Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 17, 2023

Licensee
Orchard Path
5400 157th Street West
Apple Valley, MN 55124

RE: Project Number(s) SL33804015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 14, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

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

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

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

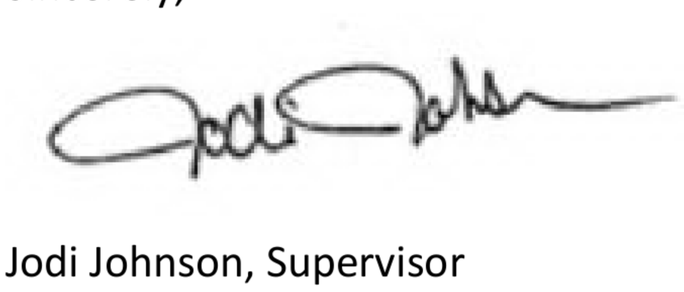
Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33804	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORCHARD PATH	5400 157TH STREET WEST APPLE VALLEY, MN 55124

(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: SL33804015 On September 11, 2023, through September 14, 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 300 active residents; 75 receiving services under the Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 130 SS=C	144G.12, Subd. 1 Application for Licensure Each application for an assisted living facility license, including provisional and renewal	0 130		

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0 130	Continued From page 1 applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater and that specifies their relationship with the	0 130		

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0 130	Continued From page 2 licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or 1001.201;	0 130		

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0 130	Continued From page 3 (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership,	0 130		

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0 130	Continued From page 4 or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include all residents in their licensed capacity to meet the requirements of licensure. This had the potential to affect all 300 residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's Application for Assisted Living License signed May 19, 2022, identified an application for an assisted living with dementia care license with a total licensed resident capacity for 87 residents. During the entrance conference on September 11, 2023, at approximately 9:15 a.m., licensed assistance living director (LALD)-A stated the licensee had a current census of 75 residents, 73 of them receiving services. LALD-A stated the licensee also has 225 independent living residents not included in the licensure. LALD-A did not believe the independent living residents counted towards the licensed capacity. LALD-A	0 130		

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0 130	Continued From page 5 verified the current census of 300 residents is above the capacity of 87 and indicated they were currently working with the licensing department to determine how many residents they should be licensed for. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 130		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the 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). Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated September 13, 2023, for the specific	0 480		

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0 480	Continued From page 6 Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 485 SS=C	144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and (C) the facility cannot require a resident to include and pay for meals in their contract; (ii) weekly housekeeping; (iii) weekly laundry service; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post a menu a week in advance that was made available to all residents. This had the potential to affect all residents. 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	0 485		

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0 485	Continued From page 7 affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On September 11, 2023, at 10:05 a.m. during the entrance tour, the surveyor observed only the desserts were posted in the memory care unit, registered nurse (RN)-B confirmed only the desserts were posted. At the assisted living dining room entrance, the lunch and dinner meals were posted but not the breakfast. On September 12, 2023, at 7:00 a.m. licensed assisted living director (LALD)-A stated she was aware that meals should be posted but was unaware that the assisted living and memory care dining rooms did not have posting of the full weekly meal. The licensee's Posting and Disclosure Policy dated November 12, 2021, indicated the menu should be posted a week ahead and made available to residents. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section	01290		

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01290	Continued From page 8 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was affiliated with the assisted living with dementia care license for two of eight employees (registered nurse (RN)-E and unlicensed personnel (ULP)-J) and had the potential to affect all residents living in the assisted living facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: RN-E RN-E was hired on February 22, 2016, to provide direct care to residents at the assisted living with dementia facility.	01290		

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01290	Continued From page 9 RN-E's employee record contained a background study affiliated with another license owned by the same licensee, dated March 29, 2022. RN-E's employee record lacked evidence the licensee affiliated a background study for their license. ULP-J ULP-J was hired on August 30, 2021, to provide direct care to residents at the assisted living with dementia facility. On September 12, 2023, at 8:15 a.m. the surveyor observed ULP-J administering insulin to R9 and scheduled morning medications. ULP-J's employee record contained a background study affiliated with another license owned by the same licensee, dated August 30, 2021. ULP-J's employee record lacked evidence the licensee affiliated a background study for their license. On September 12, 2023, at 12:30 p.m. human resources manager (HRM)-K confirmed ULP-J's employee record did not include a background check affiliated with the current facility. HRM-K stated he was aware of the process but was unaware that it was not completed for all employees. The licensee's Background Check Policy dated August 14, 2023, indicated all employees transferring or adding an alternate job site within, facility name, for is subject to the required criminal background check. No further information was provided.	01290		

