



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

November 21, 2024

Licensee  
Sunrise Village Of Milaca  
115 9th Street Northwest #120  
Milaca, MN 56353

RE: Project Number(s) SL30406016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 10, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

#### **STATE CORRECTION ORDERS**

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

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

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

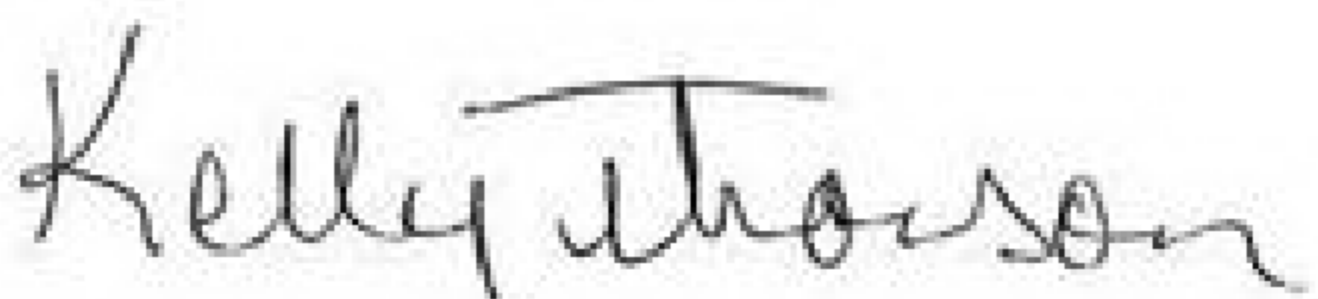
**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Kelly Thorson, Supervisor

State Evaluation Team

Email: [kelly.thorson@state.mn.us](mailto:kelly.thorson@state.mn.us)

Telephone: 320-223-7336 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30406</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE VILLAGE OF MILACA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 9TH STREET NW #120 MILACA, MN 56353</b>
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0 000	<p><b>Initial Comments</b></p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p><b>INITIAL COMMENTS:</b></p> <p>SL30406016-0</p> <p>On October 7, 2024, through October 10, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 32 resident(s); 32 receiving services under the Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 480 SS=F	<b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b>	0 480		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>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.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 7, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control</p>	0 660		

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0 660	<p>Continued From page 2</p> <p>program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include an updated facility TB risk assessment. In addition, the licensee failed to provide documentation of a completed health history and symptom screening and completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test were completed and documented for two of two employees (licensed practical nurse (LPN)-F and unlicensed personnel (ULP)-C).</p> <p>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).</p>	0 660		

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0 660	<p>Continued From page 3</p> <p>The findings include:</p> <p><b>RISK ASSESSMENT</b> On October 7, 2024, at 2:45 p.m., clinical nurse supervisor (CNS)-B stated the last facility risk assessment was completed on June 23, 2023, and when he realized it was late, he completed a new one today.</p> <p>The licensee's Tuberculosis Screening policy, dated August 1, 2021, indicated the facility will maintain a current community TB risk assessment. The assessment will be updated annually, using the data and form provided by the Minnesota Department of Health.</p> <p><b>TB SCREENING AND TESTING</b> <b>LPN-F</b> LPN-F was hired to provide direct care services for the licensee on September 23, 2024.</p> <p>LPN-F's employee record lacked evidence a TB blood test had been completed and was negative.</p> <p>On October 9, 2024, at 12:05 p.m., licensed assisted living director in residence (LALDR)-A stated LPN-F's record did not contain TB blood test results because the lab will not send them directly to her due to Health Insurance Portability and Accountability Act (HIPPA).</p> <p><b>ULP-C</b> ULP-C was hired to provide direct care services for the licensee on November 24, 2023.</p> <p>ULP-C's employee record lacked evidence a TB symptom screening or TB blood test had been completed and was negative.</p>	0 660		

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0 660	<p>Continued From page 4</p> <p>On October 8, 2024, the surveyor observed ULP-C administer medications to the licensee's residents.</p> <p>On October 10, 2024, at 2:45 p.m., LALDR-A stated ULP-C's record did not contain a TB symptom screen or evidence of a negative blood test and she is not sure why the symptom screen is missing but the test results are missing because the lab won't send her the results.</p> <p>The licensee's Tuberculosis Screening policy, dated August 1, 2024, indicated screening will be conducted as follows:</p> <ul style="list-style-type: none"> <li>-New staff will be screened for active signs of TB using the Baseline TB Screening Tool for Healthcare Workers (HCW).</li> <li>-New staff will have an IGRA blood test or a two-step Mantoux conducted with results documented on the Baseline TB screening Tool for HCWs.</li> <li>-No staff will be permitted to begin work where the work involves sharing the airspace with residents until the negative results of the 1st Mantoux are read and documented or a negative IGRA blood test result is received and documented.</li> <li>-Staff TB screening results will be kept in each employee medical file.</li> <li>-Staff should be screened for signs and symptoms on an annual basis.</li> </ul> <p>The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines, indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated</p>	0 660		

