Electronically Delivered

October 7, 2022

Administrator
Suite Living Senior Care Of West St. Paul, LLC
938 South Robert Street
West Saint Paul, MN 55118

RE: Project Number(s) SL38744015

Dear Administrator:

This is your **official notice** that you have been **granted your assisted living facility license with dementia care.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed a an initial evaluation on September 29, 2022, for the purpose of 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.

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

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

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

§ 144G.20.

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

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

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

**St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program = $500.00**

**The total amount you are assessed is $500.00**. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

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

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

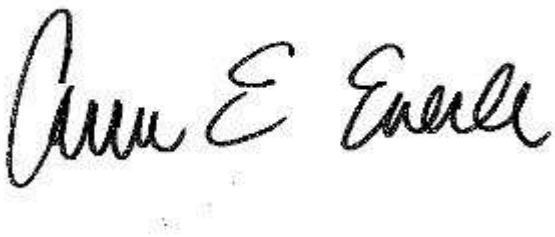
**REQUESTING A HEARING**

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

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

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

Sincerely,



Carrie Euerle, Interim Supervisor
State Rapid Response Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 651-201-5984 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 |
|---|---|---|---|
| | 38744 | A. BUILDING: _____ B. WING _____ | 09/29/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUITE LIVING SENIOR CARE OF WEST ST PAU | 938 SOUTH ROBERT STREET WEST SAINT PAUL, MN 55118 |

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| 0 000 | Initial Comments<br><br>Initial comments<br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br>SL38744015<br><br>On September 26, 2022 through September 29, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey and investigation, there were 15 residents receiving services under the provider's Provisional Assisted Living Facility license. | 0 000 | Assisted Living Provider 144G.<br><br>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 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 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 evaluators' findings is the Time Period for Correction.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3. | |

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| 0 480 | Continued From page 1 | 0 480 | | |
| 0 480 SS=C | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br><br>(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:<br><br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, and interview, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>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).<br><br>The findings include:<br><br>Please refer to the included document titled, Food and Beverage Establishment Inspection Report | 0 480 | | |

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| 0 480 | Continued From page 2<br>dated August 30, 2022, for the specific Minnesota Food Code deficiencies. | 0 480 | | |
| 0 510 SS=F | 144G.41 Subd. 3 Infection control program<br><br>(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.<br>(b)The facility's infection control program must be consistent with current guidelines from the 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.<br>(c) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to establish and maintain an effective infection control program to comply with accepted healthcare, medical, and nursing standards for infection control and current recommendations for COVID-19. The licensee failed to ensure appropriate personal protective equipment was worn for one employee administrator (AD)-H, when observed. This had the potential to affect all residents, staff, and visitors.<br><br>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 | 0 510 | | |

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| 0 510 | Continued From page 3 | 0 510 | | |

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 September 29, 2022, at 10:00 a.m., while surveyor completed general observations around the common areas of the facility, unlicensed personnel were noted to be stationed at a table located near the front entrance working with their mask below their chin, full face exposed. The staff corrected the placement of their face masks when noted the surveyor's presences.

The Minnesota Department of Health (MDH) guidance titled, "COVID-19 PPE and Source Control Grids - for congregate care settings, by community transmission level", dated April 7, 2022, indicated during "substantial" or "high" levels of community transmission (based on the Centers for Disease Control and Prevention (CDC) online data tracking system), caregivers must wear a face mask (source control) and eye protection while working with residents without suspected or confirmed SARS-CoV-2 infection.

The licensee's 8.01 Infection Control policy, dated August 1, 2021, indicated 1. Suite Living will identify areas where infection control practices are necessary based on the exposure and risk of the facility. 2. Suite Living's infection control program will be consistent with current guidelines from CDC for prevention control in long-term care facilities, where applicable in assisted living facilities.

