



Protecting, Maintaining and Improving the Health of All Minnesotans

February 1, 2022

Administrator
Golden Pond Crystal
3648 Colorado Avenue North
Crystal, MN 55422

RE: Project Number(s) SL33571015

Dear Administrator:

On January 19, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the October 25, 2021, evaluation were corrected. The follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Jess Gallmeier'.

Jess Gallmeier, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-247-0268 Fax: 651-215-9697

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 18, 2021

Administrator
Golden Pond Crystal
3648 Colorado Avenue North
Crystal, MN 55422

RE: Project Number(s) SL33571015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 28, 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

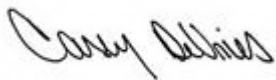
REQUESTING A HEARING

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, a request for a hearing must be in writing and received by the Department of Health within 15 calendar days. 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,



Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33571	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2021
NAME OF PROVIDER OR SUPPLIER GOLDEN POND CRYSTAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3648 COLORADO AVENUE NORTH CRYSTAL, MN 55422		
(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 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: #SL33571015 On October 27, through October 28, 2021, 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 four (4) residents receiving services under the provider's Assisted Living Facility 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.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employment of a assisted living director (LALD) licensed by the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all residents receiving Assisted Living services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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: On October 28, 2021, at approximately 1:00 p.m., registered nurse (RN)-A and Owner (O)-C stated the licensee had two RNs associated with other locations that had their LALD licenses who would cover the Golden Pond Crystal location. Review of BELTSS license verification website on October 28, 2021, at approximately 1:00 p.m. with RN-A and O-C did not indicate the two LALDs were licensed to cover multiple locations. O-C acknowledged the two LALDs had licenses that only allowed them to cover one location.	0 110		

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0 110	Continued From page 2 The licensee's 4.01 Assisted Living Director policy dated August 1, 2021, contained all required information related to Minnesota Statute 144G.10 subd. 1a. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 110		
0 450 SS=C	144G.41 Subdivision 1 Minimum requirements All assisted living facilities shall: (1) distribute to residents the assisted living bill of rights; (2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285; (3) utilize a person-centered planning and service delivery process; (4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections 148.171 to 148.285; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide written acknowledgment for the current assisted living bill of rights (BOR) for one of one resident (R1) with record reviewed. 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	0 450		

Minnesota Department of Health

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0 450	Continued From page 3 or has potential to affect a large portion or all the residents). The findings included: R1's record lacked written acknowledgement of the current BOR. R1's record included a Resident Admission Packet checklist dated March 16, 2018, which indicated on line item 22, Residents Rights check marked as completed by registered nurse (RN)-A. During the entrance interview on October 27, 2021, at approximately 9:30 a.m., RN-A provided a document titled Minnesota Home Care Bill of Rights for Clients of Licensed Only Home Care Providers dated November 2019. On October 28, 2021, at approximately 1:00 p.m., RN-A and Owner (O)-C stated they should have provided the residents the assisted living bill of rights dated May 16, 2021. RN-A stated they should have obtained written acknowledgement of receipt from each resident for the BOR. O-C stated they knew a new assisted living BOR was released but did not provide it to residents. The licensee's 1.07 Bill of Rights policy dated August 1, 2021, included all required information related to Minnesota Statute 144G.41 subd. 1. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 450		
0 470 SS=C	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable	0 470		

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0 470	Continued From page 4 unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the staffing plan was developed and posted as required, potentially affecting all the licensee's current residents, staff, and visitors. 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 the residents). The findings included:	0 470		