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0 660	<p>Continued From page 5</p> <p>within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record." "An employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative IGRA or TST (i.e., first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:                      (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;                      (2) post an emergency disaster plan prominently;                      (3) provide building emergency exit diagrams to all residents;                      (4) post emergency exit diagrams on each floor; and                      (5) have a written policy and procedure regarding missing residents.                      (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually</p>	0 680		

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0 680	<p>Continued From page 6</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z that was posted prominently to access in case of an emergency. This had the potential to affect all residents, employees, and visitors to the facility.</p> <p>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).</p> <p>The findings include:</p> <p>On October 8, 2024, at 10:00 a.m., licensed assisted living director in residence (LALDR)-A stated the EPP was kept in an office that is left open during the day but is locked at night.</p> <p>The licensee's EPP lacked the required content:</p> <ul style="list-style-type: none"> <li>- missing resident quarterly review;</li> <li>- development of EPP policies and procedure: <ul style="list-style-type: none"> <li>- roles under a waiver declared by secretary;</li> </ul> </li> <li>and</li> <li>- a communication plan to include all staff, entities providing services under agreement, residents'</li> </ul>	0 680		

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0 680	<p>Continued From page 7</p> <p>physicians, other facilities, volunteers.</p> <p>On October 10, 2024, at 11:50 a.m., director of maintenance (DM)-E stated he was not aware the missing person policy needed to be reviewed quarterly and he has not reviewed it. DM-E stated he was not aware of a policy or procedure about the role of facility under a waiver declared by the Secretary and the EPP is missing some required contact information because he has only been employed at the facility for two weeks and is only a part-time employee.</p> <p>The licensee's Emergency Preparedness policy, dated August 1, 2024, indicated the licensee's EPP will include all required elements of appendix Z.</p> <p>The licensee's Missing Resident policy, dated August 1, 2024, indicated licensee will review this policy and any individual resident plans that pertain to elopement at least quarterly, and changes will be documented.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659, 4659.0110, Subp. 4. Review missing resident plan. The assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
01470 SS=E	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(a) The orientation must contain the following</p>	01470		

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01470	<p>Continued From page 8</p> <p>topics:</p> <p>(1) an overview of this chapter;</p> <p>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</p> <p>(3) handling of emergencies and use of emergency services;</p> <p>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following</p>	01470		

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01470	<p>Continued From page 9</p> <p>topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living licensing requirements and regulations prior to providing services for two of three employees (unlicensed personnel (ULP)-C and ULP-G).</p> <p>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).</p> <p>The findings include:</p> <p>ULP-C ULP-C was hired to provide direct care services for the licensee on November 24, 2023.</p>	01470		

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01470	<p>Continued From page 10</p> <p>On October 8, 2024, at 10:15 a.m., the surveyor observed ULP-C administer medication to residents.</p> <p>ULP-C's employee record lacked documented evidence of the following orientation topic: - Overview of Assisted Living Statues; - Review of provider's policies and procedures; - Handling of residents' complaints; - Consumer advocacy services; and - Review of types of Assisted Living services the employee will provide and provider's scope of license.</p> <p>On October 10, 2024, at 2:50 p.m., LALDR-A stated ULP-C was missing some of the required orientation topics required and was not sure why they were missed.</p> <p>ULP-G ULP-G was hired on February 5, 2021, under the former comprehensive license and started providing assisted living services on August 1, 2021.</p> <p>On October 9, 2024, at 8:35 a.m., the surveyor observed ULP-G administer medication to residents.</p> <p>ULP-G's employee record lacked documented evidence of the following orientation topics: - Review of types of Assisted Living services the employee will provide and provider's scope of license</p> <p>On October 10, 2024, at 2:10 p.m., the licensed assisted living director in residence (LALDR)-A stated that ULP-G file was missing a signed document that ULP-G completed training to</p>	01470		

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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE VILLAGE OF MILACA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 9TH STREET NW #120 MILACA, MN 56353</b>
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01470	<p>Continued From page 11</p> <p>demonstrate awareness of the types of services the licensee will provide and was not sure why it was missed.</p> <p>The licensee's Orientation of Staff and Supervisors &amp; Content policy dated August 1, 2024, indicated 'All staff of Sunrise Village of Milaca providing and supervising direct services must complete an orientation to Assisted Living facility licensing requirements and regulations before providing assisted living services to residents.</p> <p>Procedure: The orientation must contain the following topics:</p> <ul style="list-style-type: none"> <li>- An overview of the appropriate Assisted Living statutes and rules;</li> <li>- An introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</li> <li>- Handling of emergencies and use of emergency services;</li> <li>- Compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</li> <li>- The assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li> <li>- Principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</li> <li>- Handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</li> <li>- Consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and</li> </ul>	01470		

