Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 11, 2025

Licensee
Sunrise Village
1125 9th Street Southeast
Willmar, MN 56201

RE: Project Number(s) SL30451016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a SL30451016-0 on February 5, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, 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.

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. 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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30451	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE VILLAGE	1125 9TH STREET SE WILLMAR, MN 56201

(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: SL30451016-0 On February 3, 2025, through February 5, 2025, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 38 residents; all receiving services under the provider's Assisted Living 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 Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. 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 SUBDIVISION 1-3.	
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c	0 640		

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0 640	Continued From page 1 The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment as required. This had the potential to affect all of 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, 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: The licensee failed to: - post the 911 emergency number in common areas and near telephones provided by the assisted living facility; and	0 640		

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0 640	Continued From page 2 - post information and the reporting number for the Minnesota Adult Abuse Reporting Center (MAARC) to report suspected maltreatment of a vulnerable adult under section 626.557. During the initial tour of the facility on February 3, 2025, at 12:45 p.m., with licensed assisted living director (LALD)-B and the vice president of senior services (VP)-C, the surveyor observed a glass enclosed information board in a common area near the dining room and elevator with several postings, the entry area, common areas, kitchen and dining area, and noted there was no posting of the 911 emergency number or information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC), as required. On February 3, 2025, at 1:25 p.m., LALD-B stated the MAARC contact information and the 911 emergency number were not included in the postings, as required, and she would be adding it immediately. The licensee's Grievances policy, reviewed August 2024, indicated the licensee would post in a conspicuous place information about the grievance procedure, that would include information for reporting suspected maltreatment to the MAARC. The licensee's Vulnerable Adult Maltreatment Policy, reviewed August 27, 2024, did not direct to post 911 emergency number in common areas and near telephones provided by the assisted living facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One	0 640		

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0 640	Continued From page 3 (21) days	0 640		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. In addition, the licensee failed to evaluate the missing resident plan at least quarterly. This had	0 680		

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0 680	Continued From page 4 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 of the residents). The findings include: Review of the licensee's emergency preparedness plan on February 5, 2025, at 3:51 p.m., indicated the licensed assisted living director (LALD) and clinical nurse supervisor (CNS) failed to review the missing resident plan at least quarterly. Also, the licensee failed to conduct exercises to test the EP at least twice per year, including unannounced staff drills using the EP to include: - participate in an annual full-scale exercise that is community based or conduct an annual, individual, facility-based functional exercise or if the facility experiences an actual emergency requiring activation of the plan, the facility is exempt from engaging in its next required full-scale exercise; - conduct an additional annual exercise that may include a second full-scale exercise that is community based or an individual, facility based functional exercise or mock disaster drill or table-top exercise; and - analyze the facility's response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the plan as needed.	0 680		

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0 680	Continued From page 5 On February 5, 2025, at 4:05 p.m., LALD-B presented the Missing Resident policy, reviewed August 2021, August 2022, October 2023, February 1, 2024, August 27, 2024, and November 22, 2024. LALD-B stated she was aware there was a gap in time, and the missing resident plan had not been reviewed quarterly, as required. LALD-B stated, "That's on me." At 4:40 p.m., LALD-B stated she was not able to provide documentation of exercises that were conducted to test the EP at least twice per year. The licensee's Missing Resident policy, reviewed August 27, 2024, lacked direction to review the missing resident plan at least quarterly and document any changes to the plan. The licensee's Emergency Preparedness Policy, reviewed November 13, 2024, indicated the licensee provided regular training for all staff on emergency procedures, including fire safety, medical response, and evacuation protocols, and indicated the policy would be reviewed annually and after every emergency to ensure effectiveness and address any gaps; however, the policy lacked direction to conduct exercises to test the EP at least twice per year, as required. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
01290 SS=E	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 6 144.057 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 a staff member 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 interview and record review, the licensee failed to ensure background studies were affiliated with the assisted living facility license for 8 of 19 employees (unlicensed personnel (ULP)-G, housekeeping (H)-H, housing administrator (HA)-J, activities (A)-K, kitchen (K)-L, ULP-M, H-N, H-O). 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: On February 3, 2025, at 11:59 a.m., the surveyor requested the NETStudy 2.0 roster from vice president (VP)-C. At 4:16 p.m., licensed assisted	01290		

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01290	Continued From page 7 living director (LALD)-B stated VP-C was working on the NETStudy 2.0 roster and would provide it the next morning. At 4:25 p.m., VP-C and LALD-B provided a document that was typewritten, identified by VP-C as the NETStudy 2.0 roster, and stated the human resources person had to manually take people off of the roster that no longer worked for the facility. The surveyor again requested the NETStudy 2.0 roster printed directly from the Department of Human Services website. At 5:10 p.m., VP-C provided the NETStudy 2.0 roster and stated the human resources person wanted to be able to audit the information before providing to the surveyor, but he was providing it. VP-C stated there were two volunteers listed on the NETStudy 2.0 roster that had COVID-19 studies that were expired as of December 31, 2022, but stated both were board members of the campus organization and neither spent any time in the facility. Review of the NETStudy 2.0 roster indicated ULP-G, H-H, A-K, and ULP-M were affiliated to this licensee on February 3, 2025. HA-J, K-L, H-N, and H-O were not listed on the NETStudy 2.0. ULP-G began employment on April 24, 2023. H-H's employment date was unknown. HA-J began employment on July 14, 2023. A-K began employment on April 12, 2023. K-L began employment on September 6, 2023. ULP-M began employment on August 26, 2024. H-N began employment on September 13, 2023.	01290		

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01290	Continued From page 8 H-O began employment on February 3, 2017. On February 4, 2025, at 8:40 a.m., VP-C and LALD-B provided another NETStudy 2.0 roster that VP-C stated was accurate after being revised. VP-C stated ULP-G, H-H, HA-J, A-K, K-L, ULP-M, H-N, and H-O were not affiliated with this licensee until February 3, 2025, when the roster was requested by the surveyor. The licensee's Employee Records policy, reviewed November 13, 2024, indicated the licensee would retain documentation of the background study, as required, in the employee record. The policy did not indicate the background study must be affiliated with the assisted living license. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		

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

Type: Full
Date: *02/03/25*
Time: 11:16:28
Report: 7930251027

Food and Beverage Establishment Inspection Report

Location:
Sunrise Village
1125 9th Street Se
Willmar, MN56201
Kandiyohi County, 34

Establishment Info:
ID #: 0037897
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3202351602
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.

Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit
Location: DISHWASHER FINAL RINSE CYCLE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Steam Table
Temperature: 195 Degrees Fahrenheit - Location: WHITE RICE
Violation Issued: No

Process/Item: Steam Table
Temperature: 196 Degrees Fahrenheit - Location: BEEF TIPS
Violation Issued: No

Process/Item: Steam Table
Temperature: 162 Degrees Fahrenheit - Location: HERBED FISH
Violation Issued: No

Process/Item: Steam Table
Temperature: 159 Degrees Fahrenheit - Location: BROCCOLI
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: CREAM PUFFS
Violation Issued: No

Type: Full
Date: *02/03/25*
Time: 11:16:28
Report: 7930251027
Sunrise Village

Food and Beverage Establishment Inspection Report

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

ALL FOOD IS CATERED IN FROM THE MAIN BETHESDA KITCHEN AND SERVED IN THE SERVING KITCHEN.

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 7930251027 of 02/03/25.

Certified Food Protection Manager: MARY H.--MAIN KITCHEN

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: Tina Remmele
Tina Remmele, R.S.
Environmental Health Specialist
St. Cloud District Office
320-223-7302
tina.remmele@state.mn.us