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01290	Continued From page 10 TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for one of two unlicensed personnel (ULP-G).	01440		

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01440	Continued From page 11 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: ULP-G began providing direct care services under the Assisted Living with Dementia Care (ALFDC) license on April 9, 2023. On September 12, 2023, at 7:35 a.m. ULP-G was observed checking blood glucose and administering oral medications, eye drops, and insulin to R2. ULP-G's employee file lacked evidence a RN conducted direct supervision of staff performing a delegated task within 30 days of providing services. On September 14, 2023, at 11:06 a.m. RN-B stated ULP-G's record lacked evidence of supervision of a delegated task within 30 days. The licensee's MN AL Delegation and Supervision Policy policy dated August 9, 2023, identified "Supervision of Unlicensed Staff Performing Nursing or Delegated Nursing, Delegated Treatment or Assigned Therapy Services. a. A RN will supervise staff who perform delegated nursing, treatment or therapy services. b. Supervision of Resident Assistants by an RN will be direct supervision of the staff performing a delegated task(s) within 30 calendar days after the staff member begins	01440		

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01440	Continued From page 12 working and first performs the delegated resident tasks. c. On-going supervision will be completed as needed based upon staff performance." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;	01500		

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01500	Continued From page 13 (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of two employees unlicensed personnel (ULP-J). 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	01500		

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01500	Continued From page 14 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include. ULP-J was hired on August 30, 2021, to provide direct care to residents at the assisted living with dementia facility. On September 12, 2023, at 8:15 a.m. the surveyor observed ULP-J administering R9's insulin and scheduled morning medications. ULP-J's employee record contained a list of annual training to be completed by August 30, 2023, that showed ULP-J had not started any of the required training. ULP-J's employee training records lacked evidence ULP-J had successfully completed annual training as required in the following area: - Training on reporting of maltreatment of vulnerable adults under section 626.557; - Review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights. - Review of infection control techniques. - Review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and - The principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. On September 12, 2023, at 12:30 p.m. human	01500		

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01500	Continued From page 15 resources manager (HRM)-K stated ULP-J's employee record contained a document for annual training to be completed by August 30, 2023, and showed ULP-J had not started the required training. The licensee's Education and Training Policy last updated April 2022 indicated it is the licensee's policy to provide continuous education activities that meet regulatory requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01620 SS=E	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (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	01620		

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01620	Continued From page 16 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 observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment no more than 14 calendar days after initiation of services and ongoing reassessment and monitoring not to exceed 90 calendar days from the last day of the assessment for three of four residents (R2, R3, R9). 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 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: R2 R2 started receiving services from the licensee on June 1, 2023. R2's diagnosis included hypertension (high blood pressure), chronic kidney disease (a gradual loss of kidney function), and diabetes (a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it	01620		

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01620	Continued From page 17 produces). R2's service plan dated July 12, 2023, identified R2 received shower assistance, blood glucose monitoring, and medication administration services. On September 12, 2023, at 7:35 a.m. ULP-G was observed checking R2's blood glucose and administering oral medications, eye drops, and insulin. R2's record included a 14-day assessment completed on June 16, 2023, which was 15 days after the start of services. On September 13, 2023, at 3:40 p.m. RN-B stated R2's assessment was completed late. R3 R3 began receiving services from the licensee on March 19, 2022. R3's diagnosis included chronic kidney disease, diabetes, and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). R3's service plan dated July 14, 2023, identified R3 received assistance with a urinary catheter (a flexible tube used to empty the bladder and collect urine in a drainage bag), blood glucose monitoring, insulin and medication administration services. On September 12, 2023, at 8:05 a.m. ULP-H was observed emptying the urinary catheter bag and changing the urine drainage bag from a bed bag to a leg bag, checking blood glucose and	01620		