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01470	<p>Continued From page 12</p> <p>Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services;</p> <ul style="list-style-type: none"> <li>- A review of the types of assisted living services the employee will be providing and the facility's category of licensure;</li> <li>- The staff person's job description upon hire and whenever there is a change to the job description that changes the nature of the job or how the job is to be performed;</li> <li>- The facility's organization chart and the roles of staff within the facility, and the services offered by the facility as identified in the uniform checklist disclosure of services; and</li> <li>- The identification of incidents of maltreatment as defined under Minnesota Statutes, section 626.5572, subdivision 15, including abuse, financial exploitation, and neglect, and an explanation that any at that constitutes maltreatment is prohibited.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01470		
01500 SS=F	<p>144G.63 Subd. 5 Required annual training</p> <p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:</p> <ul style="list-style-type: none"> <li>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</li> <li>(2) review of the assisted living bill of rights and</li> </ul>	01500		

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01500	<p>Continued From page 13</p> <p>staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p>	01500		

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01500	<p>Continued From page 14</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for two of two employees (registered nurse (RN)-F and unlicensed personnel (ULP)-G).</p> <p>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 is 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).</p> <p>The findings include:</p> <p>RN-F RN-F was hired to provide direct care services for the licensee on September 7, 2023.</p> <p>RN-F's employee record lacked documentation of annual training to include: -Reporting maltreatment of vulnerable adults or minors; -Assisted Living bill of rights; -Infection control techniques; -Review of provider's policies and procedures; and</p>	01500		

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01500	<p>Continued From page 15</p> <p>-Principles of person-centered planning/service delivery.</p> <p>ULP-G ULP-G was hired on February 5, 2021, under the former comprehensive license and started providing assisted living services on August 1, 2021.</p> <p>On October 9, 2024, at 8:35 a.m., the surveyor observed ULP-G administer medication to residents.</p> <p>ULP-G record lacked documentation of annual training to include: -Reporting maltreatment of vulnerable adults or minors; -Infection control techniques; -Review of provider's policies and procedures; and -Principles of person-centered planning/service delivery.</p> <p>On October 10, 2024, at 4:25 p.m., licensed assisted living director in residence (LALDR)-A stated RN-F was missing all of her annual training and ULP-G was missing some of the required annual training and this would be the case for all employees that would need annual training completed.</p> <p>The licensee's Orientation &amp; Training policy dated August 1, 2024, indicated 'All staff that perform direct care services at Adult Care Services of Minnesota, Inc., dba Sunrise Village of Milaca will complete at least eight (8) hours of annual training for each 12 months of employment.' Procedure: The following training elements MUST be included every 12 months to all staff who performs direct care services:</p>	01500		

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01500	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-Training on reporting of maltreatment of vulnerable adults under section 626.557;</li> <li>-Review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li> <li>-Review of infection control techniques use in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</li> <li>-Effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</li> <li>-Review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li> <li>-Principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01500		
01530 SS=D	<p><b>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</b></p> <p>(a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at</p>	01530		

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01530	<p>Continued From page 17</p> <p>least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;</p> <p>(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees (registered nurse (RN)-F) had two hours of dementia care training annually.</p> <p>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).</p>	01530		

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01530	<p>Continued From page 18</p> <p>The findings include:</p> <p>RN-F was hired to provide direct care services for the licensee on September 7, 2023.</p> <p>RN-F's employee record lacked evidence RN-F had completed two hours of dementia training in the last year.</p> <p>On October 10, 2024, at 4:25 p.m., licensed assisted living director in residence (LALDR)-A stated RN-F was missing all of her annual training, it had been assigned but had not been started yet.</p> <p>The licensee's Annual Required Staff Training policy, dated August 1, 2024, indicated all staff that perform direct care services at licensee will complete at least eight (8) hours of annual training for each 12 months of employment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01530		
01640 SS=F	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The</p>	01640		

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01640	<p>Continued From page 19</p> <p>facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to complete a service plan within 14 days of admission for one of three residents (R3) and failed to ensure the service plan was revised based on change of service for one of three residents(R4).</p> <p>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 the residents).</p> <p>The findings include:</p> <p>R3 R3 was admitted to the licensee on June 20, 2024.</p> <p>R3 received assistance with services that</p>	01640		

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01640	<p>Continued From page 20</p> <p>included medication administration, bathing assistance, dressing, toileting, transfer assist, housekeeping, and laundry.</p> <p>On October 9, 2024, at 8:30 a.m., the surveyor observed unlicensed staff (ULP)-J assist R3 with escort to dining room, meal setup, housekeeping, and laundry.</p> <p>R3's record lacked a signed service plan within 14 days of admission.</p> <p>On October 8, 2024, CNS-B stated he was not aware of the service plan requirements and confirmed that R3 did not have a service plan.</p> <p>R4 R4 was admitted to the licensee on August 12, 2022.</p> <p>R4 received services to include medication administration, record blood glucose, medication set up, dressing, housekeeping, and laundry.</p> <p>R4's record included a service plan signed on August 23, 2022, but the service plan did not reflect the current services R4 received that included bathing reminder, check insulin expiration dates, clean wheelchair, laundry, housekeeping (full), linen change, med set up, nail care, skin check, record weight, record blood glucose, supervision of blood glucose and supervision of blood pressure .</p> <p>On October 8, 2024, CNS-B stated due to still learning this computer system he was not aware the service plan report and will need to complete a chart audit to see how many residents were missing service plans, print them and have them signed. CNS-B confirmed that R4's service plan</p>	01640		

