DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

July 22, 2022

Administrator
Warroad Senior Living Center
1401 Lake Street Northwest
Warroad, MN 56763

RE: Project Number(s) SL30793015

Dear Administrator:

On July 19, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the April 26, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 507-344-2730 Fax: 651-215-9697

PMB

Electronically Delivered

May 9, 2022

Administrator
Warroad Senior Living Center
1401 Lake Street Northwest
Warroad, MN 56763

RE: Project Number(s) SL30793015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on April 26, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

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

St - 0 - 1380 - 144g.61 Subd. 2 (b) - Training And Evaluation Of Unlicensed Personn = $3,000
St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services = $3,000

The total amount you are assessed is $6,000. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

Please address your cover letter for general Free from Maltreatment reconsideration

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

requests should addressed to:
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Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

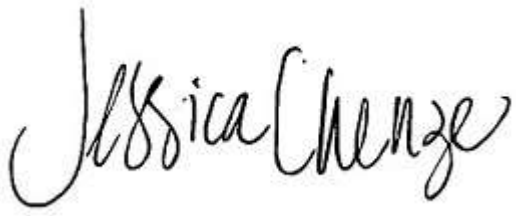
REQUESTING A HEARING

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

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

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

Sincerely,



Jessica Chenze, Interim Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-508-2791 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30793	A. BUILDING: _____ B. WING _____	04/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARROAD SENIOR LIVING CENTER	1401 LAKE STREET NW WARROAD, MN 56763

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#30793015 On, April 18, 2022, through April 26, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 40 residents; 25 residents who received services under the provider's Assisted Living license. Immediate correction orders were identified on April 20 and 22, 2022, issued for SL#30793015, tag identifications 1380 and 2310. On April 21, 2022, the immediacy of correction order 2310 was removed, however non-compliance remained at a widespread scope and level of two (F). On April 23, 2022, the immediacy of correction order 1380 was removed, however	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	

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0 000	Continued From page 1 non-compliance remained at a widespread scope and level of two (F).	0 000		
0 630 SS=E	144G.42 Subd. 6 Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for three of three residents (R1, R2, R3). In addition, the licensee failed to ensure an IAPP was developed for one of one resident (R4) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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).	0 630		

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0 630	Continued From page 2 The findings include: R1 R1's diagnoses included type 2 diabetes, bradycardia (slow heart rate), hypertension (HTN), atrial fibrillation (irregular heartbeat), and congestive heart failure. R1's Service Agreement dated February 24, 2022, indicated R1 received services which included medication management, blood glucose monitoring, housekeeping, and laundry. R1's Assessment for Vulnerability Individual Abuse Prevention Plan dated February 8, 2022, identified areas of potential vulnerability and a review of the resident's susceptibility to be abused by another individual, including other vulnerable adults. R1's IAPP did not include a review of the potential risk of self-abuse and did not include measures to be taken to minimize the risk of abuse to that resident. R2 R2's diagnoses included chronic obstructive pulmonary disease (COPD), HTN, cerebral vascular disease (stroke), osteoarthritis, and depression. R2's Service Agreement dated September 27, 2021, indicated R2 received services which included medication management, laundry, housekeeping, and assistance with bathing. R2's Assessment for Vulnerability Individual Abuse Prevention Plan dated March 15, 2022, identified areas of potential vulnerability and review of the resident's susceptibility to be abused by another individual, including other	0 630		

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0 630	Continued From page 3 vulnerable adults. R2's IAPP did not include a review of the potential risk of self-abuse and did not include measures to be taken to minimize the risk of abuse to that resident. R3 R3's diagnoses included HTN, atrial fibrillation, and type 2 diabetes. R3's Service Agreement dated March 24, 2022, indicated R3 received services which included medication set up, blood glucose monitoring, housekeeping, laundry and assistance with dressing, grooming, and transferring. R3's Assessment for Vulnerability Individual Abuse Prevention Plan dated March 15, 2022, identified areas of potential vulnerability and review of the resident's susceptibility to be abused by another individual, including other vulnerable adults. R3's IAPP did not include a review of the potential risk of self-abuse and did not include measures to be taken to minimize the risk of abuse to that resident. R4 R4' had a signed Resident Agreement dated April 1, 2022, however, did not receive assisted living services. R4's record lacked an individual abuse prevention plan which reviewed each resident's susceptibility to abuse by another individual, including other vulnerable adults; the resident's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to the resident and other vulnerable adults, including self-abuse. On April 19, 2022, at 1:42 p.m., licensed assisted	0 630		

