Electronically Delivered

July 3, 2023

Licensee
Presbyterian Homes of Bloomington
9889 Penn Avenue South
Bloomington, MN 55431

RE: Project Number(s) SL24062015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 8, 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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 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
	24062	A. BUILDING: _____ B. WING _____	06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRES HOMES OF BLOOMINGTON	9889 PENN AVENUE SOUTH BLOOMINGTON, MN 55431

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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: SL24062015 On June 5, 2023, through June 8, 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 88 active residents; 80 receiving services under the Assisted Living with Dementia Care 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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 following services to residents: (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 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: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated June 5, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the	0 510		

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0 510	Continued From page 2 national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control (IC) program that complies with accepted health care, medical and nursing standards for infection control. The deficient practice had the potential to affect residents, employees, 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 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 June 6, 2023, from 7:40 a.m. through 8:45 a.m., during continuous observations, the surveyor observed ULP-A provide activities of daily living (ADL), medication administration, transfer assistance, meal preparation, treatment application, and perineal cares to multiple residents. ULP-A donned (put on) and doffed (took off) gloves between each resident and resident cares but failed to complete any hand hygiene prior to donning and after doffing gloves.	0 510		

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0 510	Continued From page 3 Unlicensed personnel (ULP)-A was hired October 10, 2021. ULP-A's Employee Orientation Checklist dated October 20, 2021, indicated ULP-A was found competent by a registered nurse for, "Following Standard Infection Control Practices Throughout Cares." ULP-A's Relias (online learning software) Transcript for [ULP-A] dated June 5, 2023, indicated ULP-A completed, "Annual AL RA Skills/medication Competency Evaluation," on April 25, 2023. Clinical nurse supervisor (CNS)-D provided the licensee's New Hire RA [resident assistant] Competency Agenda and stated agenda was the topics covered in ULP-A's annual training identified above. The agenda indicated under Skill video, competency checklist review, hands-on practice with RN competency verification: Handwashing and Donning and Doffing PPE training was provided. The licensee's undated Infection Prevention and Control Manual Glove Technique (Non-Sterile) policy indicated the procedure of proper donning and doffing of gloves, including hand hygiene prior to donning and after doffing gloves, as well as the rationale for adhering to these procedures. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		

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0 800	Continued From page 4	0 800		
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. 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 potential to affect a large portion or all of the residents). Findings include: On a facility tour on June 7, 2023, at approximately 11:45 p.m. with licensed assisted living director (LALD)-C and maintenance (M)-E it was observed that an electrical extension cord was wired directly into the building electrical system in the storage room across the corridor from the maintenance office in the lower level. The building electrical system is required to be	0 800		

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0 800	Continued From page 5 maintained as designed and installed at the time of construction approval. It was also observed that an electrical extension cord was routed through a wall to a room adjacent to the server room and powering a portable air conditioner used to cool the server room. Electrical extension cords and electric cooling appliances are required to be used according to the manufacturer's instructions and listings. This deficient condition was visually verified by LALD-C and M-E accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
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 that waived the licensee's liability for the health, safety, or personal property of a resident. This had the potential to affect all residents.	0 970		

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0 970	Continued From page 6 This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On June 5, 2023, at 11:45 a.m., licensed assisted living director (LALD)-C provided licensee's current Residency Agreement with revised date October 1, 2022, and identified the document as licensee's assisted living contract. Page three (3) of the assisted living contract indicated by signing the assisted living contract, the resident acknowledged they received and reviewed the Resident Handbook. The licensee's Resident Handbook dated August 2021, on page 37 Wheelchairs/Walkers/Motorized Carts section read, "The community is not liable for damage or injury associated with the operation of the vehicle." On June 5, 2023, at approximately 12:00 p.m., LALD-C stated the licensee was aware of the liability waiver in the handbook and had worked on a correction but had not implemented the new handbook without the waiver included. LALD-C stated the corporate office would provide the updated handbook when all corrections for liability waivers were addressed at which point all residents or resident's representative would be provided the new handbook.	0 970		

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0 970	Continued From page 7 No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
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, 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 current service plan included a signature or other authentication by the licensee or resident or resident's representative to document agreement of services to be provided for one of four	01640		

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01640	Continued From page 8 residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a 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: R2 was admitted on July 18, 2018. R2's Service Plan - Attachment E to Residency Agreement signed March 28, 2022, by R2's representative included 17 services to be provided to R2 for an agreed upon fee for services. R2's Service Plan - Attachment E to Residency Agreement with effective date of June 6, 2023, included 23 services to be provided to R2 and included an increase in fees compared to the service plan signed March 28, 2022, and was not authenticated by the resident or resident's representative. On June 6, 2023, at 12:20 p.m. clinical nurse supervisor (CNS)-D stated R2's service plan had been updated to include the new services and increase in pricing but had not been authenticated by the resident or resident's representative. CNS-D stated the resident and resident's representative had been notified of the increase in fees, but the licensee had not obtained authentication on the revised service plan.	01640		

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01640	Continued From page 9 The licensee's MN AL Service Plan Policy dated August 1, 2021, indicated the service plan and any revisions would include authentication by the licensee and the resident. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings;	02170		

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02170	Continued From page 10 (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an evaluation for activities contained all required content for two of two residents (R2, R3). 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: R2 R2 was admitted on July 18, 2018, and resided in licensee's secured unit. R2's diagnoses included dementia, encephalopathy (disease altering the brain function), and adult failure to thrive. R2's Individualized Activity Plan - As of Date completed March 21, 2023, identified by clinical nurse supervisor (CNS)-D as licensee's	02170		

