Electronically Delivered

December 7, 2021

Administrator
Chandler Place
3701 Chandler Drive Northeast
Columbia Heights, MN 55421

RE: Project Number(s) SL30321015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on November 17, 2021, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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

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

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

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

The correction order documentation should include the following:

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

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

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

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

Free from Maltreatment reconsideration requests should addressed 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 this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jessica Gallmeier, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jess.gallmeier@state.mn.us
Phone: 651-247-0268 Fax: 651-215-9697

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30321	A. BUILDING: _____ B. WING _____	11/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER PLACE	3701 CHANDLER DRIVE NE COLUMBIA HEIGHTS, MN 55421

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#30321015 On, November 15, through November 17, 2021, the Minnesota Department of Health conducted a survey ath the above provider, and the following correction orders are issued. At the time of the survey, there were 54 residents receiving services under the provider's Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.A 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	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This 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 included: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated November 15, 2021, for the specific Minnesota Food Code deficiencies.	0 480		

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0 480	Continued From page 2 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to comply with the frequency of inspection, maintenance, and load	0 680		

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0 680	Continued From page 3 test requirements for the facility's emergency power system (permanent generator) as part of the facility's emergency disaster and preparedness plan as required under Minnesota Rules, Part 4659.0100. This had the potential to affect all current residents receiving services under the assisted living license, staff, and visitors to the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On November 16, 2021, at approximately 10:20 a.m., survey staff asked if the facility has an on-site emergency power generator as part of their shelter-in-place emergency disaster and preparedness plan. Maintenance Director (DM)-K indicated that they did; survey staff requested inspection, maintenance, and load test records of the emergency power generator for review. The licensee failed to provide the minimum frequency of inspection and load test requirements for the emergency power generator as outlined under NFPA 110, (as referenced under the Code of Federal Regulations, title 42, section 483.73) to ensure proper performance of the generator as follow: -Incomplete and insufficient numbers of weekly inspection requirement of the generator system. The facility's generator log showed the inspections of the coolant and the fuel systems	0 680		

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0 680	Continued From page 4 were recorded quarterly (last dated 6/4/2021 and 9/15/2021). In addition, the log did not include inspections of all various components of the system required under NFPA 110. -Insufficient numbers of monthly generator load tests. Monthly generator load test log showed quarterly tests performed (last dated 9/15/21 and 6/9/2021). -Insufficient numbers of monthly transfer switch operation tests. The box in the generator log for the transfer switch was not filled out on from January 2021 to date. On November 16, 2021, at approximately 4:15 p.m., during the exit interview, DM-K, licensed assisted living director (LALD)-E, and regional director of operations (RDO)-L acknowledged the findings. RDO-L asked why the minimum inspection and testing requirements were placed on them when an emergency power generator was not required for an assisted living licensure. RDO-L further explained that other assisted facilities were not required to have a generator and no requirements were placed on those facilities. She added that their facility was being penalized for providing an emergency generator. Survey staff explained that their emergency generator must be inspected and maintained with the required frequency as the generator was part of their emergency disaster and preparedness plan for shelter in place, and testing and inspecting will ensure performance when the generator during an emergency such as a power outage. DM-K stated that he wanted to know where and what was required as there were no prescribed specifics on the frequencies of testing and inspections of emergency generators in the rules or statutes. No additional information was provided.	0 680		

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0 680	Continued From page 5 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
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; (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 smoke alarms in each sleeping room for all one-bedroom and two-bedroom units that must be complied with for fire protection requirements under Minnesota Statute 144G.45,	0 780		

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0 780	Continued From page 6 Subd. 2. In addition, smoke alarms in each sleeping room must be interconnected with the existing smoke alarms outside the sleeping room. 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, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On November 16, 2021, between 1:30 p.m. and 4:00 pm, survey staff toured the facility with licensed assisted living director (LALD)-E, regional director of operations (RDO)-L, maintenance director (DM)-K, and DM-M SMOKE ALARMS On November 16, 2021, at approximately 2:50 p.m., during the facility tour, it was observed that no smoke alarms were installed inside the sleeping rooms of the one-bedroom and two-bedroom units of the facility as required. LALD-E confirmed the missing smoke alarms for resident units during the tour interview as she stated that all the one-bedroom and two bedroom units were not provided with smoke alarms inside the sleeping rooms throughout as they were similar (layouts). LALD-E further clarified that six units were studios and asked if those were impacted. Survey staff clarified that this finding impacted all living units with one-bedroom and two bedrooms of the facility with the exception of	0 780		

