Electronically Delivered

April 26, 2022

Administrator
Artis Senior Living Of Woodbury
8155 Afton Road
Woodbury, MN 55125

RE: Project Number(s) SL36092015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on March 23, 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, no immediate fines are assessed.

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

The correction order documentation should include the following:

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

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

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

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

Free from Maltreatment reconsideration requests should addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

St. Paul, MN 55164-0970 St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in 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,

Jonathan Hill, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3993 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
	36092	A. BUILDING: _____ B. WING _____	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTIS SENIOR LVG OF WOODBURY	8155 AFTON ROAD WOODBURY, MN 55125

(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 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: SL36092015-0 On March 21, 2022 through March 23, 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 twenty-six (26) residents who received services under the provider's Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living with Dementia Care 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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0 480	Continued From page 1	0 480		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food	0 480		

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0 480	Continued From page 2 and Beverage Establishment Inspection Report dated March 21, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of	0 810		

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0 810	Continued From page 3	0 810		

the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.

This MN Requirement is not met as evidenced by:
Based on observation, record review, and interview, the licensee failed to provide all required content on the fire safety and evacuation plan, evacuation drills, and the minimum required training of staff on fire safety and evacuation. This has the potential to directly affect the safety of staff and all residents receiving services.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:

On March 21, 2022, at approximately 3:20 pm, survey staff received the fire safety and evacuation documentation, the evacuation drill, and the training documentation for review.

FIRE SAFETY AND EVACUATION PLAN
-The building evacuation plan lacked the identification of sleeping locations and the number of sleeping rooms.
-The documentation lacked the specific fire protection procedures necessary for addressing all residents including identifying unique resident-specific needs for movement and evacuation. Unique resident-specific needs may include cognitive impairment, wheelchair-bound, on walkers, non-ambulatory, bedridden, and needing assistance during an evacuation. The

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0 810	Continued From page 4	0 810		

evacuation plan needs to address partial and total movements and evacuations.

DRILLS
The drill records showed an insufficient number of employee fire and evacuation drills performed to date. Document review of records showed fire drills performed were on: 2/9/2021 at 7:00 a.m., 11/29/2021, at 5:15 a.m., 11/19//2021 at 7:00 p.m., and 10/7/2021, at 3:00 p.m. Furthermore, the fire drill records lacked details of the evacuation of the building. Drills must also include evacuation drills and frequency must be at least twice per year per shift, with at least one evacuation drill every other month. Fire and evacuation drills may be combined when conducting drill exercises.

TRAINING
No documented record of employee training on fire safety and evacuation plan was available for review. The director of maintenance (DM)-C explained that he has been providing employee training (education) on fire safety and evacuation plan regularly before performing fire drills, but he has not been documenting the training. Staff recommended that the DM-C revised their drill forms to include a section dedicated to training and education on fire safety and evacuation to ensure records of training were maintained if the training was typically provided before drill exercises were conducted as part of their process.

On March 21, 2022, at approximately 4:45 p.m., the licensed assisted living director-A acknowledged the above findings during the exit interview.

No additional information was provided.

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0 810	Continued From page 5 TIME PERIOD FOR CORRECTION: Fourteen (14) days	0 810		
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 resident health, safety, or personal property. This had the potential to affect all 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: During the entrance conference on March 21, 2022, at approximately 11:00 a.m., the surveyor requested a copy of the facility's assisted living	0 970		

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0 970	Continued From page 6 contract. The licensee's Assisted Living Contract included a section for Liability that read, "Provider is not liable to Resident or Resident's guests for any injury, death or property damage occurring in the Apartment or on Provider's premises unless such injury, death or property damage occurs as the result of Provider's own negligent acts or omissions, or those of its employees, officers, managers, owners or agents.... 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 March 22, 2022, at approximately 1:00 p.m., licensed assisted living director (LALD)-A confirmed the licensee's assisted living contract included the above content, and stated the same contract was utilized for all residents at the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability	01440		

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01440	Continued From page 7 to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to ensure the registered nurse (RN) conducted direct supervision of staff performing delegated nursing or therapy tasks within 30 days of first providing those services for one of two employees (unlicensed personnel (ULP)-D) with employee 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: ULP-D was hired to provide assisted living services on January 12, 2022.	01440		

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01440	Continued From page 8 ULP-D's employee record lacked documented evidence ULP-D had been supervised after performing delegated tasks. On March 23, 2022, at approximately 11:00 a.m. licensed assisted living director (LALD)-A verified there was no documentation ULP-D had been supervised after performing delegated tasks. The licensee's Supervision of Staff Delegated Services policy dated August 1, 2021, directed direct supervision of staff performing delegated tasks must be provided within 30 calendar days, after the date on which the individual began working for the licensee and performs the delegated task. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.	02040		