The CDC COVID Data Tracker on September 29, 2022, indicated Dakota County, MN (the county of the assisted living facility) was at a "high" level of

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| 0 510 | Continued From page 4<br>community transmission, which indicated the use of a face mask and eye protection while working with residents.<br><br>On September 29, 2022, at approximately 11:00 a.m., AD-A acknowledged the employees were not following the licensee's infection control expectations and policies.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) Days | 0 510 | | |
| 0 550 SS=F | 144G.41 Subd. 7 Resident grievances; reporting maltreatment<br><br>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to post the required information related to the grievance procedure and contact information for the Office of Ombudsman for Long-Term Care and Mental Health and Developmental Disabilities. This had the potential to affect all residents receiving | 0 550 | | |

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| 0 550 | Continued From page 5<br>assisted living services, staff and visitors.<br><br>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).<br><br>The findings include:<br><br>The licensee lacked all required information of posting in a common area of the grievance procedure, including the name, telephone number, and e-mail contact information for the individuals who were responsible for handling resident grievances.<br><br>On September 27, 2022, during a facility tour at 10:00 a.m. an observation of the facility's common areas noted the lack of all the required posting information of the grievance procedure including the name, telephone number, and e-mail contact information for the individuals who were responsible for handling resident grievances.<br><br>On September 29, 2022, at 10:00 p.m. Administrator (AD)-A verified the required information was not posted in the common areas of the facility.<br><br>The licensee does have a Complaint/Grievance Posting policy titled 2.10 Complaint / Grievance Posting that states Suite Living will post, in a conspicuous place, information about our complaint/ grievance procedure, and the name, telephone number, and email contact information | 0 550 | | |

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| 0 550 | Continued From page 6<br>for the individual(s) who are responsible for handling resident complaint/grievances.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 550 | | |
| 0 580 SS=C | 144G.42 Subd. 2 Quality management<br><br>The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to engage in and maintain documentation on quality management activities appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all residents.<br><br>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 | 0 580 | | |

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| 0 580 | Continued From page 7<br>or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>Findings include:<br><br>During an interview on September 28, 2022, at 10:30 a.m., a copy of the facility's quality management plan was requested from the administrator (AD)-A who verified not having a documented quality management activity.<br><br>The licensee's 2.31 Quality Management Project policy dated August 1, 2021, contained required content related to Minnesota statute 144G.42 subd. 2 which indicated the licensee will have at least one documented quality management project in place at all times, and retain records of such projects for at least two years.<br><br>No further information was provided.<br><br>TIME PERIOD TO CORRECT: Twenty-one (21) Days | 0 580 | | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(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;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to | 0 680 | | |

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| 0 680 | Continued From page 8<br><br>all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing tenant residents.<br>(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.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to develop an emergency preparedness plan (EPP) with all the required components included in Appendix Z. This had the potential to affect all residents, staff and visitors.<br><br>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).<br><br>Findings include:<br><br>On September 27, 2022, at 10:00 a.m. the surveyor requested the licensee's emergency preparedness plan and components.<br><br>The licensee's Fire and Emergency Evacuation | 0 680 | | |

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| 0 680 | Continued From page 9<br><br>Plan lacked the following required content:<br>-EP patient population<br>-subsistence needs for residents and staff<br>-policies and procedures for medical documents<br>-policy and procedures for volunteers<br>-arrangement with other facilities<br>-roles under a waiver declared by Secretary<br>-development of communication plan<br>-names and contact information<br>-emergency officials contact information<br>-primary/alternate means of communication<br>-methods for sharing information<br>-sharing information on occupancy/needs<br>-family notifications<br>-EP prep training and testing<br><br>During an interview on September 29, 2022, at 11:00 a.m., administrator (AD)-A acknowledged they did not have all the required components of Appendix Z.<br><br>The licensee's Disaster Planning and Emergency Preparedness policy, dated August 1, 2021, indicated the licensee will have in place an emergency preparedness plan that is in alignment with facility's requirement to comply with CMS Appendix Z. Also, the licensee's Emergency Preparedness Plan- Appendix Z Compliance policy, dated August 1, 2021, indicated it is the intent that Suite Living has in place an effective and compliant Emergency Preparedness Plan.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 680 | | |
| 0 970 SS=C | 144.50 Subd. 5 Waivers of liability prohibited | 0 970 | | |