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01620	Continued From page 18 administering oral medications, eye drops, and insulin. R3's record included assessments dated March 15, 2023, and June 22, 2023, 99 days between the two assessments (nine days late). On September 14, 2023, at 9:54 a.m. RN-B stated R3's 90 day assessment was competed late. R9 R9's diagnosis included Memory deficit, hyperlipidemia (high cholesterol), and hypertension (high blood pressure) R9 started receiving services from the licensee on October 8, 2019, to assist with activities of daily living (ADLs), and medication administration. R9's record showed an assessment was completed January 24, 2023, and April 27, 2023, indicating it had been completed 94 days from the previous assessment (four days late). The licensee's Assisted Living (AL) Nursing Assessment Policy last updated August 4, 2021, indicated a RN will complete a comprehensive nursing assessment 14 days after the start of services and ongoing assessments to be completed periodically but no more than every 90 days. On September 13, 2023, at 1:20 p.m. RN-B stated assessments were required to be completed within 90 days and that R9's file showed assessments were completed outside the regulatory requirement.	01620		

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01620	Continued From page 19 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) 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 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	01730		

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01730	Continued From page 20 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 review, the licensee failed to identify medication set up as a service in the residents individualized medication management plan for one of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R2 On September 23, 2023, at 7:35 a.m. unlicensed personnel (ULP)-G was observed preparing for R2's medication administration by punching medications out of bubble packs. Included were the following medications: - a bubble pack with a handwritten label that identified cetirizine 10 milligrams (mg) one by mouth everyday (for allergies); and - a bubble pack with a handwritten label that	01730		

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01730	Continued From page 21 identified fish oil 1000 mg take one by mouth daily (a supplement). ULP-G stated the medications were set-up by a registered nurse (RN). R2's medication administration record (MAR) dated September 2023, identified RN-I had set up the cetirizine and fish oil. R2's service plan dated July 12, 2023, identified R2 received shower assistance, blood glucose monitoring, and medication administration services. R2's service plan failed to include medication set up by the RN. R2's individualized medication management plan dated June 16, 2023, failed to identify RN set up of medications. On September 14, 2023, at 10:26 a.m. RN-B stated medication set up should have been included on the service plan and the individualized medication management plan. The licensee's MN AL [Assisted Living] Medication Management Policy dated August 5, 2021, identified "A registered nurse will conduct a face-to-face assessment of a resident's need for medication management services, including the appropriate method to store the resident's medications and whether secured storage is appropriate given the resident's functional and cognitive status, concerns about the potential for drug diversion or other considerations. Based on this assessment, the RN will develop an individualized medication management plan for the resident that will address storage of the resident's medications." "Medications dispensed in a bottle will be set up by the nurse in a medi-planner or repackaged if needed.	01730		

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01730	Continued From page 22 Medi-planners will only be used for short-term use." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01760 SS=E	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as prescribed for three of eight residents (R2, R3, R5). 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	01760		

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01760	Continued From page 23 number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R2 On September 11, 2023, at 4:07 p.m. unlicensed personnel (ULP)-F was observed administering R2's medications which included, according to the medication label, atorvastatin 20 milligrams (mg) one tablet by mouth every bedtime (lowers cholesterol). R2's physician orders dated May 30, 2023, identified atorvastatin 20 mg give one tablet at bedtime. R2's medication administration record (MAR) dated September 1, 2023, through September 12, 2023, identified atorvastatin 20 mg give one tablet by mouth daily. The atorvastatin was scheduled and documented as administered daily at 4:30 p.m., and not at bedtime as ordered by the physician. On September 13, 2023, at 1:23 p.m. registered nurse (RN)-B stated the atorvastatin should be administered as ordered. R3 On September 13, 2023, at 8:05 a.m. ULP-H was observed to administer R3's medications which included, according to the pharmacy label, metformin 500 mg one tablet by mouth twice a day with meals (used to treat high blood sugar). R3's physician orders dated March 8, 2023, identified two orders for metformin: - metformin 500 mg take 1 tablet at bedtime.	01760		

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01760	Continued From page 24 - metformin 500 mg take 1 tablet by mouth twice a day with meals. R3's progress note from the medical provider electronically signed on August 7, 2023, identified medications had been reviewed and reconciled to the facility MAR and included metformin 500 mg one tablet by mouth three times per day. R3's MAR dated September 1, 2023, through September 12, 2023, identified the following: - metformin 500 mg give one tablet bid [twice a day] with meals but was only scheduled one time per day at 7:05 a.m. - metformin 500 mg give one tablet at bedtime and was scheduled at 7:30 p.m. On September 13, 2023, at 3:18 p.m. RN-B stated the order was supposed to be twice daily. R3 does not want to pay for a mediation pass three times a day and only wanted medications twice daily. R5 On September 12, 2023, at 8:30 a.m. ULP-H was observed administering medications to R5 which included, according to the medication labels; - acetaminophen 325 mg give two tablets by mouth every six hours as needed (used for pain); - fiber gummies 2 grams take two by mouth every day and on the pharmacy label was handwritten multivitamin; - albuterol neb [nebulizer] 0.083% one vial neb every six hours as needed for shortness of breath; - Ipratropium-albuterol one vial per nebulizer every morning. Albuterol vial and Ipratropium/albuterol vial were put together in the nebulizer cup for self administration by the resident.	01760		