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0 630	Continued From page 4 living director (LALD)-A confirmed R4 did not have an individual abuse prevention plan completed, and further confirmed R1, R2, and R3's individual abuse prevention plans did not include the required information as indicated above. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c 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 and interview, 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.	0 640		

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0 640	Continued From page 5 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. During the initial tour of the facility on April 18, 2022, at approximately 2:47 p.m., the surveyor observed the entrance area, common areas, and two floors within the facility. There was no posting of the 911 emergency number, as required. On April 18, 2022, at approximately 4:32 p.m., licensed assisted living director (LALD)-A confirmed the required content noted above was not posted. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (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:	0 680		

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0 680	Continued From page 6 (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 tenant 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 interview and record review, the licensee failed to have a written emergency preparedness plan with all the required content as defined in Appendix Z, with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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).	0 680		

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0 680	Continued From page 7 The findings include: During entrance conference on April 18, 2022, at 1:50 p.m., the surveyor requested to view the licensee's emergency preparedness plan (EPP). The plan contained a binder of various emergency situations, including how staff should respond. The licensee's emergency plan listed various emergency situations (such as heat, several weather emergencies, emergency evacuations and shelter in place). The licensee's plan lacked the following required content: -development of all policies and procedures, based on risk assessment, and additional policies individualized to the facility for handling medical documents; and -a communication plan with the following required content: names and contact information of residents' physicians, state licensing and certification agency, Office of the State Long Term Care Ombudsman; and a plan for communicating during an emergency, including primary and alternative means for communication, and procedures for sharing medical information to maintain continuity of care. On April 21, 2022, at approximately 1:45 p.m., licensed assisted living director (LALD)-A stated she had been working on completing the Appendix Z. LALD-A confirmed the licensee's emergency preparedness plan did not contain all the required content. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 680		

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0 680	Continued From page 8 (21) days	0 680		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing	0 900		

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0 900	Continued From page 9 contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute an assisted living contract to include all required content for one of one resident (R2) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2's records lacked a written assisted living contract, as required. R2's Service Agreement dated September 27, 2021, indicated R2 received the following services: daily medication administration, weekly assistance with bathing, laundry and housekeeping. On April 20, 2022, at 1:56 p.m., licensed assisted living director (LALD)-A confirmed R2 received services from the licensee, and further confirmed R2's record lacked an assisted living contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		

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0 970	Continued From page 10	0 970		
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all 40 residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On April 18, 2022, at approximately 1:50 p.m., during entrance conference, the surveyor requested a copy of the facility's assisted living contract. The assisted living contract included two clauses that indicated the resident would waive the	0 970		

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WARROAD SENIOR LIVING CENTER	1401 LAKE STREET NW WARROAD, MN 56763

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0 970	Continued From page 11	0 970		

facility's liability for health, safety, or personal property of a resident. Page 16, under 1. Indemnification, of the contract indicated a resident would indemnify or hold harmless the provider, its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by resident of the rented premises or any other part of the provider's property, or caused wholly or in part by an act or omission of resident or resident's guests or agents. Page 16, under 3. Liability, of the contract indicated the provider was not liable to resident or resident's guest for any injury, death or property damage occurring in the apartment unit or on provider's premises unless such injury, death or property damage occurs as the result of an equipment malfunction, or hazardous conditions within the building not caused by the resident or resident guests. The provider was also not liable for any injury, death or damage occurring as the result of resident's receipt of health-related, supportive, or other services from third-party providers. Resident may be liable to resident for its own negligent acts or those of its employees or agents. Unless caused by one of the aforementioned excepted reasons, resident agrees to hold provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the apartment or on provider's premises.

On April 19, 2022, at approximately 10:59 a.m., licensed assisted living director (LALD)-A confirmed the assisted living contract required residents to waive the facility's liability for health, safety, or personal property. LALD-A confirmed the same assisted living contract was used for all

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0 970	Continued From page 12 residents at the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01380 SS=I	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations contained all the required training for three of three unlicensed personnel ((ULP)-C, ULP-E, ULP-F) with records reviewed. This practice resulted in a level three violation (a violation that harmed a resident's health or safety,	01380		

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01380	Continued From page 13	01380		

not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).

This resulted in an immediate correction order identified on April 22, 2022, at 11:30 a.m.

The findings include:

ULP-C
On April 19, 2022, at approximately 7:20 a.m., ULP-C administered R2's oral medications and set up R2's nebulizer for R2 to self-administer.

ULP-C started employment on January 24, 2021, under the comprehensive home care license and began providing assisted living services on August 1, 2021.

ULP-C's employee record lacked evidence of demonstrated competency in administering medications and treatments.