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|---|---|
| SUITE LIVING SENIOR CARE OF WEST ST PAU | 938 SOUTH ROBERT STREET WEST SAINT PAUL, MN 55118 |

| (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 |
|---|---|---|---|---|
| 0 970 | Continued From page 10<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>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 resident health, safety, or personal property with two of two residents (R2, R3) records reviewed. This had the potential to affect all residents.<br><br>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).<br><br>The findings include:<br>On September 28, 2022, at 11:00 a.m., a copy of the facility's assisted living contract was requested.<br><br>The Suite Living Residency Agreement, section 8, titled NO LIABILITY OF MANAGEMENT included clauses indicating the provider was not liable to resident In the following incidents:<br>-Personal Property of Resident: No Liability of Management. Management had no responsibility | 0 970 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 0 970 | Continued From page 11<br>to the resident or any third party for any personal property placed in the residency unit or in any other location within the facility or on its grounds by the owner of such person property. Management was not responsible to the resident or any third party for loss of any personal property by theft or any other cause. The resident assumes all risk of harm or loss to any or resident's personal property.<br>- Motor Vehicle Use: No Liability of Management. Resident was solely responsible for personal injury, property damage or other loss as a result of resident's owning, maintaining, operating and/or parking a motor vehicle on or off the premises of the facility.<br>-No Liability or Management for Certain Other Losses or Damages. Resident acknowledged familiarity with the residency unit, the premises and services offered by management and was therefore willing to, and assumed all risks associated with occupancy. Resident further acknowledged management was not an insurer of resident's safety. Management was not responsible for resident conduct or omissions of act or speech. Management, its employees. and its agents were not liable to resident or to any other person for any loss or inconvenience of any kind, including personal injuries sustained by resident or any other person, or any loss or damage to property. which was not the direct result of intentional or negligent acts in violation of applicable standards of care.<br><br>Management was not responsible for the actions of, or for any damage, injury or harm caused by third parties (such as other residents, family members, guests, intruders, or trespassers) who were not Management's control and acting within the scope of their authority. | 0 970 | | |

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| 0 970 | Continued From page 12<br><br>On September 29, 2022, at 10:30 a.m., administrator (AD)-A confirmed the assisted living contract required residents to waive the facility's liability for health, safety, or personal property. AD-A confirmed the same assisted living contract was used for all residents residing in the facility.<br><br>The Assisted Living License Resource Manual policy, Signing an Assisted Living Contract, revised August 1, 2021, stated when a prospective resident decided to move into Suite Living a contract was to be signed and received by the facility.<br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 970 | | |
| 01370 SS=F | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including:<br>(i) hair care and bathing;<br>(ii) care of teeth, gums, and oral prosthetic devices;<br>(iii) care and use of hearing aids; and<br>(iv) dressing and assisting with toileting; | 01370 | | |

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| 01370 | Continued From page 13<br>(6) training on the prevention of falls;<br>(7) standby assistance techniques and how to perform them;<br>(8) medication, exercise, and treatment reminders;<br>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br>(10) preparation of modified diets as ordered by a licensed health professional;<br>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;<br>(12) awareness of confidentiality and privacy;<br>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br>(14) procedures to use in handling various emergency situations; and<br>(15) awareness of commonly used health technology equipment and assistive devices.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview, the licensee failed to ensure unlicensed personnel (ULP) were trained and competent in the provision of services with current practice standards appropriate to provide maintenance of a clean and safe environment for one of one employee (ULP-G).<br><br>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). | 01370 | | |

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| 01370 | Continued From page 14<br>Findings include:<br><br>ULP-G's hire date was May 27, 2021.<br><br>During an interview on September 29, 2022 at 10:00 a.m. ULP-G stated she had not been formally trained for the tasks assigned as a housekeeper as evidenced by lack of knowledge of being trained on proper use of including contact time and available Material Safety Data Sheets for chemical cleaners used.<br><br>On September 29, 2022 at 12:00 p.m., facility leadership was unaware of the need to train staff in accordance with 144G statutes, so formal training of this position had not been completed.<br><br>Per the facility's policy titled Competency Training Evaluations dated August 1, 2021, staff providing delegated services must demonstrate competency of tasks in accordance with 144G statutes.<br><br>No further information was provided.<br><br>TIME PERIOD TO CORRECTION: Seven (7) Days | 01370 | | |
| 01910 SS=C | 144G.71 Subd. 22 Disposition of medications<br><br>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.<br>(b) The facility shall dispose of any medications | 01910 | | |

