this subpart. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record,	01640		

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01640	Continued From page 25 including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan was revised to reflect the current services provided for one of three residents (R10). 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: R10's diagnoses included hypertension (HTN-high blood pressure), fibromyalgia (widespread musculoskeletal pain), and peripheral vascular disease (reduced blood flow to extremities). On August 29, 2023, at 11:49 a.m., the surveyor observed clinical nurse supervisor (CNS)-B provide wound care to R10. R10's prescriber orders dated August 23, 2023, indicated to provide wound care to R10's right shin and foot every other day and to wear a post-op shoe/boot to protect R10's right foot/leg. R10's progress note dated August 24, 2023,	01640		

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	30309	A. BUILDING: _____ B. WING _____	08/30/2023

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01640	Continued From page 26 indicated orders were received to provide wound care to R10's right shin and foot along with wearing a post op shoe prescribed to protect foot/leg from injury per CNS-B. R10's Service Plan dated August 6, 2022, lacked wound care and post-op shoe/boot services. On August 30, 2023, at 11:05 a.m., CNS-B stated wound care and post-op boot had not been added to R10's service plan and CNS-B was working on it. The licensee's Resident Service Plan-Assisted Living dated October 3, 2022, indicated the service plan is updated according to changes in the resident assessment and condition, at least annually or per state regulations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to	01790		

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01790	Continued From page 27 the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed	01790		

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01790	Continued From page 28 personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of one unlicensed personnel ((ULP)-D) was trained and had demonstrated competency to prepare and give medications for residents having unplanned time away. 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: During the entrance conference on August 28, 2023, at 9:33 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services. ULP-D was hired on June 6, 2017, and began providing direct care services under the assisted living license on August 1, 2021, which included medication administration. On August 29, 2023, at 6:12 a.m., the surveyor observed ULP-D provide scheduled morning medication administration to R7.	01790		

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01790	Continued From page 29 ULP-D's employee record lacked evidence to indicate ULP-D had been trained and demonstrated competency to provide medications to residents for unplanned times away from home. On August 30, 2023, at 8:40 a.m., CNS-B stated ULP-D had not been trained or been competency tested to prepare and give medications to residents for an unplanned time away. CNS-B stated no ULPs at the facility had been trained or deemed competent to prepare and give medications to residents for an unplanned time away. CNS-B further stated if a resident would be out of the building during a scheduled medication administration time, ULPs would send the medications with the resident. The licensee's Medications During Resident Leave, Assisted Living-Minnesota policy dated May 31, 2023, indicated for unplanned time away, a licensed nurse or trained ULP may provide up to a seven-day supply of medication. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01790		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced	01880		

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01880	Continued From page 30 by: Based on observation, interview, and record review, the licensee failed to ensure medications were secured and permitted access to only authorized personnel for one of two medication rooms (building 200). In addition, the licensee failed to ensure one of two medication refrigerators (building 300) maintained an acceptable temperature and medications were stored according to manufacturer's recommended temperature. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on August 28, 2023, at 9:33 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. MEDICATION SECURITY On August 28, 2023, at 10:33 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-A, including a review of the medication room in building 200. Upon entry, the medication room was unlocked and contained a medication refrigerator that was not locked. LALD-A stated the medication room, nor the medications refrigerator were locked and anyone would have access to the medication refrigerator,	01880		

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01880	Continued From page 31 which included the following medications: -one unopened Novolog 100 units/milliliter (mL) insulin pen for R6; and -four unopened Lantus 100 units/mL insulin pens for R6. On August 29, 2023, at 11:09 a.m., CNS-B stated the medication rooms were expected to be always locked or anyone would have access to the medication refrigerators as the medication refrigerators do not have locks on them. MEDICATION STORAGE On August 28, at 10:06 a.m., the medication refrigerator located in the medication room in building 300 was reviewed with CNS-B. CNS-B stated the current temperature of the refrigerator was 40.6 degrees Fahrenheit (F). The refrigerator included the following medications: -one unopened bottle of Timolol Maleate 0.5 % eye drops for R3; -one unopened bottle of Latanoprost 0.005% eye drops for R4; and -five unopened Lantus 100 units/mL insulin pens for R5. The licensee's Medication Refrigerator Temperature Log dated August 2023, was reviewed with CNS-B, and indicated night shift staff was responsible for checking and recording these temperatures nightly. Eight (8) out of 27 August night opportunities to document the medication refrigerator were left blank. On August 29, 2023, at 11:08 a.m., CNS-B stated the medication refrigerator temperature should range from 38 degrees F to 41 degrees F and ULPs should be documenting the medication	01880		