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0 780	Continued From page 7 the six studio units. Staff explained that the studio units would not require the additional smoke alarm as the sleeping areas inside the studio units are integral and opened to living areas of the studios which were already provided with smoke alarms. RDO-L also confirmed the finding as she asked for the referenced Minnesota Statute requiring the smoke alarms inside each sleeping room which survey staff provided and also added that the requirement is under the new assisted living law that passed and took effect on August 1, 2021. INTERCONNECTION of SMOKE ALARMS On November 16, 2021, at approximately 2:50 p.m., survey staff observed and explained during the tour interview that each missing smoke alarms inside each sleeping room of the one-bedroom and two-bedroom resident units must be interconnected to the smoke alarm that was currently located outside each sleeping room. LALD-E and RDO-L confirmed the finding by asking how they can be interconnected with their existing system, and survey staff suggested reaching out to their alarm contractor for options. On November 16, 2021, at approximately 4:15 p.m. during the exit interview, LALD-E again confirmed all findings by asking if the dens inside the resident units, constructed without doors and opened to the living areas, would require smoke alarms. Survey staff clarified that the requirement would not be applied if the den did not have a door and the den is open to the living room with a functioning smoke alarm installed. LALD-E confirmed that at least 125 smoke alarms will need to be installed and the RDO-L confirmed the findings as she stated that they were in contact with their corporate office already regarding the required smoke alarms.	0 780		

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0 780	Continued From page 8 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		

Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164
651-201-4500

Type: Full
Date: *11/15/21*
Time: 09:52:32
Report: 7963211160

Food and Beverage Establishment Inspection Report

Location:
Chandler Place
3701 Chandler Drive Ne
St Anthony, MN55421
Ramsey County, 62

Establishment Info:
ID #: 0039263
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6127887321
ID #:

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

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ** Priority 1 **

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

LOWER UNIT ON PREP COOLER- HAM AT 48 DEG F AND TUNA SALAD AT 46 DEG F. PRODUCT DISCARDED DURING INSPECTION.

Comply By: 11/15/21

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

LOWER UNIT ON PREP COOLER IS NOT HOLDING FOODS AT 41 DEG F OR COLDER. ADJUST/REPAIR.

Comply By: 11/15/21

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit
Location: QUAT DISPENSER
Violation Issued: No

Hot Water: = at 163 Degrees Fahrenheit
Location: DISHWASHER RINSE
Violation Issued: No

Food and Equipment Temperatures

Food and Beverage Establishment Inspection Report

Process/Item: CHILI
Temperature: 169 Degrees Fahrenheit - Location: HOT HOLDING
Violation Issued: No

Process/Item: CUT TOMATO
Temperature: 39 Degrees Fahrenheit - Location: TOP OF PREP TABLE
Violation Issued: No

Process/Item: HAM
Temperature: 43-48 Degrees Fahrenheit - Location: BOTTOM OF PREP TABLE
Violation Issued: Yes

Process/Item: TUNA SALAD
Temperature: 46 Degrees Fahrenheit - Location: BOTTOM OF PREP TABLE
Violation Issued: Yes

Process/Item: TUNA SALAD
Temperature: 38 Degrees Fahrenheit - Location: WALKIN
Violation Issued: No

Process/Item: COOKED PASTA
Temperature: 39 Degrees Fahrenheit - Location: WALKIN
Violation Issued: No

Process/Item: CUT MELONS
Temperature: 41 Degrees Fahrenheit - Location: PASS THROUGH COOLER
Violation Issued: No

Process/Item: PASTA SALAD
Temperature: 40 Degrees Fahrenheit - Location: PASS THROUGH COOLER
Violation Issued: No

Process/Item: SOUP
Temperature: 168 Degrees Fahrenheit - Location: HOT HOLDING
Violation Issued: No

Process/Item: HAM
Temperature: 38 Degrees Fahrenheit - Location: SINGLE DOOR COOLER
Violation Issued: No

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

INSPECTION WAS CONDUCTED BY PEGGY SPADAFORE IN CONJUNCTION WITH A HEALTH REGULATIONS DIVISION SURVEY.
DISCUSSED:
-EMPLOYEE ILLNESS POLICY AND LOG
-HANDWASHING
-PREVENTING BAREHAND CONTACT
-CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION
-SANITIZER USE AND TEST KITS
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-DATE MARKING

-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION
-VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES
-FOOD SOURCE
-ALL VIOLATIONS ON THIS REPORT

ESTABLISHMENT WAS PREVIOUSLY LICENSED AS A SINGLE ENTITY. THEY NOW CARRY TWO LICENSES, ONE FOR ASSISTED LIVING AND ONE FOR ASSISTED LIVING WITH DEMENTIA CARE. FOOD FOR THE ASSISTED LIVING COMES FROM THE MAIN KITCHEN LOCATED IN CHANDLER PLACE. FOOD FOR THE DEMENTIA AREA COMES FROM THE NURSING HOME KITCHEN.

MULTIPLE FACT SHEETS ON VARIOUS SUBJECTS EMAILED WITH 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 7963211160 of 11/15/21.

Certified Food Protection Manager: Lynn Schaefer

Certification Number: FM 103497 Expires: 06/11/23

Inspection report reviewed with person in charge and emailed.

Signed: _____
Lynn Schaefer
PIC

Signed: _____
Peggy Spadafore
Sanitatian Supervisor
metro
651-201-4500
peggy.spadafore@state.mn.us