Electronically Delivered

May 8, 2023

Licensee
Glacial Trails Memory Care
109 East 7th Street
Starbuck, MN 56381

RE: Project Number(s) SL32278015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 3, 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.

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 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32278	A. BUILDING: _____ B. WING _____	05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLACIAL TRAILS MEMORY CARE	109 EAST 7TH STREET STARBUCK, MN 56381

(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: SL#32278015 On May 1, 2023, 2023, through May 3, 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 16 active residents; all of whom were receiving services under the Assisted Living with Dementia Care 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. 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 May 2, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 650 SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training	0 650		

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0 650	Continued From page 2 and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employee records contained the required content for one of one employee (unlicensed personnel (ULP)-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on May 1, 2023, at 10:32 a.m., licensed assisted living director (LALD)-A stated the licensee was aware of the required contents of the employee records. ULP-E was hired on January 24, 2022, to provide assisted living services.	0 650		

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0 650	Continued From page 3 On May 2, 2023, at 1:49 p.m., ULP-E stated training and competency testing was done by LALD-A, registered nurse (RN)-B and clinical nurse supervisor (CNS)-C. On May 3, 2023, at 7:24 a.m., the surveyor observed ULP-E provide medication administration for R2. ULP-E's record lacked the following competency evaluation documentation: -appropriate and safe techniques in personal hygiene and grooming, including: hair care and bathing; care of teeth, gums and oral prosthetic devices; care and use of hearing aids; and dressing and assisting with toileting; -standby assistance techniques and how to perform them; -reading and recording temperature, pulse, and respirations of the resident; -safe transfer techniques and ambulation; -range of motioning and positioning; and -administering medications or treatments as required. On May 3, 2023, at 10:34 a.m., RN-F stated the Memory Care Minnesota Orientation Checklist-Caregiver in ULP-E's file indicated ULP-E passed competency for the competencies listed above. RN-F stated they do not have a separate competency evaluation documentation for ULPs to indicate if the competency was passed or failed and the RN only would sign the Memory Care Minnesota Orientation Checklist-Caregiver if all the competencies are passed. The surveyor reviewed the Memory Care Minnesota Orientation Checklist-Caregiver and confirmed the following findings with RN-F:	0 650		

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0 650	Continued From page 4 -ULP-E's record contained a three (3) page Memory Care Minnesota Orientation Checklist-Caregiver provided by the licensee's online training provider signed by LALD-A, registered nurse (RN)-F and ULP-E all dated February 10, 2022, respectively. -On page one (1) of the checklist the following was written: -Courses marked with +++ have a skill assessment requirement | See Educare (online training provider) Skill Assessments and attach copy to demonstrate competency. -On page three (3) of the checklist the following was written: -As the instructor or supervising evaluator of the training, I attest that the employee successfully completed the training as described in this document as noted on the online transcript or knowledge assessments and delegated nursing tasks as documented on the Skill Assessment. The licensee's Employee Records policy dated December 29, 2021, indicated employee records would include record of competency testing as required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall	0 700		

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0 700	Continued From page 5 establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure resident's personal health and medical information was kept private. This had the potential to affect all 16 residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), 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 May 3, 2023, from 7:20 a.m. through 8:09 a.m., the surveyor observed an open computer screen sitting on top of the medication cart in the resident dining room. The computer screen displayed resident names and medication information. There were residents present in the dining room seated at tables, and residents ambulating throughout the dining room. On May 3, 2023, at 8:09 a.m., unlicensed personnel (ULP)-E stated staff always leave the computer screen open when not present at the computer, however it should be minimized (an action to hide the resident information screen) or closed since resident information was displayed. On May 3, 2023, at 9:28 a.m., licensed assisted	0 700		

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0 700	Continued From page 6 living director (LALD)-A and registered nurse (RN)-F stated the computer displays resident medical information and the computer should be closed when staff are not present at the computer. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 700		
01880 SS=D	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 by: Based on observation, interview and record review, the licensee failed to ensure medications were secure and permitted access to only authorized personnel for one of one medication cart. This had the potential to affect all 16 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 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:	01880		

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01880	Continued From page 7 During the entrance conference on May 1, 2023, at 10:20 a.m., registered nurse (RN)-B stated the licensee provided medication management services to the residents at the facility. During the entrance conference on May 1, 2023, at 10:26 a.m., licensed assisted living director (LALD)-A stated all resident medications were stored in the licensee's medication cart. On May 3, 2023, at 7:24 a.m., the surveyor observed unlicensed personnel (ULP)-E begin the medication administration process for R2 at the medication cart located in the resident dining room. ULP-E then took R2's medications down to the resident room located down a hallway with the medication cart no longer in site and did not lock the medication cart. ULP-E administered R2's morning medications and returned to the medication cart to document. ULP-E left the medication cart, went into the medication room to retrieve an ice pack, and returned to R2's room and applied the ice pack. On May 3, 2023, at 7:40 a.m., upon returning to the medication cart, ULP-E stated she forgot to lock the medication cart and should have when not present at the medication cart. On May 3, 2023, at 9:28 a.m., LALD-A and RN-F stated the medication cart should be locked when staff are not present at the medication cart. The licensee's storage of medications dated August 1, 2021, indicated the RN will determine the appropriate method to store resident's medications and whether secured storage is appropriate given the resident's functional and cognitive status.	01880		