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01640	<p>Continued From page 21</p> <p>did reflect the services he was receiving.</p> <p>The licensee's Service Plan policy dated August 1, 2024, indicated within 14 days after the date that services are first provided to a resident, licensee will finalize a written service plan. The service plan and any revisions shall include a signature or other authentication by licensee and by the resident, or resident's representative, documenting agreement on the services to be provided. Service plans and any revisions or update shall be entered into the residence record including notice of change in fees when applicable.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640		
01750 SS=E	<p><b>144G.71 Subd. 7 Delegation of medication administration</b></p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <ul style="list-style-type: none"> <li>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</li> <li>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and</li> <li>(3) communicated with the unlicensed personnel about the individual needs of the resident.</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record</p>	01750		

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01750	<p>Continued From page 22</p> <p>review, the licensee failed to ensure the registered nurse (RN) prepared in writing specific instructions for two of three residents (R5 and R6) who received medication management.</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on October 7, 2024, at 10:15 a.m., licensed assisted living director in residence (LALDR)-A stated the licensee provided medication management services to all the residents at the facility.</p> <p>R5 R5 admitted to the licensee on July 29, 2022. R5's diagnoses included diabetes mellitus type 2.</p> <p>R5's service plan dated August 11, 2022, indicated R5 received services including medication administration.</p> <p>On October 8, 2024, at 10:15 a.m., the surveyor observed unlicensed personnel (ULP)-C check R5's blood glucose, which was 164. ULP-C performed hand hygiene, cleaned the tip of the insulin pen with an alcohol wipe, primed the pen to 2 units and pushed the injector down, applied needle, dialed the pen to 4 units, and injected R5 with the insulin.</p>	01750		

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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE VILLAGE OF MILACA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 9TH STREET NW #120 MILACA, MN 56353</b>
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01750	<p>Continued From page 23</p> <p><b>R6</b> R6 admitted to the licensee on January 5, 2021, under the previous comprehensive home care license, and started receiving assisted living services on August 1, 2021. R6's diagnoses included diabetes mellitus type 2.</p> <p>R6's unsigned service plan dated October 8, 2024, indicated R6 received services including medication administration.</p> <p>R6's resident profile dated, October 8, 2024, indicates the instructions for insulin aspart (Novolog) pen indicated 100 u- Pre Meal-BG 150-199 give 2 units, 200-249 give 4 units, 250-299 give 6 units, 300-349 give 8 units, 350-399 give 10 units, 400+ give 12 units, notify nurse to notify provider.</p> <p>On October 8, 2024, at 10:15 a.m., the surveyor observed unlicensed personnel (ULP)-C check R6's blood glucose. ULP-C performed hand hygiene, cleaned the tip of the insulin pen with an alcohol wipe, primed the pen to 2 units and pushed the injector down, applied needle, dialed the pen to 2 units, and injected R6 with the insulin.</p> <p>On October 8, 2024, at 10:15 a.m., ULP-C stated she learned how to prime insulin pens from an online training video and the previous nurse. ULP-C stated the medication administration record (MAR) did not have instructions on how to prime the insulin pens and did not realize she was doing this incorrectly.</p> <p>On October 8, 2024, at 12:15 p.m., clinical nurse supervisor (CNS)-B stated he would expect the staff administering insulin to prime the insulin</p>	01750		
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01750	<p>Continued From page 24</p> <p>pens with a needle on the pen so the correct dose is administered and there should be specific instructions on the MAR for unlicensed staff.</p> <p>The manufacturer's instructions for use of Novolog insulin injection dated March 2023, indicated before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air into ensure proper dosing:</p> <ul style="list-style-type: none"> <li>-Turn the dose selector to 2 units.</li> <li>-Hold your Novolog FlexPen with the needle pointing up. Tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge.</li> <li>-Keep the needle pointing upwards, press the push-button all the way in. The dose selector returns to 0. A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than six times. If you do not see a drop of insulin after six times, do not use the Novolog FlexPen.</li> </ul> <p>The licensee's Medication &amp; Treatment - Insulin policy dated August 1, 2024, indicated to review the MAR, if the resident needs glucose monitoring, do this before administering insulin. Document result of the blood glucose monitoring on the MAR and follow any patient-specific instructions listed on the MAR. Insulin pens are to be stored at room temperature after first use (unless otherwise indicated by manufacturer). Roll the pen gently before use. Remove the pen cap and clean with alcohol wipe. Connect the needle to the pen. Prime the pen with two units of insulin to remove any air bubbles that may be present. Dial the dose of insulin to be given on the pen. Verify dose with another caregiver or nurse if possible.</p> <p>No further information was provided.</p>	01750		

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01750	Continued From page 25  TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01760 SS=E	<p><b>144G.71 Subd. 8 Documentation of administration of medication</b></p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure medication was administered as prescribed for two of three residents (R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p>	01760		