ULP-E
On April 18, 2022, at 4:36 p.m., the surveyor observed ULP-E check R1's blood glucose and administer Novolog insulin via Flexpen (pre-filled insulin pen) to R1.

ULP-E started employment on May 12, 2014, under the comprehensive home care license, and began providing assisted living services on August 1, 2021.

ULP-E's employee record lacked evidence of demonstrated competency in administering

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01380	Continued From page 14 medications and treatments as required. On April 21, 2022, at 4:16 p.m., licensed assisted living director (LALD)-A confirmed ULP-C and ULP-D's employee records lacked competency evaluations and stated the registered nurse (RN) should have completed the skills evaluation before the ULPs could perform those services. ULP-F On April 22, 2022, at 9:08 p.m., ULP-F was observed to administer R9's oral medications and check R9's temperature and oxygen saturation level. ULP-F started employment on January 1, 2020, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-F's employee record lacked evidence of demonstrated competency in evaluations for administering medications and reading and recording temperature and oxygen saturation level. On April 22, 2022, at 8:32 a.m., ULP-F stated she did not receive training or completed competency evaluation from the RN for medication and treatment services and was trained on the floor by other ULPs. On April 22, 2022, at 9:53 a.m., LALD-A confirmed ULP-C, ULP-E, and ULP-F's employee records lacked evidence of having demonstrated competency in the skill areas indicated above. LALD-A further stated she contacted RN-G who would have completed the evaluations and was told whatever was in the records is was what was completed. LALD-A handed surveyor Employee	01380		

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01380	Continued From page 15 Skills Competency Demonstration records that she completed for ULPs currently working. The licensee's Medication Management Services policy revised June 15, 2021, indicated the RN would ensure that ULPs were trained, competent, and oriented to the resident whenever ULPs were to perform mediation management services for the resident. The licensee's Treatment and Therapy Management policy dated June 15, 2021, indicated the RN would ensure that ULPs were trained, competent, and oriented to the resident whenever ULPs were to perform treatment and therapy management serves for the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On April 23, 2022, the immediacy of correction order 1380 was removed, however non-compliance remains.	01380		
01460 SS=D	144G.63 Subdivision 1 Orientation of staff and supervisors All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility. This MN Requirement is not met as evidenced	01460		

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01460	Continued From page 16 by: Based on interview and record review, the licensee failed to ensure staff providing and supervising direct services completed an orientation to assisted living facility licensing requirements and regulations before providing services for one of one employee (licensed practical nurse (LPN)-D) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on April 18, 2022, at approximately 1:50 p.m., the licensed assisted living director (LALD)-A stated the licensee employed LPN-D who currently worked part-time. LPN-D was hired on March 1, 2022, under the licensee's assisted living license. LPN-D's record lacked evidence of completing orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. On April 20, 2022, at 8:10 a.m., LPN-D stated she was hired by the licensee and currently worked part-time and confirmed she provided services to the residents. On April 21, 2022, at 2:55 p.m., LALD-A	01460		

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01460	Continued From page 17 confirmed LPN-D did not receive the orientation to assisted living facility licensing requirements and regulations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01460		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those	01650		

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01650	Continued From page 18 chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure service plans included the required content for three of three residents (R1, R2, R3,) with records reviewed. This had the potential to affect all 40 residents who received assisted living services from the licensee. 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: R1 R1's diagnoses included type 2 diabetes, bradycardia (slow heart rate), hypertension (HTN), atrial fibrillation (irregular heartbeat), and congestive heart failure. R1's Service Agreement dated February 24, 2022, indicated R1 received services which included medication management, blood glucose monitoring, housekeeping, and laundry. R1's Service Agreement lacked the following required content: -the identification of staff or categories of staff who would provide the services; -the schedule and methods of monitoring assessments of the resident; -the schedule and methods of monitoring staff providing services; and	01650		

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01650	Continued From page 19 -the fees for services being provided by the licensee; R2 R2's diagnoses included chronic obstructive pulmonary disease (COPD), hypertension, cerebral vascular accident (stroke), macular degeneration (eye disease that causes vision loss), and depression. R2's Service Agreement dated September 27, 2021, indicated R2 received the following services: daily medication administration, weekly assistance with bathing, laundry and housekeeping. R2's Service Agreement lacked the following required content: -the identification of staff or categories of staff who would provide the services; -the schedule and methods of monitoring assessments of the resident; -the schedule and methods of monitoring staff providing services; -a contingency that included the action to be taken if the scheduled services cannot be provided; and -lacked name of who had authority to sign in an emergency. R3 R3's diagnoses included hypertension (HTN), atrial fibrillation (irregular heart rate), and type 2 diabetes. R3's Service Agreement dated March 24, 2022, indicated R3 received services which included medication set up, blood glucose monitoring, housekeeping, laundry and assistance with dressing, grooming, and transferring. R3's Service Agreement lacked the following required content:	01650		