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01760	Continued From page 25 R5's physician orders identified the following: - an order signed by a nurse on July 26, 2023, and a medical provider on August 25, 2023, included: - acetaminophen 325 mg by mouth twice daily - multivitamin gummies chew two gummies by mouth every morning - albuterol 0.083% one vial by nebulizer every 6 hours as needed - an unsigned after visit summary dated August 11, 2023, included - acetaminophen 500 mg take two tablets by mouth every six hours as needed - fiber gummies two units by mouth once daily - albuterol 0.083% inhale 2.5 mg by mouth - albuterol-ipratropium in 3 ml one neb every morning and every six hours as needed. - an order signed by a nurse on August 16, 2023, and a medical provider on August 25, 2023, identified Acetaminophen 500 mg take two tablets by mouth every six hours as needed. R5's MAR dated September 1, 2023, through September 12, 2023, identified the following - acetaminophen 325 mg give two tablets by mouth twice daily - multivitamin chew two gummies by mouth every day - albuterol neb 0.083% administer one vial by mouth daily scheduled at 7:50 a.m. - Duoneb (ipratropium-albuterol) give one vial scheduled at 7:50 a.m. On September 12, 2023, at 8:54 a.m. RN-I stated sometimes the pharmacy will send multivitamin and sometimes the fiber and she will fix it. RN-I stated the order was multivitamin upon admission but was changed to fiber on the after visit	01760		

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01760	Continued From page 26 summary. She was unaware who wrote multivitamin on the pharmacy label. It was her job to review all meds when they were delivered to assure accuracy prior to them being placed in the medication cupboards. She was unsure which medication R5 was supposed to be getting and she would get clarification from the provider. On September 13, 2023, at 1:23 p.m. RN-B stated when an order is received it was the responsibility of the nurse to clarify the order with the provider if there was a duplication of orders. The acetaminophen should have been the 500 mg order. The fiber and multivitamin had been clarified and should have been the fiber on the MAR. RN-B stated he was unsure about the duplicate therapy of albuterol and ipratropium-albuterol and was going to clarify with the medical provider. The licensee's MN AL [Assisted Living] Medication Management Policy dated August 5, 2023, identified: "1. Resident assistants will provide medication administration as appropriate according to the assessed needs of the resident and under the delegation of a nurse. 2. Provider orders will be obtained for all medications to be administered. 3. Medication administration is the administration of the medications to the resident based on the provider orders. The resident assistant verifies that the medications set up and/or delegated by the RN or pharmacist are taken according to procedure. 4. Orders will be received upon admission, with changes in orders or condition and annually. 5. Orders will be received and requested via telephone order, fax, or clinic referral from prescribing provider.	01760		

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01760	Continued From page 27 6. Communication of new orders will be communicated to the pharmacy, resident assistant, and family. Education will be provided regarding the new medications or changes in medication to the resident and family at time of medication change. This communication will be completed in partnership with ordering provider. 7. Communication will occur on-going with the provider, with changes in condition that require a change in medication or medication review, questions on medications or side effects, and at family/resident request." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01790 SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:	01790		

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01790	Continued From page 28 (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.	01790		

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01790	Continued From page 29 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of two unlicensed personnel (ULP-J) was trained and had demonstrated competency to prepare and give medications for resident having unplanned time away. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: During the entrance conference on September 11, 2023, at approximately 9:15 a.m., registered nurse (RN)-B confirmed the licensee provided medication management services to the licensee's residents. On September 12, 2023, at 8:15 a.m. the surveyor observed ULP-J administer R9's morning medication and insulin. ULP-J's employee record lacked evidence ULP-J had completed training on providing medications for an unplanned time away. On September 12, 2023, at 3:09 p.m. human resources manager (HRM)-K stated it was not completed by ULP-J.	01790		