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01760	<p>Continued From page 26</p> <p>Findings include:</p> <p><b>R3</b> R3's diagnoses included congestive heart failure, arthritis, COPD, and essential hypertension.</p> <p>R3's unsigned service plan dated September 23, 2024, indicated R3 received assistance with medication administration, bathing assistance, dressing, toileting, transfer assist, housekeeping and laundry.</p> <p>R3's prescriber order, signed on June 27, 2024, indicated R3 should have received melatonin (for sleep) 3mg tablet by mouth every evening and trazadone (for sleep) 50 mg tablet by mouth every night at bedtime.</p> <p>R3's medication administration record (MAR) dated September 2024, indicated R3 had melatonin and trazadone to be administered every evening.</p> <p>R3's MAR dated September 2024, indicated staff did not administer R3's melatonin bedtime doses as scheduled for the following dates: September 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 15, 16, 17, 18, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, and 30. R3's MAR dated September 2024, indicated staff did not administer R3's trazadone bedtime doses as scheduled for the following dates: September 1, 2, 3, 4, 5, 9, 10, 11, 12, 15, 16, 17, 18, 19, 21, 22, 25, and 29.</p> <p>R3's MAR indicated the reasons for the missed doses were resident refused, declined, hospital, and med out of stock, nurse notified.</p> <p><b>R4</b> R4's diagnoses included diabetes mellitus type 2,</p>	01760		

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01760	<p>Continued From page 27</p> <p>COPD (chronic obstructive pulmonary disease), hypertension, osteoarthritis, and neuropathy.</p> <p>R4's unsigned service plan indicated R4 received services to include medication administration, record blood glucose, medication set up, dressing, housekeeping, and laundry.</p> <p>R4's MAR dated September 2024, indicated R4's Refresh eye drops 1% should be administered in both eyes four times daily.</p> <p>R4's MAR dated September 2024, indicated staff did not administer R4's Refresh (dry eyes) eye drop doses as scheduled for the following dates: September 1, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, and 29.</p> <p>R4's MAR indicated the reason for the missed doses were skipped med out of stock nurse notified, waiting on Veterans Affairs, and unavailable.</p> <p>On October 10, 2024, at 9:30 a.m., clinical nurse supervisor (CNS)-B stated he did not put any follow up notes in R3 or R4's record about the multiple refusals or the supply not being available. CNS-B stated he did follow up with the provider in person for R3, but he did not document it or get a change in the order.</p> <p>The licensee's policy Medication Management-Administration &amp; Setup policy dated August 1, 2024, indicated unlicensed personnel (ULP) will chart in each residence medication administration record any problems with medication administration, including refusals. ULP we'll also document any reason why medication administration was not completed as prescribed and document any follow up procedures that</p>	01760		

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01760	<p>Continued From page 28</p> <p>were provided to meet the residents needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. ULP will call RN on call for further instructions if medication is out of stock prior to documenting "not given".</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01770 SS=E	<p>144G.71 Subd. 9 Documentation of medication setup</p> <p>Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R4).</p> <p>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).</p>	01770		

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01770	<p>Continued From page 29</p> <p>The findings include:</p> <p>During the entrance conference on October 7, 2024, at 10:15 a.m., licensed assisted living director in residence (LALDR)-A stated the nurse completes a medication set up for a few residents that get their medications from the Veterans Affairs pharmacy.</p> <p>The licensee's current resident roster dated October 7, 2024, indicated six residents' received med setup services.</p> <p>R4 was admitted to the licensee on August 12, 2022.</p> <p>R4's unsigned service plan dated October 9, 2024, indicated R4 received services to include medication administration, record blood glucose, medication setup, dressing, housekeeping, and laundry.</p> <p>On October 8, 2024, clinical nurse supervisor (CNS)-B stated that he does not document the medication setups with the required information because he was not aware that it needed to be done.</p> <p>The licensee's Medication Management -Dosage Box Setup policy dated, August 1, 2024, indicated when the licensed nurse has completed setting up the medications into the dosage box, the set-up is documented on the medication administration record (MAR).</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01770		

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01820	Continued From page 30	01820		
01820 SS=F	<p><b>144G.71 Subd. 13 Prescriptions</b></p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain current medication orders for three of three residents (R2, R3 and R4) who received medication administration by the licensee.</p> <p>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).</p> <p>The findings include:</p> <p><b>R2</b> R2 was admitted to the licensee and began receiving assisted living services on February 3, 2020.</p> <p>R2's diagnoses include cerebrovascular accident, history of pathological fracture, essential hypertension, depression, left hemiplegia and hemiparesis, long term use of anticoagulants, and diabetes.</p>	01820		