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01880	Continued From page 32 refrigerator every night or would not know if the medications in the refrigerator were stored within the correct temperature range. The manufacturer's instructions for Timolol Maleate eye drops dated April 2016, indicated to store the eye drops from 59-77 degrees F and protect from light and freezing. The manufacturer's instructions for Latanoprost eye drops dated September 2020, indicated before opening store the unopened bottle under refrigerator (36-46 degrees F). The manufacturer's instructions for Lantus insulin pens dated November 2018, indicated before opening store the insulin pens in the refrigerator (36-46 degrees F). Do not allow the Lantus to freeze. The licensee's Medications Acquisition, Receiving, Packaging, and Storage, AL-Enterprise policy dated August 8, 2023, indicated medications will be secured in the appropriate storage area (i.e., locked medication cart, medication room, or resident's unit). In addition, all medications will be stored in accordance with the manufacturers' recommendations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
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	01890		

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01890	Continued From page 33 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 ensure medications were maintained with the original prescription label, including dating time sensitive medication for one of one resident (R9). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: During the entrance conference on August 28, 2023, at 9:33 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. On August 29, 2023, at 6:34 a.m., the surveyor observed unlicensed personnel (ULP)-E enter R9's room to complete scheduled morning medication administration. The surveyor and ULP-E reviewed R9's locked medication cupboard. The cupboard contained R9's Trelegy Ellipta inhaler. ULP-E stated the Trelegy Ellipta did not contain a pharmacy prescription label, was not stored in the original packaging with the pharmacy prescription label, and did not have an expiration date listed on the inhaler.	01890		

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01890	Continued From page 34 On August 29, 2023, at 11:10 a.m., CNS-B stated all prescription medications should be stored with a pharmacy prescription label or kept in the original packaging that bears the prescription label along with any expiration dates. The licensee's Medications Acquisition, Receiving, Packaging, and Storage, AL-Enterprise policy dated August 8, 2023, indicated medications will have labels placed carefully to ensure staff can read the residents name, full name of the medication, dosage information, expiration date, etc. [sic] The manufacturer's instructions for Trelegy Ellipta dated January 2019, indicated to discard Trelegy Ellipta six (6) weeks after opening or when the counter reads zero (0). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be	01940		

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01940	Continued From page 35 provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of three residents (R10). 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:	01940		

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01940	Continued From page 36 During the entrance conference on August 28, 2023, at 9:37 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents. R10's diagnoses included hypertension (HTN-high blood pressure), fibromyalgia (widespread musculoskeletal pain), and peripheral vascular disease (reduced blood flow to extremities). R10's prescriber orders dated August 23, 2023, indicated to provide wound care to R10's right shin and foot every other day and to wear a post-op shoe/boot to protect R10's right foot/leg. R10's Treatment Administration Record dated August 23, 2023, through August 28, 2023, indicated the registered nurse (on weekdays) and ULPs (on weekends) were providing wound care every other day to R10's foot and shin, and putting on/removing R10's post-op shoe/boot. On August 29, 2023, at 11:49 a.m., the surveyor observed CNS-B provide wound care to R10. R10's service plan dated August 6, 2022, lacked a written statement of the treatment of services the resident received to include wound care and applying/removing R10's post-op boot. R10's record lacked evidence of an individualized treatment or therapy management plan which included the following: -a statement of services that would be provided; -identification of treatment or therapy tasks that will be delegated to ULPs; -procedures for notifying a registered nurse (RN) or appropriate licensed health professional when a problem arises with treatments or therapy services; and	01940		

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01940	Continued From page 37 -any resident-specific requirements related to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On August 30, 2023, at 11:05 a.m., CNS-B stated R10's record lacked an individualized treatment plan for wound care and the post-op boot. The licensee's Treatment and Therapy Management Services-Minnesota policy dated May 11, 2023, indicated the nurse would include the following information in the resident record for any new treatment plan and on the service plan: - a statement of the type of services that would be provided; -documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to ULP; -procedures for notifying a RN or appropriate health professional when a problem arises with treatment or therapy received; - any resident-specific requirements relating to documentation of treatment and therapy received; - verification that all treatment and therapy is administered as prescribed; and - monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

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01950 SS=E	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) specified, in writing, specific instructions for three of three residents (R5, R6, R10) receiving treatment management services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the	01950		

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GOOD SAMARITAN SOCIETY-WOODLAND	200 BUFFALO HILLS LANE BRAINERD, MN 56401