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01650	Continued From page 20 -the identification of staff or categories of staff who would provide the services; -the schedule and methods of monitoring assessments of the resident; -the schedule and methods of monitoring staff providing services: and -the fees for services being provided by the licensee; On April 20, 2022, at approximately 1:56 p.m., licensed assisted living director (LALD)-A confirmed the R1, R2, and R3's service agreements were the same agreements used for the residents in the facility. LALD-A confirmed the service agreements did not include the above noted content. LALD-A further verified R2 had different service agreement which was from their comprehensive home care license and did not include the above noted required content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01690 SS=F	144G.71 Subdivision 1 Medication management services (a) This section applies only to assisted living facilities that provide medication management services. (b) An assisted living facility that provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional,	01690		

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01690	Continued From page 21 or pharmacist consistent with current practice standards and guidelines. (c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and resident and legal and designated representatives; disposing of unused medications; and educating residents and legal and designated representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop, implement, and maintain current medication management policies and procedures that were developed under the supervision and direction of a registered nurse (RN) consistent with current practice standards and guidelines, with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), 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	01690		

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01690	Continued From page 22 of the residents). The findings include: During the entrance conference on April 18, 2022, at 1:50 p.m., licensed assisted living director (LALD)-A confirmed the licensee provided medication management services to licensee's residents as prescribed. A review of the licensee's medication management policies and procedures revealed the required content was incomplete. The licensee lacked the following required policy content: -preparing and giving medications; -requesting and receiving prescriptions; -documentation medication management activities; -resolving mediation errors; -disposing of unused medications; and -educating residents and legal and designated representative about medications. On April 21, 2022, at approximately 4:30 p.m., licensed assisted living director (LALD)-A confirmed the licensee lacked the above medication management service policies. The licensee's Medication Management Services policy revised June 15, 2021, indicated the RN would develop and update as needed specific procedures for the following medication management services: -requesting and receiving prescriptions; -implementing new prescriptions and updating the resident's medication record and management plan; -preparation and administration of medications and documentation of activities;	01690		

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01690	Continued From page 23 -resolving mediation errors; and -disposing of medications, including controlled substances; and No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01690		
01700 SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of	01700		

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01700	Continued From page 24 medications. 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) conducted an individualized medication assessment with the required content for two of three residents (R1, R3) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on April 18, 2022, at 1:50 p.m., licensed assisted living director (LALD)-A confirmed the licensee provided medication management services to the licensee's residents as prescribed. The current resident roster provided during the entrance conference indicated 22 of 40 residents recieved medication management servcies. R1 and R3's record lacked evidence the RN had conducted a medication assessment to include: -identifying interventions to prevent diversion of medications by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent	01700		

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(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
01700	Continued From page 25 diversion of medications. R1 R1's diagnoses included type 2 diabetes, bradycardia (slow heart rate), hypertension (HTN), atrial fibrillation (irregular heartbeat), and congestive heart failure. R1's Service Agreement dated February 24, 2022, indicated R1 received medication management services which included medication administration. On April 18, 2022, at 4:36 p.m., the surveyor observed unlicensed personnel (ULP)-E administer R1 his scheduled Novolog (rapid-acting) insulin. R3 R3's diagnoses included hypertension (HTN), atrial fibrillation (irregular heart rate), and type 2 diabetes. R3's Service Agreement dated March 24, 2022, indicated R3 received medication management services which included medication set up. On April 20, 2022, at approximately 2:34 p.m., licensed assisted living director (LALD)-A confirmed R1 and R3's records lacked medication assessments to include interventions to prevent medication diversion. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		

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01730	Continued From page 26	01730		
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 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	01730		

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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 interview and record review, the licensee failed to ensure the registered nurse (RN) maintained a current individualized medication management plan following a change in condition and a change in medication management services for one of three residents (R3) with records reviewed.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

During the entrance conference on April 18, 2022, at 1:50 p.m., licensed assisted living director (LALD)-A confirmed the licensee provided medication management services to the licensee's residents.

R3's diagnoses included hypertension (HTN), atrial fibrillation (irregular heart rate), and type 2 diabetes.