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01820	<p>Continued From page 31</p> <p>R2's service plan signed December 27, 2023, indicated R2 received assistance with activities of daily living (ADL), behavior management, housekeeping, laundry, vital sign monitoring, and medication administration.</p> <p>On October 10, 2024, at 9:00 a.m., the surveyor observed unlicensed personnel (ULP)-H and ULP-I provide assistance to R2 with escorting to breakfast. laundry, and housekeeping.</p> <p>R2's medication administration record (MAR) dated October 1, 2024, through October 31, 2024, indicated R2 took Gabapentin (neuropathy) 300 milligram (mg) daily, Metformin (sleep) 500mg twice a day, Warfarin (blood thinner) 5mg on Monday, Tuesday, Wednesday, Friday, Saturday, and Sunday, Warfarin 7.5mg on Thursday, Lidocaine (pain) 5% Transdermal Patch daily, Night Time Pm - two tablets if needed for sleep, and Senekot-S (stool softner) 17.2mg two times daily if needed.</p> <p>On October 10, 2024, at 9:30 a.m., clinical nurse supervisor (CNS)-B indicated that on October 9, 2024, he realized R2 resident record did not have a current Warfarin order or lab re-check order. He contacted the pharmacy on October 9, 2024, and requested the electronic prescription be faxed to the facility. The order was received and provided to surveyor on October 10, 2024. In addition, CNS-B stated R2's Vitamin D was discontinued by provider because of insurance non-coverage; however, there was no signed discontinue order on file.</p> <p>R3 R3 was admitted to the licensee and began receiving assisted living services on June 20, 2024.</p>	01820		

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01820	<p>Continued From page 32</p> <p>R3's diagnoses included chronic congestive heart failure, essential hypertension, chronic obstructive pulmonary disease (COPD), mood disorder, and chronic pain.</p> <p>R3's unsigned service plan dated September 23, 2024, indicated R3 received assistance with bathing assistance, dressing, grooming, escorts, safety checks, medication administration, transfer assistance, laundry, and housekeeping.</p> <p>On October 9, 2024, at 9:00 a.m., the surveyor observed ULP-J assist R3 with escort to dining room for breakfast, housekeeping, and laundry services.</p> <p>R3's MAR dated October 1, 2024, through October 31, 2024, indicated R3 took medications that included Advair Diskus (COPD) 100/50 micrograms (mcg) daily, carbidopa-levodopa (Parkinson's) 25/250 mg three times daily, carvedilol (heart failure) 6.25 mg twice daily, losartan (blood pressure) 100 mg daily, simvastatin (high cholesterol) 40 mg daily, Spriva Respimat (COPD) 2.5 mcg daily, spironolactone (fluid overload) 25 mg daily, melatonin (sleep) 3 mg nightly, trazadone (sleep) 50 mg nightly and ibuprofen (pain) 600 mg three times daily discontinued on October 3, 2024.</p> <p>R3's record lacked a signed discontinue order for ibuprofen 600 mg three times daily.</p> <p>On October 10, 2024, at 9:30 a.m., CNS-B stated he did not have a signed discontinue order for R3's ibuprofen in R3's record and there should be one.</p> <p>R4</p>	01820		

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01820	<p>Continued From page 33</p> <p>R4 was admitted to the licensee and began receiving assisted living services on August 12, 2022.</p> <p>R4's diagnoses included COPD, osteoarthritis, diabetes type 2, coronary artery disease, and hypertension.</p> <p>R4's unsigned service plan dated October 9, 2024, indicated R4 received assistance with bathing reminder, dressing, safety checks, medication administration, blood glucose monitoring, medication set up, housekeeping, and laundry.</p> <p>R4's MAR dated October 1, 2024, through October 31, 2024, indicated R4 took medications that included aspirin (heart health) 81 mg daily, famotidine (indigestion) 20 mg twice daily, fluticasone/salmeterol (COPD) 250/50 mcg inhaler twice daily, furosemide (fluid overload) 40 mg once daily, isosorbide mononitrate (heart disease) 30 mg once daily, metformin hydrochloride (diabetes) 500 mg once daily, metoprolol succinate (heart failure) 25 mg once daily, Refresh (dry eyes) eye drops 1% four times daily, Lantus (diabetes) 16 units daily, and atorvastatin (cholesterol) 80 mg daily.</p> <p>R4's record lacked a signed order for fluticasone/salmeterol 250/50 mcg inhaler twice daily.</p> <p>On October 10, 2024, at 9:30 a.m., CNS-B stated he did not have a signed order for R4's fluticasone/salmeterol 250/50 mcg inhaler and will need to contact the veteran's affairs (VA) to get the order for R4's record.</p> <p>The licensee's Medication &amp; Treatment Orders policy dated August 1, 2024, indicated, "current,</p>	01820		