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01950	Continued From page 39 situation has occurred repeatedly; but is not found to be pervasive). The findings include: The findings include: During the entrance conference on August 28, 2023, at 9:37 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents. R5 R5's diagnoses included hypertension (HTN-high blood pressure), diabetes, and depression. R5's service plan dated July 21, 2021, indicated R5's services level included management of oxygen. On August 29, 2023, at 6:54 a.m., the surveyor observed unlicensed personnel (ULP)-D provide scheduled morning medication administration to R5. R5's record lacked specific instructions for when ULPs should notify the RN when a problem arises regarding oxygen management. On August 30, 2023, at 11:10 a.m., CNS-B stated R5's record did not contain specific instructions of when to notify the RN in regard to oxygen management. R6 R6's diagnoses included osteoarthritis (deteriorating cartilage that cushions the ends of bones in joints), constipation, diabetes, and chronic kidney disease. R6's service plan dated August 4, 2023, indicated services included assistance with medication	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30309	A. BUILDING: _____ B. WING _____	08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-WOODLAND	200 BUFFALO HILLS LANE BRAINERD, MN 56401

(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
01950	Continued From page 40 administration, monitoring blood sugars, and assistance with bathing, grooming, toileting, and applying/removing compression stockings (TEDS). R6's Treatment Administration Record dated August 1, 2023, through August 28, 2023, indicated staff to apply TEDS every morning and remove every evening. On August 29, 2023, at 7:55 a.m., the surveyor observed ULP-E provide medication administration to R6. ULP-E stated R6's Treatments Administration Record (TAR), dated August 2023, indicated ULPs were to apply TEDS as needed for edema every morning and remove TEDS every evening. R6's record lacked specific instructions for ULPs to notify the RN when a problem arises regarding TEDS. On August 30, 2023, at 11:13 a.m., CNS-B stated R6's record did not contain specific instructions of when to notify the RN in regard to TEDS. R10 R10's diagnoses included HTN, fibromyalgia (widespread musculoskeletal pain), and peripheral vascular disease (reduced blood flow to extremities). R10's service plan dated, August 6, 2022, had not been revised to reflect services included wound care every other day and applying/removing R10's post-op shoe/boot (boot used to protect foot) to R10's right foot and shin. R10's Treatment Administration Record dated August 23, 2023, through August 28, 2023,	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30309	A. BUILDING: _____ B. WING _____	08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-WOODLAND	200 BUFFALO HILLS LANE BRAINERD, MN 56401

(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
01950	Continued From page 41 indicated staff were providing wound care every other day to R10's foot and shin, and putting on/removing R10's post-op shoe/boot. On August 29, 2023, at 11:49 a.m., the surveyor observed CNS-B provide wound care to R10. R10's record lacked specific instructions for ULPs to notify the RN regarding when a problem arises with wound care and the post-op boot. On August 30, 2023, at 11:05 a.m., CNS-B stated R10's record did not contain specific instructions of when to notify the RN when a problem arises in regard to R10's wound care and post-op boot. The licensee's Treatment and Therapy Management Services-Minnesota policy dated May 11, 2023, indicated the treatment administration record would include procedures for notifying the RN or appropriate licensed health professional when a problem arises with treatment and therapy services. No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	01950		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30309	A. BUILDING: _____ B. WING _____	08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-WOODLAND	200 BUFFALO HILLS LANE BRAINERD, MN 56401

(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
01970	Continued From page 42 renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of three residents (R6) who received treatments managed by the provider. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: During the entrance conference on August 28, 2023, at 9:37 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents. R6's diagnoses included osteoarthritis (deteriorating cartilage that cushions the ends of bones in joints), constipation, diabetes, and chronic kidney disease. R6's service plan dated August 4, 2023, indicated services included assistance with medication administration, monitoring blood sugars, and assistance with bathing, grooming, toileting, and applying/removing compression stockings (TEDS). R6's record lacked prescriber orders for TEDS.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30309	A. BUILDING: _____ B. WING _____	08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-WOODLAND	200 BUFFALO HILLS LANE BRAINERD, MN 56401

(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
01970	Continued From page 43 On August 29, 2023, at 7:55 a.m., the surveyor observed unlicensed personnel (ULP)-E provide medication administration to R6. ULP-E stated R6's Treatments Administration Record (TAR), dated August 2023, indicated ULPs were to apply TEDS as needed for edema every morning and remove TEDS every evening. On August 30, 2023, at 11:12 a.m., CNS-B stated there was no physician order for R6 TEDS and R6 used TEDS as needed. The licensee's Treatment and Therapy Management Services- Minnesota policy dated May 11, 2023, indicated the registered nurse (RN) is responsible for assuring that current, authorized healthcare provider orders for treatments and therapies administered by assisted living employees are kept and maintained in the resident medical record. In addition, an order for a treatment or therapy must be dated, signed by the healthcare provider and current and consistent with the resident's nursing assessment(s). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Minnesota Department of Health
Food, Pools & Lodging Services
P.O. BOX 64975
ST. PAUL, MN 55164-0975
651-201-4500

Type: Full
Date: *08/28/23*
Time: 12:15:53
Report: 1017231201

Food and Beverage Establishment Inspection Report

Location:
Good Samaritan Society-Woodlan
200 Buffalo Hills Lane
Brainerd, MN56401
Crow Wing County, 18