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01790	Continued From page 30 The licensee's Education and Training Policy last updated April 2022 indicated it is the licensee's policy to provide continuous education activities that meet regulatory requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
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 one of seven residents' (R6) medications was securely locked in substantially constructed compartments and permitted only authorized personnel to have access. 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: During a medication cabinet review on	01880		

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01880	Continued From page 31 September 12, 2023, at 10:09 a.m. with unlicensed personnel (ULP)-H, the surveyor observed artificial tears eye drops sitting on R6's counter. ULP-H stated they should be in the locked medication cabinet in R6's room, with the rest of R6's medications. R6's service plan dated September 20, 2022, identified R6 received medication administration and all medications were to be stored in R6's apartment in a locked box or cabinet. On September 13, 2023, at 9:38 a.m. registered nurse (RN)-B stated all of R6's medications should be locked in the resident's medication cupboard. The licensee's MN AL [Assisted Living] Medication Management Policy dated August 5, 2021, identified "A registered nurse will conduct a face-to-face assessment of a resident's need for medication management services, including the appropriate method to store the resident's medications and whether secured storage is appropriate given the resident's functional and cognitive status, concerns about the potential for drug diversion or other considerations. Based on this assessment, the RN will develop an individualized medication management plan for the resident that will address storage of the resident's medications." "Medications dispensed in a bottle will be set up by the nurse in a medi-planner or repackaged if needed. Medi-planners will only be used for short-term use." "All medications will be stored in a locked box in a cabinet or refrigerator in the resident's unit in areas in which the temperature may not fluctuate to levels that are unsuitable for mediation storage. Medications delivered to the facility for residents needing medication	01880		

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01880	Continued From page 32 administration will be added to these locked boxes or cabinets at the earliest convenient time and secured until that time. Medications will be given to residents by one of the methods described above, according to the resident's assessed needs." 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 had a pharmacy label and failed to label time sensitive medications with a date when opened in one of eight resident (R2) medication cupboards. 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).	01890		

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01890	Continued From page 33 The findings include: On September 12, 2023, at 7:35 a.m. during a medication administration observation with ULP-G, observed R2's medication cupboard to have the following: - a Novolog 70/30 mix pen (insulin pen used to lower blood sugars) open and in use - the Novolog did not have a pharmacy label or an open date. ULP-G stated it should have a pharmacy label or a bag with a pharmacy label but it was missing and insulin should always have an open date. - latanoprost (used for glaucoma) open and in use did not have an open date. ULP-G stated it should have been dated when opened. On September 13, 2023, at 9:38 a.m. registered nurse (RN)-B stated all medications should have the pharmacy label and time sensitive mediations should be dated when opened. Manufacturer instructions for Novolog 70/30, undated, identified "Once a NovoLog Mix 70/30 FlexPen is punctured, it may be used for up to 14 days if it is kept at room temperature" Manufacturer instructions for Latanaprost dated September 16, 2014, identified "Latanaprost must be used within 28 day safter opening the bottle. Discard the bottle and/or unused contents after 28 days" No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

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01940	Continued From page 34	01940		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure it developed an individual treatment management plan to include all required content for one of one	01940		

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01940	Continued From page 35 resident (R2) who received wound care. 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: On September 12, 2023, at 8:05 a.m. unlicensed personnel (ULP)-G was observed completing wound care for R2. ULP-G removed the old dressings, cleaned the wound, applied ointment, and a clean dressing, and taped in place. R2's unsigned and undated, "Open Wound Care Instructions" identified the following: "After removing the pressure bandage, clean and replace the bandage twice daily as follows: a. Wash your hands with soap and water, then remove the dressing. b. Gently clean the area with Q-tips moistened with tap water and a mild cleanser such as Cetaphil (or let soap suds run over the wound in the shower; avoid prolonged, direct water pressure to the wound as this can slough off the fresh, healing tissue) c. Dry with Q-tips or by gently patting with a gauze pad. d. Spray wound with Pure &-Clean wound cleanser, let dry for 5-10 minutes. e. Apply a thin layer of Aquaphor or petrolatum ointment (Vaseline) to the wound with a Q-tip, covering outer edges of wound. f. Cover wound with a band-aid or a non-stick pad (such as Telfa) and paper tape.	01940		