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01820	Continued From page 34  written prescriber's order must be obtained for any treatment of medication administration provided to a resident." The policy also indicated "The RN is responsible for assuring that: a. current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records."  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days.	01820		
01880 SS=F	144G.71 Subd. 19 Storage of medications  An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure refrigerated medications were maintained at manufacturer's recommended temperatures by failing to monitor medication refrigerator temperatures.  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:	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30406</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE VILLAGE OF MILACA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 9TH STREET NW #120 MILACA, MN 56353</b>
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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
01880	<p>Continued From page 35</p> <p>On October 7, 2024, at 11:20 a.m., the surveyor and licensed assisted living director in residence (LALDR)-A observed a small refrigerator that contained several resident's medications. The refrigerator was located in an office of the facility and was identified as the medication storage refrigerator. The surveyor noted a paper temperature log that had several dates missing documentation of the temperature reading from the medication refrigerator. LALDR-A stated the temperature documentation has now switched to an electronic log and she will have the registered nurse (RN)-F print the temperature logs from the computer system.</p> <p>On October 7, 2024, at 2:20 p.m., RN-F reviewed the temperature logs with the surveyor. RN-F stated that the temperature log had some holes and there was no temperature logged for several of the days in September.</p> <p>The licensee's Chore Recap dated September 1, 2024, through October 7, 2024, indicated a temperature was to be recorded once daily at 3:00 p.m. and lacked documentation of a temperature on the dates September 1, 6, 7, 8, 14, 15, 26, 28 and October 2.</p> <p>On October 7, 2024, at 3:00 p.m., clinical nurse supervisor (CNS)-B stated they had changed from paper logs to electronic logs recently and are working on splitting the job duties of checking on such things, but currently does not have system in place to check that the temperature is being documented. CNS-B stated the unlicensed staff must have missed documenting the temperature occasionally.</p> <p>On October 8, 2024, at 9:34 a.m., the surveyor</p>	01880		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE VILLAGE OF MILACA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 9TH STREET NW #120 MILACA, MN 56353</b>
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01880	<p>Continued From page 36</p> <p>observed the following medications in the refrigerator:</p> <ul style="list-style-type: none"> <li>- four (4) unopened Novolog (short-acting) insulin pens;</li> <li>- twelve (12) unopened Lantus (long-acting) insulin pens;</li> <li>- four (4) unopened Humalog (short-acting) insulin pens;</li> <li>- three (3) unopened Trulicity (injectable diabetes medication) pens;</li> <li>- three (3) unopened Ozempic (injectable diabetes medication) pens;</li> <li>- four (4) unopened Tresiba (long-acting) insulin pens;</li> <li>- five (5) Enbrel (autoimmune disorder medication) pens; and</li> <li>- 3 Mounjaro (injectable diabetes medication) pens.</li> </ul> <p>The manufacturer's instructions for Novolog last reviewed March 2023, indicated to store unopened pens in a refrigerator between 36 and 46° F.</p> <p>The manufacturer's instructions for Lantus, last reviewed August 2022, indicated to store unopened pens in a refrigerator between 36 and 46° F.</p> <p>The manufacturer's instructions for Humalog, last reviewed July 2023, indicated to store unopened pens in a refrigerator between 36 and 46° F.</p> <p>The manufacturer's instructions for Ozempic, last reviewed September 2023, indicated to store unopened pens in a refrigerator between 36 and 46° F.</p> <p>The licensee's Storage of Medication policy dated August 1, 2024, indicated medications will be</p>	01880		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE VILLAGE OF MILACA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 9TH STREET NW #120 MILACA, MN 56353</b>
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01880	Continued From page 37  stored consistent with manufacturer's recommendations (refrigerated, room temperature, frozen). Refrigerator temperatures will be checked twice daily to ensure range of 36°F - 46°F is maintained and documented on temperature log.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen  For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30406</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE VILLAGE OF MILACA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 9TH STREET NW #120 MILACA, MN 56353</b>
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01940	<p>Continued From page 38</p> <p>therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record for one of one resident (R4) who had ordered treatments.</p> <p>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).</p> <p>The findings include:</p> <p>R4's diagnoses included diabetes mellitus type 2, chronic obstructive pulmonary disease (COPD), hypertension, osteoarthritis, and neuropathy.</p> <p>R4's unsigned service plan indicated R4 received services to include medication administration, record blood glucose, medication set up, dressing, housekeeping, and laundry.</p> <p>R4's MD orders signed May 22, 2024, included an order to record blood glucose four times daily.</p>	01940		

Minnesota Department of Health

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01940	<p>Continued From page 39</p> <p>R4's individualized treatment or therapy management plan dated October 7, 2024, indicated R4 received treatments to include blood glucose monitoring.</p> <p>R4's individualized treatment or therapy management plan lacked the following: - documentation of specific resident instructions relating to the treatments or therapy administration; and - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services.</p> <p>On October 10, 2024, at 9:30 a.m., clinical nurse supervisor (CNS)-B stated he would expect specific instructions and when the unlicensed staff should notify the nurse to be included in the treatment plan and it must have been missed when it was entered.</p> <p>The licensee's Treatment and Therapy Management policy dated August 1, 2024, indicated the licensee will develop and maintain a current individualized treatment and therapy management record for each resident which must contain the following: a. A statement of the type of services that will be provided; b. Documentation of specific resident instructions relating to the treatments or therapy administration; c. Identification of treatment or therapy tasks that will be delegated to unlicensed personnel; d. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; e. Any resident-specific requirements relating to</p>	01940		