Minnesota Department of Health

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0 470	Continued From page 5 The licensee lacked a posted daily staffing schedule developed by the clinical nurse supervisor to: - include direct-care staff work schedules for each direct-care staff member showing all work shifts, including days and hours worked - identify the direct-care staff member's resident assignments or work location - be posted after redacting direct-care staff member's resident assignments, at the beginning of each work shift in a central location in each building On October 27, 2021, at approximately 10:30 a.m., no posted staff schedule was observed in any area of the facility. On October 27, 2021, at approximately 11:30 a.m., registered nurse (RN)-A acknowledged they were not aware a staffing schedule had to be posted for residents, staff, and visitors to be able to access in common area. The licensee's 4.06 Staffing & Scheduling policy dated June 10, 2021, contained required information related to Minnesota Statute 144G.41 subd. 1. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470		
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		

Minnesota Department of Health

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0 480	Continued From page 6 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 October 28, 2021, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		

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0 550	Continued From page 7	0 550		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment 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. This MN Requirement is not met as evidenced by: 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, as well as information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC). This had the potential to affect all the licensee's current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings included:	0 550		

Minnesota Department of Health

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0 550	Continued From page 8 The licensee lacked a posting of the grievance procedure to include the name, telephone number, and e-mail contact information for the individuals who were responsible for handling resident grievances. In addition, there was no evidence of 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, or any information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC). During a facility tour on October 27, 2021, at approximately 10:30 a.m., the common areas shared by residents, staff, and visitors, lacked the required posting of the grievance procedure, contact information for the Ombudsman, and information related to reporting suspected maltreatment to MAARC. On October 28, 2021, at approximately 1:00 p.m., registered nurse (RN)-A and owner (O)-C acknowledged the required content was not posted in the common areas. Although RN-A stated they thought the information was posted, acknowledged after reviewing the appropriate location, the information was not present. The licensee's 2.44 Vulnerable Adult Maltreatment - Prevention & Reporting policy dated August 1, 2021, lacked indication for posting information of the regional Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities information. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 550		

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0 550	Continued From page 9 (21) days	0 550			
0 580 SS=C	144G.42 Subd. 2 Quality management 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and maintain a quality management program (QMP) appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings included:	0 580			

Minnesota Department of Health

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0 580	Continued From page 10 On October 27, 2021, at approximately 9:30 a.m., during the entrance conference the registered nurse (RN)-A stated they were unsure if a QMP had been developed for the facility. On October 28, 2021, at approximately 10:00 a.m., the owner (O)-C stated a QMP had not been developed but one was in the process of being created for the facility based on the policy. The licensee's 2.31 Quality Management Project policy dated August 1, 2021, contained required content related to Minnesota statute 144G.42 subd. 2. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 580		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision.	0 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33571	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/28/2021
NAME OF PROVIDER OR SUPPLIER GOLDEN POND CRYSTAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3648 COLORADO AVENUE NORTH CRYSTAL, MN 55422		
(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
0 660	Continued From page 11 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing results for one of two employees (unlicensed personnel (ULP)-B) with records reviewed. 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 included: ULP-B's record lacked documentation of TB testing results. ULP-B's record included a Health and Mantoux Screen form dated October 12, 2021, which indicated, "all new employees to have a 2-step Mantoux test to test for infection," and additionally read, "A record of TB testing and related medical evaluations and treatment are a part of the confidential employee file." On October 28, 2021, registered nurse (RN)-A acknowledged a Mantoux test result should be included in ULP-B's record as they remembered completing it. RN-A stated the results may have been misplaced when ULP-B transferred from another of the licensee's facilities to the current one. The licensee's Tuberculin Skin Testing (TST) Protocol for Screening Health Care Workers - 8.17 policy dated August 1, 2021, included	0 660		

Minnesota Department of Health

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0 660	Continued From page 12 required content for Minnesota Statute 144G.42 subd. 9. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (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 facility failed to provide smoke alarms that complied with fire protection requirements. This had the	0 780		