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01940	Continued From page 36 g. Keep the dressing dry. If it gets wet, change the dressing. h. Repeat this until the wound has completely healed (see reverse). i. DO NOT let a scab form or leave the wound open to the air. This increases the risk of infection, delays the wound from healing, and causes worse scarring. j. The area should be kept clean, moist with ointment and covered until your follow up visit." R2's Services Delivered dated September 1-13, 2023 identified R2 received wound care once daily. R2's service plan dated July 14, 2023, failed to identify wound care. R2's comprehensive assessment dated June 16, 2023, failed to identify wound care. On September 13, 2023, at 4:49 p.m. registered nurse (RN)-B stated the order was received from the daughter on August 23, 2023. A new service plan should have been completed when the treatment was ordered. The licensee's MN AL [Assisted Living] Treatment and Therapy Management Policy dated August 1, 2021, identified: "1. The licensed staff will complete an assessment on preadmission/admission, changes in condition, or with resident/responsible party request. 2. If a treatment or therapy (or treatment or therapy reminder) is recommended based on assessment or resident/responsible party request, the licensed staff would notify the provider for orders. 3. Licensed staff will discuss with	01940		

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01940	Continued From page 37 resident/responsible party the new order, if they would like facility staff to provide, and any questions they may have regarding the new treatment or therapy. 4. The licensed staff will review if this is a service that a Medicare Agency would contract and cover. If yes, licensed staff will offer this to family as a cost savings option. 5. Licensed staff will establish with resident/responsible party if the facility is going to order the supplies if any supplies are indicated or if the resident/responsible party will be supplying the supplies. 6. The licensed staff will update the assessment, care plan, functional assessment, and service plan as applicable. 7. The licensee will communicate to the resident assistants this new service by documenting in the communication book, care plan, and daily assignment sheets. 8. The licensed staff will follow the delegated services policy. 9. A progress note will be made in the electronic record. 10. The licensed staff will continue to monitor treatment/therapy progress ongoing, and with changes in condition and update provider as needed." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The	01970		

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01970	Continued From page 38 order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written prescriber order for a treatment was obtained for one of one resident (R2) who received wound care. 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: On September 12, 2023, at 8:05 a.m. ULP-G was observed completing wound care for R2. ULP-G removed the old dressings, cleaned the wound, applied ointment and a clean dressing, and taped in place. R2's unsigned and undated, "Open Wound Care Instructions" identified the following: "After removing the pressure bandage, clean and replace the bandage twice daily as follows: a. Wash your hands with soap and water, then remove the dressing. b. Gently clean the area with Q-tips moistened with tap water and a mild cleanser such as	01970		

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01970	Continued From page 39 Cetaphil (or let soap suds run over the wound in the shower; avoid prolonged, direct water pressure to the wound as this can slough off the fresh, healing tissue) c. Dry with Q-tips or by gently patting with a gauze pad. d. Spray wound with Pure &-Clean wound cleanser, let dry for 5-10 minutes. e. Apply a thin layer of Aquaphor or petrolatum ointment (Vaseline) to the wound with a Q-tip, covering outer edges of wound. f. Cover wound with a band-aid or a non-stick pad (such as Telfa) and paper tape. g. Keep the dressing dry. If it gets wet, change the dressing. h. Repeat this until the wound has completely healed (see reverse). i. DO NOT let a scab form or leave the wound open to the air. This increases the risk of infection, delays the wound from healing, and causes worse scarring. j. The area should be kept clean, moist with ointment and covered until your follow up visit." R2's Services Delivered dated September 1-13, 2023, identified R2 received wound care once daily. R2's service plan dated July 14, 2023, failed to identify wound care. R2's comprehensive assessment dated June 16, 2023, failed to identify wound care. On September 13, 2023, at 4:49 p.m. registered nurse (RN)-B stated the order was received from the daughter on August 23, 2023. RN-B further stated a signed physician's order should be obtained for any wound care treatments.	01970		

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01970	Continued From page 40 The licensee's MN AL [Assisted Living] Treatment and Therapy Management Policy dated August 1, 2021, identified " 10. The licensed staff will continue to monitor treatment/therapy progress ongoing, and with changes in condition and update provider as needed." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

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

Type: Full
Date: *09/13/23*
Time: 10:00:00
Report: 1013231248

Food and Beverage Establishment Inspection Report

Location:

Orchard Path
5400 157th Street West
Apple Valley, MN55124
Dakota County, 19

Establishment Info:

ID #: 0038186
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9525956600
ID #:

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

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ***** Priority 1 *****

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

COLD TCS FOOD MEASURED ABOVE 41F IN THE COOK LINE COLD DRAWERS AND LARGE 2 DOOR COOLER. SEE TEMP LOG. PER STAFF FOOD IN COLD DRAWERS OVER 4 HRS. COMPLY WITH RULE. TCS FOOD OUT OF TEMP CONTROL OVER 4 HRS WAS DISCARDED. TECH CALLED TO SERVICE COOLER.