Establishment Info:
ID #: 0038139
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2188291429
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

Chlorine: = 50 PPM at Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Chlorine: = 700 PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: MILK LOCATED IN SEA SIDE SATELITE KITCHEN
Violation Issued: No

Process/Item: Hot Holding
Temperature: 162 Degrees Fahrenheit - Location: CHICKEN LOCATED IN WARM HOLD ON SERVING LINE
Violation Issued: No

Process/Item: Hot Holding
Temperature: 171 Degrees Fahrenheit - Location: LIVER LOCATED IN WARM HOLD ON SERVING LINE
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: HAM LOCATED IN 4 DOOR UPRIGHT COOLER
Violation Issued: No

Type: Full
Date: *08/28/23*
Time: 12:15:53
Report: 1017231201
Good Samaritan Society-Woodlan

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: ROAST BEEF LOCATED IN 4 DOOR UPRIGHT COOLER
Violation Issued: No

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

DISCUSSION

AVOID BARE HAND CONTACT WITH READY TO EAT FOOD, HAND WASHING, EMPLOYEE ILLNESS LOG.

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 1017231201 of 08/28/23.

Certified Food Protection Manager: TINA M. GANGESTAD

Certification Number: FM32571 Expires: 01/24/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: _____
NATE TOPP
PUBLIC HEALTH SANITARIAN
ST. CLOUD
320.223.7333
NATE.TOPP@STATE.MN.US

Report #: 1017231201

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food, Pools & Lodging Services
P.O. BOX 64975
ST. PAUL, MN 55164-0975

No. of RF/PHI Categories Out	0
No. of Repeat RF/PHI Categories Out	0
Legal Authority MN Rules Chapter 4626	

Date 08/28/23
Time In 12:15:53
Time Out

	Address	City/State	Zip Code	Telephone
Good Samaritan Society-Woodlan	200 Buffalo Hills Lane	Brainerd, MN	56401	2188291429

License/Permit #	Permit Holder	Purpose of Inspection	Est Type	Risk Category
0038139		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

Compliance Status						COS	R
Surpervision							
1	(IN)	OUT			PIC knowledgeable; duties & oversight		
2	(IN)	OUT	N/A		Certified food protection manager, duties		
Employee Health							
3	(IN)	OUT			Mgmt/Staff;knowledge,responsibilities&reporting		
4	(IN)	OUT			Proper use of reporting, restriction & exclusion		
5	(IN)	OUT			Procedures for responding to vomiting & diarrheal events		
Good Hygenic Practices							
6	(IN)	OUT		N/O	Proper eating, tasting, drinking, or tobacco use		
7	(IN)	OUT		N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands							
8	(IN)	OUT		N/O	Hands clean & properly washed		
9	(IN)	OUT	N/A	N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10	(IN)	OUT			Adequate handwashing sinks supplied/accessible		
Approved Source							
11	(IN)	OUT			Food obtained from approved source		
12	IN	OUT	N/A	(N/O)	Food received at proper temperature		
13	(IN)	OUT			Food in good condition, safe, & unadulterated		
14	IN	OUT	(N/A)	N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination							
15	(IN)	OUT	N/A	N/O	Food separated and protected		
16	(IN)	OUT	N/A		Food contact surfaces: cleaned & sanitized		
17	(IN)	OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status						COS	R
Time/Temperature Control for Safety							
18	IN	OUT	N/A	(N/O)	Proper cooking time & temperature		
19	IN	OUT	N/A	(N/O)	Proper reheating procedures for hot holding		
20	IN	OUT	N/A	(N/O)	Proper cooling time & temperature		
21	(IN)	OUT	N/A	N/O	Proper hot holding temperatures		
22	(IN)	OUT	N/A		Proper cold holding temperatures		
23	(IN)	OUT	N/A	N/O	Proper date marking & disposition		
24	IN	OUT	(N/A)	N/O	Time as a public health control: procedures & records		
Consumer Advisory							
25	IN	OUT	(N/A)		Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations							
26	IN	OUT	(N/A)		Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances							
27	IN	OUT	(N/A)		Food additives: approved & properly used		
28	(IN)	OUT			Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures							
29	IN	OUT	(N/A)		Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance. Mark "X" in appropriate box for COS and/or R. **COS=** corrected on-site during inspection **R=** repeat violation

			COS	R
Safe Food and Water				
30	IN OUT (N/A)	Pasteurized eggs used where required		
31		Water & ice obtained from an approved source		
32	IN OUT (N/A)	Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A (N/O)	Plant food properly cooked for hot holding		
35	IN OUT N/A (N/O)	Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37		Food properly labled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single service articles: properly stored & used		
46		Gloves used properly		
Utensil Equipment and Vending				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) **Date:** 09/01/23

Inspector (Signature)