R3's Medication/Treatment/Therapy Management Plan dated March 3, 2022, indicated R3's

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01730	Continued From page 28 medications were stored in R3's cupboard in her apartment, medications were not secured, and family or designated responsible person would monitor and coordinate medication refills. R3's Service Agreement dated March 24, 2022, indicated R3 received medication management services which included medication set up. On April 19, 2022, unlicensed personnel (ULP)-C confirmed the licensee's nurse set up R3's medications weekly via medication planner. ULP-C stated R3's medication bottles were stored in the locked cupboard in the nurse's office. On April 19, 2022, at 1:45 p.m., R3 confirmed she had a change in condition and the licensee's nurse recently started setting up R3's medications weekly in a medication planner. R3 confirmed the nurse ordered and stored her medication bottles. On April 21, 2022, at 2:40 p.m. licensed assisted living director (LALD)-A confirmed R3's medication management plan had not been updated to reflect R3's changes in medication management services. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01770 SS=D	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be	01770		

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01770	Continued From page 29	01770		

administered, route of administration, and name of person completing medication setup must be done at the time of setup.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R3) with records reviewed.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

During the entrance conference on April 18, 2022, at approximately 1:50 p.m., licensed assisted living director (LALD)-A confirmed the licensee provided medication management services which included set up.

R3's record lacked documentation by the licensee's nurse at the time of medication setup to include: documentation of the dates of medication setup, the name of the medication, quantity of dose, times to be administered, and route of administration.

R3's diagnoses included hypertension (HTN), atrial fibrillation (irregular heart rate), and type 2 diabetes.

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R3's Service Agreement dated March 24, 2022, indicated R3 received services which included medication set up, blood glucose monitoring, housekeeping, laundry and assistance with dressing, grooming, and transferring.

R3's care plan dated March 24, 2022, indicated R3 received medication set-up services by the licensee in pill boxes every week and R3 administered medications independently.

On April 19, 2022, at approximately 1:45 p.m., during the resident interview, R3 confirmed the licensee's nurse set up her medications every week in a medication planner and R3 self-administered her own medications. The surveyor observed a medication planner on R3's kitchen table.

On April 20, 2022, at approximately 2:48 p.m., licensed practical nurse (LPN)-D confirmed she set up resident's medications weekly via medication planner for those residents who did not receive their medications set up by the pharmacy in bubble packs (a transparent molded piece of plastic often sealed to a sheet of cardboard, used to package tablets). LPN-D stated she documents in Point of Care that medications were set up for seven days in a medication planner. LPN-D stated she did not document in the resident records the required content noted above.

On April 20, 2022, at approximately 3:00 p.m., LALD-A verified R3 received weekly medication setup services provided by licensee and further confirmed medication setups were not being documented in the resident records to include the required content noted above.

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01770	Continued From page 31 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770		
01890 SS=D	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 a prescription drug had the original prescription label as required for one of one resident (R2) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on April 18, 2022, at approximately 1:50 p.m., licensed assisted living director (LALD)-A stated the licensee	01890		

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01890	Continued From page 32 provided medication management services. R2's prescriber orders, dated March 21, 2022, included Albuterol HFA 90 micrograms (mcg) inhale one-two puffs into the lungs every four hours as needed for wheezing. On April 19, 2022, the surveyor observed an Albuterol Sulfate inhaler without a prescription label in R2's apartment. R2 stated he had used the inhaler three times that morning before he went to the dining room for breakfast. On April 19, 2022, unlicensed personnel (ULP)-C stated R2 used the Albuterol inhaler on an as needed basis and confirmed the Albuterol inhaler lacked a prescription label and the original packaging for the inhaler was in the medication cart. ULP-C further confirmed R2's electronic medical administration record (EMAR) did not indicate R2 was able to self-administered his own inhaler. On April 20, 2022, at approximately 1:56 p.m., LALD-A confirmed all medications should have original labels. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01930 SS=F	144G.72 Subd. 2 Policies and procedures (a) An assisted living facility that provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The	01930		

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01930	Continued From page 33 policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines. (b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting treatment or therapy activities, educating and communicating with residents about treatments or therapies they are receiving, monitoring and evaluating the treatment or therapy, and communicating with the prescriber This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures that were developed under the supervision and direction of a registered nurse (RN) consistent with current practice standards and guidelines with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on April 18, 2022, at 1:50 p.m., licensed assisted living director (LALD)-A confirmed the licensee provided	01930		