Comply By: 09/13/23

3-500C Microbial Control: date marking

3-501.17B ***** Priority 2 *****

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

OPEN PACKAGES OF COMMERCIALLY PROCESSED READY-TO-EAT ROAST BEEF AND TURKEY WERE NOT DATE MARKED IN THE COOK LINE COLD DRAWERS. COOKED HAMBURGER MEAT WAS PAST USE BY DATE IN WALK-IN. COMPLY WITH RULE. DISCUSSED DATE MARKING PROCEDURES AND FOOD WAS REMOVED

Comply By: 09/13/23

3-300B Protection from Contamination: cross-contamination, eggs

3-302.12

MN Rule 4626.0240 Properly label all working containers holding food or food ingredients that are removed from orginal packages with the common name of the food. Label the food in English and any other languages used by employees who handle food.

BULK DRY FOOD CONTAINERS (PANKO, FLOUR, SUGAR) DID NOT HAVE LABELS LOCATED IN THE PREP AREA. COMPLY WITH RULE. DISCUSSED LABELING REQUIREMENT WITH STAFF.

Comply By: 09/13/23

Surface and Equipment Sanitizers

Sink and Surface: = 272, 704 at Degrees Fahrenheit
Location: Sanitizer - prep area
Violation Issued: No

Sink and Surface: = 272, 704 at Degrees Fahrenheit
Location: Sanitizer - cook line
Violation Issued: No

Hot Water: = at 163 Degrees Fahrenheit
Location: Kitchen dish machine
Violation Issued: No

Hot Water: = at 167 Degrees Fahrenheit
Location: Memory care dish machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cheese
Temperature: 48 Degrees Fahrenheit - Location: Cook line cold drawers
Violation Issued: Yes

Process/Item: Sliced turkey
Temperature: 46 Degrees Fahrenheit - Location: Cook line cold drawers
Violation Issued: Yes

Process/Item: Sliced roast beef
Temperature: 48 Degrees Fahrenheit - Location: Cook line cold drawers
Violation Issued: Yes

Process/Item: Raw bacon
Temperature: 48 Degrees Fahrenheit - Location: Cook line cold drawers
Violation Issued: Yes

Process/Item: Yogurt
Temperature: 44 Degrees Fahrenheit - Location: Tall 2 door cooler
Violation Issued: Yes

Process/Item: Cheese
Temperature: 41 Degrees Fahrenheit - Location: Tall 2 door cooler
Violation Issued: No

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Process/Item: Stew
Temperature: 172 Degrees Fahrenheit - Location: Oven
Violation Issued: No

Process/Item: Mushrooms
Temperature: 38 Degrees Fahrenheit - Location: Prep cooler
Violation Issued: No

Process/Item: Cheese
Temperature: 39 Degrees Fahrenheit - Location: Prep cooler
Violation Issued: No

Process/Item: Frosting
Temperature: 40 Degrees Fahrenheit - Location: 2 door cooler
Violation Issued: No

Process/Item: Chili
Temperature: 41 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

Process/Item: Gravy
Temperature: 40 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

Process/Item: Scrambled eggs
Temperature: 162 Degrees Fahrenheit - Location: Memory care steam table
Violation Issued: No

Process/Item: Sliced melon
Temperature: 41 Degrees Fahrenheit - Location: Memory care cooler
Violation Issued: No

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

The inspection was completed with the operator and MDH H. Sievers. Inspection findings were reviewed with MDH Nurse Evaluators S. Haag and T. Fearon.

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

Type: Full
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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 1013231248 of 09/13/23.

Certified Food Protection Manager: Christopher Neubauer

Certification Number: 37457 Expires: 01/30/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

Christopher Neubauer
Operator

Signed: JM

Jerry Malloy
Sanitarian Supervisor
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