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| 01910 | Continued From page 15<br>remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.<br>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition for one of one discharged resident (R5) record reviewed.<br><br>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).<br><br>The findings include:<br><br>R5's care plan indicated the resident received services which included medication administration, bathing assistance, toileting, | 01910 | | |

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| 01910 | Continued From page 16<br>laundry and housekeeping.<br><br>R5 expired on August 26, 2022, after receiving services for diagnoses including, but not limited to, chronic obstructive pulmonary disease, morbid (severe) obesity.<br><br>R5's electronic health record lacked evidence of a disposition of medications.<br><br>On September 28, 2022, at approximately 14:00 p.m. registered nurse (RN)-B verified the required information to verify destruction was properly completed in the facilities disposition of medication logbook although no entry was made into the resident's permanent record.<br><br>The licensee's 7.23 Medication Disposal policy dated August 2021, noted: upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01910 | | |

DEPARTMENT OF HEALTH

Type: Full
Date: *09/27/22*
Time: 12:15:32
Report: 1036221047

# Food and Beverage Establishment Inspection Report



**Location:**
Suite Living Sr Care Center
938 South Robert St
West St Paul, MN55118
Ramsey County, 62

**Establishment Info:**
ID #: 0040815
Risk:
Announced Inspection: Yes

**License Categories:**

Expires on: / /

**Operator:**

Phone #:
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.

**6-500 Physical Facility Maintenance/Operation and Pest Control**

6-501.16

MN Rule 4626.1540 Hang mops to dry after each use and do not store mops in a manner that will soil walls, equipment or supplies.

OBSERVED WET MOP STORED IN BUCKET NEAR DRY FOOD STORAGE AREA. DISCUSSED WITH CANDYCE WHO WILL NOW USE MOP HANGER IN LAUNDRY ROOM BASIN AFTER USE.

*Comply By: 09/28/22*

**Surface and Equipment Sanitizers**

QUATERNARY AMMONIA: = 100 PPM at Degrees Fahrenheit
Location: Sanitizer Bucket
Violation Issued: No

Hot Water: = at 186 Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: Cold Holding/Milk
Temperature: 40 Degrees Fahrenheit - Location: Hosizaki Fridge
Violation Issued: No

Process/Item: Cold Holding/Cut Melon
Temperature: 40 Degrees Fahrenheit - Location: Hosizaki Fridge
Violation Issued: No

Type: Full
Date: *09/27/22*
Time: 12:15:32
Report: 1036221047
Suite Living Sr Care Center

# Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding/Ham
Temperature: 40 Degrees Fahrenheit - Location: Hosizaki Fridge
Violation Issued: No

Process/Item: Hot Holding/Mash Potato
Temperature: 155 Degrees Fahrenheit - Location: Hot Well
Violation Issued: No

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

INSPECTION WAS CONDUCTED BY JEFF JOHANSON (MDH)

FOOD SUPPLIED BY SYSCO AND PREPARED FOR SAME DAY SERVICE FOR 16 RESIDENTS AND STAFF. BREAKFAST IS SELF SERVE CONTINENTAL .

DISCUSSED THE FOLLOWING:
-EMPLOYEE ILLNESS POLICY AND LOG
-HANDWASHING
-SANITIZER USE AND TEST KITS
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-DATE MARKING PROCEDURES
-THERMOMETER USE AND CALIBRATION
-PEST CONTROL
-ALL VIOLATIONS ON THIS REPORT

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

I acknowledge receipt of the inspection report number 1036221047 of 09/27/22.

Certified Food Protection Manager Candyce D. King

Certification Number: FM107804 Expires: 09/11/24

**Inspection report reviewed with person in charge and emailed.**

Signed: _____ Signed: _____

Candyce King
Kitchen Manager

Jeff Johanson