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01930	Continued From page 34 treatment and therapy services to residents as prescribed. The licensee lacked the following required policies and procedures: -requesting and receiving orders or prescriptions for treatment or therapies; and -providing the treatment or therapy activities. On April 21, 2022, at approximately 4:30 p.m., licensed assisted living director (LALD)-A confirmed the licensee lacked the above noted treatment and therapy management service policies. The licensee's Treatment and Therapy Management policy revised June 15, 2021, indicated the RN would develop and update as needed specific procedures for the following treatment and therapy management services activities: -requesting and receiving orders; and -providing the treatment or therapy. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01930		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or	01950		

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01950	Continued From page 35 assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure specific written instructions for each resident were documented in one of one resident's record (R3) who received blood glucose monitoring. 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 April 18, 2022, at 1:50 p.m., licensed assisted living director (LALD)-A confirmed the licensee provided blood glucose (sugar) monitoring.	01950		

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01950	Continued From page 36 R3's diagnoses included hypertension (HTN), atrial fibrillation (irregular heart rate), and type 2 diabetes. R3's Service Agreement dated March 24, 2022, indicated R3 received blood glucose monitoring services. R3's April 2022, Medication Administration Record (MAR) directed to check R3's blood sugar weekly on Mondays. R3's record lacked specific written instructions to include parameters for monitoring R3's blood glucose results. On April 19, 2022, at 1:42 p.m., unlicensed personnel (ULP)-C confirmed the ULP's assisted R3 with checking her blood glucose weekly on Mondays. ULP-C confirmed R3's MAR lacked specific written parameters for monitoring R3's blood glucose and when to notify the nurse or prescriber. On April 21, 2022, at 2:40 p.m. licensed assisted living director (LALD)-A confirmed R3's record lacked specific written instructions to include parameters for blood glucose results. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
02310 SS=I	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.	02310		

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02310	Continued From page 37 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for three of three residents (R6, R7, R8) with bedrails who lacked a bed rail assessment and an explanation of risks and benefits of the use of bed rails. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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). This resulted in an immediate correction order identified on April 20, 2022, at 11:18 a.m. The findings include: On April 18, 2022, at approximately 1:50 p.m., during entrance conference, licensed assisted living director (LALD)-A provided the surveyor with the facility matrix which indicated the licensee had no residents who had bedrails. On April 19, 2022, at 1:12 p.m., LALD-A stated she was unsure if any residents actually had bedrails and so she went into each of the resident's room to see if any residents had bedrails. LALD-A stated she observed three residents who had bedrails and provided the surveyor with a list of the residents. LALD-A further stated she was unsure if bedrail	02310	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. 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.	

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assessments were completed for the residents identified with bedrails and would have to look in each of the residents' records for documentation.

R6
On April 19, 2022, at 3:33 p.m., the surveyor observed R6 had a bedrail near the head of the bed on the left side which was under R6's mattress without straps or extension bars securing bedrail to bed. LALD-A measured the bedrail with the surveyor present. Zone one measured 11 ½ inches wide and 5 ¼ inches tall. R6's bedrail measurements did not comply with Food and Drug Administration (FDA) guidelines for bedrails.

R6's diagnoses included atrial fibrillation, hypertension, depression, and cerebral vascular accident (stroke).

R6's service agreement dated February 16, 2022, indicated R6 receive the following services: medication management, housekeeping, laundry, and assistance with bathing, dressing, grooming, and transferring.

R6's progress noted dated December 16, 2021, indicated R6 had a transfer assist bar on her bed to assist with standing up from her bed, and R6 demonstrated safe use of the transfer bar. R6's progress note lacked a comprehensive assessment for the use of the transfer bar and measurements.

R7
On April 19, 2022, at 2:15 p.m., the surveyor observed R7 had a bedrail on the upper right side of his bed which slid under the mattress without straps or extension bars securing the bedrail to R7's bed. R7 stated his son brought in the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARROAD SENIOR LIVING CENTER	1401 LAKE STREET NW WARROAD, MN 56763

(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
02310	Continued From page 39	02310		

bedrail about a year ago and he used it to help get in and out of bed.

On April 19, at 3:37 p.m., LALD-A measured the bedrail with the surveyor present. Zone one measured 9 inches wide and 8 ½ inches tall. R7's bedrail measurements did not comply with FDA guidelines for bedrails.

R7's diagnoses included cerebral infarction, muscle weakness, and depression.

R7's service agreement dated March 22, 2022, indicated R7 received the following services: medication management, housekeeping, laundry and with bathing.

R8
On April 19, 2022, at 3:41 p.m., the surveyor observed R8 had four bedrails attached to R8's hospital bed. The bed rails at the head of the bed were in the upright position and the lower bilateral bed rails were in the down position. LALD-A measured the bedrails at the head of the bed with the surveyor present. Zones one measured 6 ¼ inches wide and 5 ¼ inches in tall. R8's bedrail measurements did not comply with FDA guidelines for bedrails.