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02170	Continued From page 11 evaluation for activities, failed to include the following: - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. R3 R3 was admitted on May 17, 2023, and resided in licensee's secured unit. R3's diagnoses included Lewy Body Dementia, orthostatic hypotension (condition when blood pressure suddenly drops when standing up), and Parkinson's disease. R3's Individualized Activity Plan - As of Date completed June 5, 2023, failed to include the following: - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. On June 6, 2023, at 11:15 a.m., CNS-D stated the licensee had completed an evaluation on all the residents, but licensee was not aware of the specific required content of the evaluation for activities. The licensee's Life Enrichment Policy dated August 1, 2021, indicated the evaluations would be completed, but lacked the specific content as required.	02170		

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02170	Continued From page 12 No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02170		

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

Type: Full
Date: *06/05/23*
Time: 13:00:00
Report: 1013231157

Food and Beverage Establishment Inspection Report

Location:
Pres Homes Of Bloomington
9889 Penn Avenue South
Bloomington, MN55431
Hennepin County, 27

Establishment Info:
ID #: 0039174
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9529483000
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

3-501.16A1 ** Priority 1 **

MN Rule 4626.0395A1 Maintain all hot, TCS foods at 135 degrees F (57 degrees C) or above. Roasts may be held at 130 degrees F (54 degrees C) or above if cooked or reheated in accordance with the specified time and temperature requirements in 4626.0340B.

BREADED CHICKEN MEASURED 103-125F IN THE SERVICE AREA STEAM TABLE. PER STAFF THE FOOD WAS COOKED THEN HOT HELD 1 HOUR PRIOR. DISCUSSED TEMPERATURE CONTROL AND THE FOOD WAS DISCARDED AFTER LUNCH (1 HOUR).

Comply By: 06/05/23

3-500D Microbial Control: disposition of food

3-501.18A ** Priority 1 **

MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

READY-TO-EAT HAM DELI MEAT WAS DATE MARKED 5/26 LOCATED IN THE WALK-IN COOLER. DISCUSSED DATE MARKING PROCEDURES WITH STAFF AND THE FOOD WAS DISCARDED.

Corrected on Site

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ** Priority 2 **

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

STAFF RINSED ICE CREAM SCOOPS AT THE SERVICE AREA HAND WASHING SINK. STAFF

IDENTIFIED THE SINK AS A HAND WASHING SINK. DISCUSSED HAND WASHING SINK USE WITH STAFF.

Corrected on Site

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.14B

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

ALL KITCHEN SINK & SURFACE SANITIZER BUCKETS MEASURED 0 PPM WITH THE INSPECTOR'S AND FACILITY'S TEST KITS. STAFF PUT THE WRONG CHEMICAL IN THE SANITIZER BUCKETS. DISCUSSED SANITIZER USE WITH STAFF AND SANITIZERS WERE REMADE TO THE PROPER CONCENTRATION.

Corrected on Site

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

DEBRIS AND GRIME WERE ON THE FLOOR BELOW THE KITCHEN DISH MACHINE. DISCUSSED CLEANING PROCEDURES WITH STAFF.

Comply By: 06/05/23

Surface and Equipment Sanitizers

Hot Water: = at 170 Degrees Fahrenheit
Location: Dish machine
Violation Issued: No

Sink and Surface: = 0 ppm at Degrees Fahrenheit
Location: Sanitizer - service area
Violation Issued: Yes

Sink and Surface: = 0 ppm at Degrees Fahrenheit
Location: Sanitizer - server station
Violation Issued: Yes

Sink and Surface: = 0 ppm at Degrees Fahrenheit
Location: Sanitizer - prep area
Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Beef
Temperature: 185 Degrees Fahrenheit - Location: Steam table
Violation Issued: No

Process/Item: Soup
Temperature: 135 Degrees Fahrenheit - Location: Steam table
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Chicken
Temperature: 109 Degrees Fahrenheit - Location: Steam table
Violation Issued: Yes

Process/Item: Sour cream
Temperature: 40 Degrees Fahrenheit - Location: Tall cooler
Violation Issued: No

Process/Item: Ice cream
Temperature: 12 Degrees Fahrenheit - Location: Freezer
Violation Issued: No

Process/Item: Milk
Temperature: 41 Degrees Fahrenheit - Location: Milk dispenser
Violation Issued: No

Process/Item: Milk
Temperature: 40 Degrees Fahrenheit - Location: Low cooler
Violation Issued: No

Process/Item: Cheese
Temperature: 40 Degrees Fahrenheit - Location: Tall cooler
Violation Issued: No

Process/Item: Burgers
Temperature: 2 Degrees Fahrenheit - Location: Tall freezer
Violation Issued: No

Process/Item: Mashed potatoes
Temperature: 37 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

Process/Item: Noodles
Temperature: 39 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

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

The inspection was completed with the operator and reviewed with MDH Nurse Evaluator B. Mueller.

Discussed hand washing, staff illness policy, serving highly susceptible populations, cleaning, ware washing, date marking, temperature control, sanitizer, final cook temperatures, and food handling procedures.

Food and Beverage Establishment Inspection Report

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 1013231157 of 06/05/23.

Certified Food Protection Manager: Lynn Tenenholtz

Certification Number: 8305 Expires: 05/09/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Lynn Tenenholtz
Manager

Signed: JM

Jerry Malloy
Sanitarian Supervisor
FPLS Metro
651-201-3998
jerry.malloy@state.mn.us