Minnesota Department of Health

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0 780	Continued From page 13 potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a 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 included: On October 28, 2021, between 2:00 p.m. and 2:30 p.m., survey staff toured the facility with registered nurse (RN)-A. During the tour, the following observation was made: A smoke alarm was not provided outside and in the immediate vicinity of bedroom 4 on the main floor level of facility. During the tour interview with (RN)-A, it was confirmed that a smoke alarm was not installed in this area of the facility. During the exit interview on October 28, 2021, at approximately 2:50 p.m., it was discussed with RN-A that all newly installed smoke alarms are required to be interconnected so that actuation of one alarm causes all alarms in the dwelling unit to operate. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780			
01620 SS=D	144G.70 Subd. 2 Initial reviews, assessments, and monitoring	01620			

Minnesota Department of Health

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01620	Continued From page 14 (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing client assessment and reassessment, not to exceed 90 calendar days from the last date of the assessment for one of one resident (R1) with record reviewed. 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	01620		

Minnesota Department of Health

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01620	Continued From page 15 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 included: R1's most recent assessment included in record was completed on April 9, 2021, by RN-A and exceeded the maximum 90-day required interval between assessments. On October 28, 2021, at approximately 1:00 p.m., RN-A and owner (O)-C acknowledged an assessment should have been completed at least every 90-days. RN-A was unsure why one was not completed within the required interval. O-C acknowledged their electronic health record does indicate when assessments should be completed and stated R1's assessments were due on July 8, 2021, but were not completed. The licensee's 6.01 Assessments, Reviews & Monitoring policy dated August 1, 2021, included the required time frames as required for Minnesota statute 144G.70 subd.2. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01620		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management	01730		

Minnesota Department of Health

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01730	Continued From page 16 services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview and record	01730		

Minnesota Department of Health

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01730	Continued From page 17 review, the licensee failed to develop and maintain a current individualized medication management record to include all required content for one of one resident (R1) with record reviewed. 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 included: R1's record included an Individualized Medication Management Plan (IMMP) completed by registered nurse (RN)-A on April 4, 2021, lacked the following: - a description for storage of medications - documentation of specific resident instructions related to the administration of medications - identification of medication management tasks that may be delegated to unlicensed personnel R1's record included an Assessment completed by RN-A on April 9, 2021, indicated, "Med Management Needs full medication management and setup." R1's record included an undated service plan that indicated medication administration, medication refills, and medication setup services to be provided by licensee. R1's MD Orders (signed medical provider orders) dated March 18, 2021, indicated R1 had ten (10)	01730		

Minnesota Department of Health

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01730	Continued From page 18 scheduled medications prescribed to be administered at least one time daily and ten (10) medications that could be administered as needed. On October 28, 2021, at approximately 1:00 p.m., RN-A and owner (O)-C acknowledged R1's IMMP lacked some areas as required. RN-A stated they thought their electronic health record computer system addressed all required areas, but once reviewed, acknowledged some required areas were missing. O-C stated they are unsure why their computer system missed these items as they knew they are required. The licensee's 7.03 Medication Management Individualized Plan policy dated August 1, 2021, contained all required areas related to Minnesota statute 144G.71 subd.5. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors Subd. 8. Notice to visitors. (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced	03090		

Minnesota Department of Health

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03090	Continued From page 19 by: Based on observation and interview, the licensee failed to ensure the required notice was posted at the main entry way of the facility to display statutory language to disclose electronic monitoring activity. This had the potential to affect the current residents, staff and any visitors of the licensee. 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 included: On October 27, 2021, at approximately 10:30 a.m., surveyors entered the facility and at the main entry way there was no signage, as required, to notify visitors of electronic monitoring. On October 28, 2021, at approximately 1:00 p.m., registered nurse (RN)-A and owner (O)-C acknowledged no electronic monitoring signage was posted at the main entrances to the facility. O-C stated they knew the sign was to be posted and had sent the signs to the facility but failed to ensure they had been posted. The licensee's 2.15 Electronic Monitoring policy, dated August 1, 2021, included all requirements per Minnesota statute 144.6502, subd. 8. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	03090		

Minnesota Department of Health

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03090	Continued From page 20 (21) days	03090		