R8's diagnoses included hypertension, hypothyroidism, osteoarthritis, anxiety, and dementia.

R8's service agreement dated December 27, 2021, indicated R8 received the following services: medication management, housekeeping, laundry, assistance with bathing, grooming, and transferring.

On April 19, 2022, at 3:55 p.m., LALD-A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30793	A. BUILDING: _____ B. WING _____	04/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARROAD SENIOR LIVING CENTER	1401 LAKE STREET NW WARROAD, MN 56763

(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
02310	Continued From page 40	02310		

confirmed R6, R7, and R8's bedrail measurements did not comply with FDA guidelines. LALD-A further confirmed R6, R7, and R8's records lacked evidence a comprehensive bedrail assessment had been completed and an explanation of the risks and benefits of the use of the bedrail had been provided to the resident or resident's representative.

The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone one (space between the rails), should be less than 4 and 3/4 inches.

The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."

No further information was provided.

TIME PERIOD FOR CORRECTION: Immediate

Immediacy is removed as confirmed by surveyor ' s on-site observation on April 21, 2022, and review by evaluation supervisor on April 21, 2022, however noncompliance remains.

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

Type: Full
Date: *04/20/22*
Time: 09:30:25
Report: 1002221078

Food and Beverage Establishment Inspection Report

Location:
Warroad Senior Living Center
1401 Lake Street Nw
Warroad, MN56763
Roseau County, 68

Establishment Info:
ID #: 0037556
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2183864620
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.

CHEESE IN FRIGIDAIRE COOLER (BIRCH) WAS MEASURED TO BE 43 dF. THE AMBIENT TEMP OF THE COOLER WAS WITHIN CODE INDICATING THAT THE ISSUE IS NOT WITH THE UNIT AND IS LIKELY DUE TO STAFF HOLDING THE CHEESE OUT OF TEMPERATURE CONTROL FOR TOO LONG.

Comply By: 04/21/22

4-300 Equipment Numbers and Capacities
4-302.13B ***** Priority 2 *****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

NO METHOD AVAILABLE TO MEASURE THE UTENSIL SURFACE TEMPERATURE OF THE SIX DISH MACHINES ON SITE.

Comply By: 04/28/22

4-300 Equipment Numbers and Capacities
4-302.14 ***** Priority 2 *****

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

NO METHOD AVAILABLE TO MEASURE SANITIZER CONCENTRATIONS.

Comply By: 04/28/22

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

THIS ESTABLISHMENT DOES NOT HAVE A DESIGNATED CFPM AND HAS BEEN WITHOUT A CFPM FOR AT LEAST 6 MONTHS.

Comply By: 06/21/22

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Utensil Surface Temp: = at 160 Degrees Fahrenheit
Location: THERMOLABEL - MAIN KITCHEN DISH MACHINE
Violation Issued: No

Utensil Surface Temp: = at 160 Degrees Fahrenheit
Location: THERMOLABEL - LAKE DISH MACHINE
Violation Issued: No

Utensil Surface Temp: = at 160 Degrees Fahrenheit
Location: THERMOLABEL - BIRCH DISH MACHINE
Violation Issued: No

Utensil Surface Temp: = at 160 Degrees Fahrenheit
Location: THERMOLABEL - ANGLE DISH MACHINE
Violation Issued: No

Utensil Surface Temp: = at 160 Degrees Fahrenheit
Location: THERMOLABEL - PINE DISH MACHINE
Violation Issued: No

Utensil Surface Temp: = at Degrees Fahrenheit
Location: AL SUPPORTIVE DISH MACHINE NOT IN USE/NOT TESTED
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Walk-In Cooler
Temperature: 38 Degrees Fahrenheit - Location: MACARONI SALAD - WALK IN COOLER
Violation Issued: No

Process/Item: Thawing
Temperature: 30 Degrees Fahrenheit - Location: BEANS - THAWING IN WALK IN COOLER
Violation Issued: No

Process/Item: Walk-In Freezer
Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - WALK IN FREEZER
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: EGG SALAD - ARCTIC AIR COOLER
Violation Issued: No

Process/Item: Hot Holding
Temperature: 196 Degrees Fahrenheit - Location: MEATLOAF - METROC5 WARMER
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 39 Degrees Fahrenheit - Location: CHEESE - TRUE PREP COOLER
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: MILK - BEV AIR COOLER
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: BUTTER - MAYTAG COOLER - AL SUPPORTIVE
Violation Issued: No