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01880	Continued From page 8 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=E	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were maintained with the original prescription label, including the expiration date for time sensitive medications, for one of one resident (R6). In addition, the licensee failed to monitor for expired medications for two of three 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: During the entrance conference on May 1, 2023,	01890		

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01890	Continued From page 9 at 10:20 a.m., registered nurse (RN)-B stated the licensee provided medication management services to the residents at the facility. ORIGINAL PRESCRIPTION LABEL INCLUDING DATING TIME SENSATIVE MEDICATIONS On May 1, 2023, at 11:08 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-A, including a review of the medication refrigerator located in the medication room. The refrigerator contained one Lantus 100 units/milliliter (mL) pen (a multiple dose pen shaped injector device for insulin administration) with no prescription label and did not include the date the pen was opened or would expire. LALD-A confirmed the Lantus pen did not have a prescription label and was the current insulin pen being used for R6. LALD-A stated the pen should have included an original prescription label and indicated the date the pen was opened to use along with the expiration date. On May 2, 2023, at 10:19 a.m., RN-B stated all resident medications should contain an original prescription label and time sensitive medication should indicate the date opened and when the medication would expire. The manufacturer's instructions for Lantus insulin pens dated May 2019, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it. EXPIRED MEDICATIONS On May 1, 2023, 11:06 a.m., the surveyor reviewed the licensee's medication cart with LALD-A and confirmed the following: -R2's opened clotrimazole cream 1% expired November 2022; and -R3's opened nystatin 100,000 units/gram expired	01890		

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01890	Continued From page 10 November 2022. On May 2, 2023, at 10:19 a.m., RN-B stated the nurse should be checking for medication expiration dates weekly with medication set ups and the staff should check expiration dates prior to administering medications to residents. The licensee's Storage of Medications policy dated August 1, 2021, indicated medications must bear the original prescription label and the expiration date of a time-dated [sic] drug. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the care and services were appropriate based on the needs of residents who reside in the facility with regards to safely storing chemicals. This had the potential to affect all 16 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	02310		

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02310	Continued From page 11 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: The licensee held an assisted living with dementia care license. On May 3, 2023, at 9:31 a.m., the surveyor was present in the dining room with licensed assisted living director (LALD)-A. A shelf hanging on the wall above the piano, contained an aerosol Lysol disinfectant spray with no cover and was approximately half full. On May 3, 2023, at 9:32 a.m., LALD-A stated residents would have been able to access the Lysol and it should have been put away in the locked storage chemical room. The Lysol disinfectant spray label indicated it was hazardous to humans and should not be sprayed in the eyes, on skin or clothing. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

Minnesota Department of Health

PO Box 64495
St Paul, Minnesota
651-201-4500

Type: Full
Date: *05/02/23*
Time: 10:30:38
Report: 1008231004

Food and Beverage Establishment Inspection Report

Location:
Glacial Trails Memory Care
109 East 7th Street
Starbuck, MN56381
Pope County, 61

Establishment Info:
ID #: 0039162
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3202397126
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.

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

No sign was located at a designated hand washing sink in the service kitchen. Provide a hand washing sign on the designated hand washing sink.

Comply By: 05/05/23

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

THINGS TO REMEMBER:

1 THE CERTIFIED FOOD PROTECTION MANAGER SHOULD BE ROUTINELY CONDUCTING SELF INSPECTIONS TO ENSURE THAT EMPLOYEES ARE FOLLOWING PROPER FOOD HANDLING PRACTICE.

2 EDUCATE EMPLOYEES ON THE IMPORTANCE OF REPORTING TO MANAGEMENT ANY ILLNESS THEY HAVE OR HAVE HAD RECENTLY. MANAGEMENT SHOULD EXCLUDE ANY WORKERS ILL WITH VOMITING OR DIARRHEA FROM HANDLING FOOD, AND THEY SHOULD KEEP AN UP TO DATE EMPLOYEE ILLNESS LOG.

3 THERE SHOULD BE A PERSON IN CHARGE A THE ESTABLISHMENT DURING ALL HOURS OF OPERATION. THIS PERSON SHOULD ENSURE THAT EMPLOYEES ARE PRACTICING GOOD HAND WASHING PROCEDURES, INCLUDING BEING KNOWLEDGEABLE ABOUT WHEN HAND WASHING SHOULD BE DONE AND HOW TO PROPERLY WASH HANDS.

4. EMPLOYEES SHOULD USE SPATULA, TONGS, DELI TISSUE, GLOVES OR SOME OTHER APPROVED MEANS TO PREVENT ANY DIRECT BARE HAND CONTACT WITH READY TO EAT FOODS.

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 1008231004 of 05/02/23.

Certified Food Protection Manager: Brian R Sutton

Certification Number: FM43589 Expires: 05/05/23

Signed: emailed to HRD
Establishment Representative

Signed: Inspector ID# 1088

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