Type: Full
Date: 10/28/21
Time: 10:00:00
Report: 8087211293

Food and Beverage Establishment Inspection Report

Page 1

Location:

Golden Pond Crystal
3648 Colorado Avenue North
Crystal, MN55422
Hennepin County, 27

Establishment Info:

ID #: 0038313
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7635371785
ID #:

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

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: Ambient Air

Temperature: 37 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Process/Item: Cold Holding: MILK

Temperature: 40 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Process/Item: Cold Holding: MAC SALAD

Temperature: 37 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Process/Item: Cold Holding: CHEESE

Temperature: 38 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Process/Item: Ambient Air

Temperature: 8 Degrees Fahrenheit - Location: PULL OUT FREEZER

Violation Issued: No

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

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.

INSPECTION CONDUCTED IN THE PRESENCE OF NURSE EVALUATOR AND TEAM LEAD
BRANDON MUELLER.

FLOORS ARE MADE OF HARDWOOD BUT CEILING APPEARS TO BE MADE OF A DURABLE,

Type: Full
Date: 10/28/21
Time: 10:00:00
Report: 8087211293
Golden Pond Crystal

Food and Beverage Establishment Inspection Report

Page 2

SMOOTH AND EASILY CLEANABLE MATERIAL. BOTH ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING AND HIGH TEMP CYCLE OPTION.

HOT WATER TEMPERATURE AT THE KITCHEN SINK REACHED 128 DEGREES.

NO DESIGNATED HAND WASHING SINK IN THE RESIDENTIAL KITCHEN. KITCHEN SINK HAS 2 BASINS.

INSPECTION REPORT EMAILED TO BRANDON MUELLER (NURSE EVALUATOR ADN TEAM LEAD).

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 8087211293 of 10/28/21.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Inspection report reviewed with person in charge and emailed.

Signed: _____

BRANDON MUELLER
NURSE EVALUATOR

Signed: _____

John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
john.boettcher@state.mn.us

Report #: 8087211293

Food Establishment Inspection Report



Minnesota Department of Health

625 North Robert Street
Saint Paul, MN

No. of RF/PHI Categories Out

0

Date 10/28/21

No. of Repeat RF/PHI Categories Out

0

Time In 10:00:00

Legal Authority MN Rules Chapter 4626

Time Out

Golden Pond Crystal

Address

3648 Colorado Avenue North

City/State

Crystal, MN

Zip Code

55422

Telephone

7635371785

License/Permit #
0038313

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
Supervision			
1	IN OUT		
2	IN OUT N/A		
Employee Health			
3	IN OUT		
4	IN OUT		
5	IN OUT		
Good Hygienic Practices			
6	IN OUT N/O		
7	IN OUT N/O		
Preventing Contamination by Hands			
8	IN OUT N/O		
9	IN OUT N/A N/O		
10	IN OUT		
Approved Source			
11	IN OUT		
12	IN OUT N/A N/O		
13	IN OUT		
14	IN OUT N/A N/O		
Protection from Contamination			
15	IN OUT N/A N/O		
16	IN OUT N/A		
17	IN OUT		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	IN OUT N/A N/O		
19	IN OUT N/A N/O		
20	IN OUT N/A N/O		
21	IN OUT N/A N/O		
22	IN OUT N/A		
23	IN OUT N/A N/O		
24	IN OUT N/A N/O		
Consumer Advisory			
25	IN OUT N/A		
Highly Susceptible Populations			
26	IN OUT N/A		
Food and Color Additives and Toxic Substances			
27	IN OUT N/A		
28	IN OUT		
Conformance with Approved Procedures			
29	IN OUT N/A		

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

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	IN OUT N/A		
31	Water & ice obtained from an approved source		
32	IN OUT N/A		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A N/O		
35	IN OUT N/A N/O		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food prep, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

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

Food Recalls:

Person in Charge (Signature)

Date: 11/02/21

Inspector (Signature)