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02040	Continued From page 9 This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to provide a complete facility hazard vulnerability or safety risk assessment (HVA) plan to identify hazard vulnerabilities and mitigations on and around the property. In addition, the hazards identified on the HVA plan must be mitigated to protect the residents from harm. This has the potential to directly affect all residents who resided in memory care. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients). The findings include: On March 21, 2022, between the hours of 1:00 p.m. and 3:15 p.m., survey staff toured the facility with the Director of Maintenance (DM)-C. At the start of the tour, survey staff collected building construction information from the DM-C and the building was a secured slab-on-grade one-story building protected with a full fire suppression system. All resident rooms were studio-style design. On March 21, 2022, at approximately 3:20 p.m., survey staff received the HVA documentation, Kaiser Permanente, Appendix B (undated), for review:	02040		

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02040	Continued From page 10 -The HVA plan documentation lacked specific hazard assessment content on the interior assessment of the property to protect the memory care residents from harm. Hazard assessments on the HVA plan must also include specific safety risks or potential hazard vulnerabilities such as resident elopement as a potential hazard throughout and around the memory care building including deactivation of power doors due to loss of power or fire alarm activation, the risks of the resident room windows being compromised, potential risks of the accessing stove, oven, dishwashers, and disposals in the neighborhood kitchens if not turned off after use by employees, potential risks of accessing hairsprays or any other harmful products in unsecured cabinets in common areas, and the risks of the misuse of portable fire extinguishers and/or architectural accessories throughout the building that may harm a memory care resident. - The HVA plan, Kaiser Permanente, lacked mitigations documentation including safety measures and/or training provided to the safety risk (hazard) assessment identified on the property to protect all memory care residents from potential harm. On March 21, 2022, at approximately 5:00 p.m., survey staff discussed the findings and explained to the licensed assisted living director (LALD)-A that all potential safety risks or harm on (interior) and around (exterior) the property must be identified, assessed, and mitigated and must be documented in the HVA plan and implemented to protect memory care residents from potential harm. The LALD-A acknowledged the findings at the exit interview. No further information was provided.	02040		

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02040	Continued From page 11 TIME PERIOD FOR CORRECTION: Fourteen (14) days	02040		

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

Type: Full
Date: *03/21/22*
Time: 13:25:37
Report: 8058221049

Food and Beverage Establishment Inspection Report

Location:
Artis Senior Lvg Of Woodbury
8155 Afton Road
Woodbury, MN55125
Washington County, 82

Establishment Info:
ID #: 0038167
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6514932840
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.

4-500 Equipment Maintenance and Operation

4-501.114C1 ** Priority 1 **

MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.

DISH MACHINE 0 PPM

Comply By: 03/21/22

Surface and Equipment Sanitizers

Chlorine: = 0 PPM at --- Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Quaternary Ammonia: = 200 PPM at --- Degrees Fahrenheit
Location: SINK DISPENSER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: STRAWBERRY
Temperature: 41 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

Process/Item: PASTA
Temperature: 41 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

Type: Full
Date: *03/21/22*
Time: 13:25:37
Report: 8058221049
Artis Senior Lvg Of Woodbury

Food and Beverage Establishment Inspection Report

Process/Item: PASTA
Temperature: 175 Degrees Fahrenheit - Location: HOT HOLDING
Violation Issued: No

Process/Item: MILK
Temperature: 41 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

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

HRD REPRESENTATIVE: ROBYN WOOLLEY
ESTABLISHMENT REPRESENTATIVE: KIM SZYMANSKI

ESTABLISHMENT IS A PURPOSE BUILT CARE FACILITY WITH FULL COMMERCIAL KITCHEN

DISH MACHINE 0PPM CHLORINE - INSTRUCTED STAFF TO USE 3 COMPARTMENT SINK TO SANITIZE AFTER ITEMS ARE REMOVED FROM DISH MACHINE UNTIL DISH MACHINE IS REPAIRED/REPLACED

NO FOLLOW UP NEEDED

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 8058221049 of 03/21/22.

Certified Food Protection Manager: MARK W.

Certification Number: 69602 Expires: 05/31/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
KIM SZYMANSKI
PIC

Signed: _____
Inspector Number 8058
Sanitarian 3
MDH Metro Office
651 201 4500
health.foodlodging@state.mn.us