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - MAYTAG FREEZER - AL SUPPORTIVE
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: MILK - FRIGIDAIRE COOLER - LAKE
Violation Issued: No

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - FRIGIDAIRE FREEZER - LAKE
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: CHEESE - BEV AIR COOLER - PANTRY
Violation Issued: No

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - E LINE FREEZER - PANTRY
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 43 Degrees Fahrenheit - Location: CHEESE - FRIGIDAIRE COOLER - BIRCH
Violation Issued: Yes

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - FRIGIDAIRE FREEZER - BIRCH
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: MILK - FRIGIDAIRE COOLER - BIRCH
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Upright Cooler
Temperature: 36 Degrees Fahrenheit - Location: MILK - FRIGIDAIRE COOLER - ANGLE
Violation Issued: No

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - FRIGIDAIRE FREEZER
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: BUTTER - BEV AIR COOLER - PANTRY
Violation Issued: No

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - FRIGIDAIRE FREEZER - PANTRY
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: BUTTER - FRIGIDAIRE COOLER - PINE
Violation Issued: No

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - FRIGIDAIRE FREEZER - PINE
Violation Issued: No

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

This establishment is a privately owned facility that provides skilled nursing care, assisted living, supported living and independent living. There is one main kitchen where all food is prepared and then the food is delivered to one of five serving areas. There is also a bar that serves weekly happy hours and an area with hand dipped ice cream that is used sporadically.

Discussion:

Handwashing & single use gloves - fact sheet provided with report

Employee illness - fact sheet, decision guide and log provided with report

Safe cleaning & sanitizing - fact sheet provided with report

Highly susceptible populations - fact sheet provided with report

Thermometer calibration - method & frequency

CFPM - fact sheet and application provided with report

Note: AL Supportive is not currently being used. The dish machine in this unit was not tested at time of inspection. Contact this department for an inspection prior to utilizing this dish machine.

Food and Beverage Establishment Inspection Report

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 1002221078 of 04/20/22.

Certified Food Protection Manager: NONE

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed: _____
Courtney Kompelien
Kitchen Manager

Signed: _____
Cassandra Hua
Public Health Sanitarian III
218-308-2142
Cassandra.Hua@state.mn.us

Report #: 1002221078

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food, Pools and Lodging Services
PO Box 64975
St. Paul, MN 55164-0975

No. of RF/PHI Categories Out	2	Date	04/20/22
No. of Repeat RF/PHI Categories Out	0	Time In	09:30:25
Legal Authority MN Rules Chapter 4626		Time Out	

Warroad Senior Living Center	Address: 1401 Lake Street Nw	City/State: Warroad, MN	Zip Code: 56763	Telephone: 2183864620

License/Permit #: 0037556	Permit Holder	Purpose of Inspection: Full	Est Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

Compliance Status		COS	R
Supervision			
1 IN OUT	PIC knowledgeable; duties & oversight		
2 IN OUT N/A	Certified food protection manager, duties		
Employee Health			
3 IN OUT	Mgmt/Staff;knowledge,responsibilities&reporting		
4 IN OUT	Proper use of reporting, restriction & exclusion		
5 IN OUT	Procedures for responding to vomiting & diarrheal events		
Good Hygenic Practices			
6 IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7 IN OUT N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8 IN OUT N/O	Hands clean & properly washed		
9 IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10 IN OUT	Adequate handwashing sinks supplied/accessible		
Approved Source			
11 IN OUT	Food obtained from approved source		
12 IN OUT N/A N/O	Food received at proper temperature		
13 IN OUT	Food in good condition, safe, & unadulterated		
14 IN OUT N/A N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15 IN OUT N/A N/O	Food separated and protected		
16 IN OUT N/A	Food contact surfaces: cleaned & sanitized		
17 IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18 IN OUT N/A N/O	Proper cooking time & temperature		
19 IN OUT N/A N/O	Proper reheating procedures for hot holding		
20 IN OUT N/A N/O	Proper cooling time & temperature		
21 IN OUT N/A N/O	Proper hot holding temperatures		
22 IN OUT N/A	Proper cold holding temperatures		
23 IN OUT N/A N/O	Proper date marking & disposition		
24 IN OUT N/A N/O	Time as a public health control: procedures & records		
Consumer Advisory			
25 IN OUT N/A	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27 IN OUT N/A	Food additives: approved & properly used		
28 IN OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 IN OUT N/A	Compliance with variance/specialized process/HACCP		

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

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS=** corrected on-site during inspection **R=** repeat violation

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

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

Food Recalls:

Person in Charge (Signature) **Date:** 04/21/22

Inspector (Signature)