Minnesota Department of Health

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01940	Continued From page 40  documentation of treatment and therapy received; f. Verification that all treatment and therapy was administered as prescribed; g. Monitoring of treatment or therapy to prevent possible complications or adverse reactions.  No further information provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors  (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the required notice was posted at the main entry way of the facility to display statutory language to disclose electronic monitoring activity, potentially affecting all residents in the assisted living facility, staff, and any visitors of the licensee.  This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the	03090		

Minnesota Department of Health

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03090	<p>Continued From page 41 residents).</p> <p>The findings include:</p> <p>On October 7, 2024, at 11:20 a.m., during a tour of the facility, the surveyor observed the incorrect electronic monitoring notice posted at the entrance to the licensee's facility, which read: "Warning, all activities monitored and recorded by digital night vision cameras." The surveyor observed several cameras in the hallways of the facility and a monitor located in the Licensed Assisted Living Director in Residency (LALDR)-A office that had views of multiple camera video surveillance playing in real time.</p> <p>On October 7, 2024, at 11:20 a.m., LALDR-A stated, "the residents did not like the large electronic monitoring sign, so we took it down and ordered the sticker from Amazon."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	03090		

Type: Full  
Date: 10/07/24  
Time: 13:00:58  
Report: 1046241242

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Sunrise Village Of Milaca  
115 9th Street Nw #120  
Milaca, MN56353  
Mille Lacs County, 48

**Establishment Info:**

ID #: 0038417  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 3209827000  
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.

### 7-200 Toxic Supplies and Applications

#### 7-201.11A **\*\* Priority 1 \*\***

MN Rule 4626.1600A Separate poisonous or toxic materials from food, equipment, utensils, linens, and single-service and single-use articles by spacing or partitioning.

OBSERVED DEGREASER AND STEEL CLEANER STORED ABOVE PAPER TOWELS IN THE DRY STORAGE BY THE WALK IN COOLER. DISCONTINUE STORING CHEMICALS ABOVE SINGLE USE ARTICLES, MOVE TO THE BOTTOM RACK.

*Comply By: 10/07/24*

### 4-200 Equipment Design and Construction

#### 4-204.112A

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.

PROVIDE A THERMOMETER FOR THE PREP COOLER BY THE COOKLINE.

*Comply By: 10/11/24*

### 4-600 Cleaning Equipment and Utensils

#### 4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

INSIDE OF WALK IN FREEZER HAD FROST/ICE BUILD UP ON THE CEILING, WALLS, AND SHELVES. REMOVE FROST/ICE AND MAINTAIN CLEAN.

*Comply By: 10/07/24*

Type: Full  
Date: 10/07/24  
Time: 13:00:58  
Report: 1046241242  
Sunrise Village Of Milaca

# Food and Beverage Establishment Inspection Report

---

## Surface and Equipment Sanitizers

Hot Water: = at 168.6 Degrees Fahrenheit  
Location: DISHWASHER FINAL RINSE  
Violation Issued: No

---

## Food and Equipment Temperatures

Process/Item: Prep Cooler  
Temperature: 38 Degrees Fahrenheit - Location: SLICED HAM  
Violation Issued: No

Process/Item: Hot Holding  
Temperature: 156 Degrees Fahrenheit - Location: PRECOOKED RIBS  
Violation Issued: No

Process/Item: Upright Cooler  
Temperature: 38 Degrees Fahrenheit - Location: TACO MEAT  
Violation Issued: No

Process/Item: Walk-In Cooler  
Temperature: 36 Degrees Fahrenheit - Location: MILK  
Violation Issued: No

Process/Item: Walk-In Cooler  
Temperature: 36 Degrees Fahrenheit - Location: SLICED HAM  
Violation Issued: No

---

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

QUAT SANITIZER USED ONSITE, TEST STRIPS LOCATED. DISCUSSED REQUIRED CONCENTRATION OF 200-400PPM.

**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 1046241242 of 10/07/24.

Certified Food Protection Manager Bolanlet T. Leeder

Certification Number: 114699 Expires: 12/20/25

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Establishment Representative

Signed:  \_\_\_\_\_

Nicole Larrison  
Public Health Sanitarian  
St. Cloud  
320-472-0042  
nicole.larrison@state.mn.us

Report #: 1046241242

# Food Establishment Inspection Report



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

No. of RF/PHI Categories Out: 0

Date: 10/07/24

No. of Repeat RF/PHI Categories Out: 0

Time In: 13:00:58

Legal Authority MN Rules Chapter 4626

Time Out

Sunrise Village Of Milaca	Address 115 9th Street Nw #120	City/State Milaca, MN	Zip Code 56353	Telephone 3209827000
License/Permit # 0038417	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	Compliance Status	COS	R
<b>Supervision</b>			<b>Time/Temperature Control for Safety</b>		
1	<input checked="" type="radio"/>		18		
IN OUT PIC knowledgeable; duties & oversight			IN OUT N/A <input checked="" type="radio"/> N/O Proper cooking time & temperature		
2	<input checked="" type="radio"/>		19		
IN OUT N/A Certified food protection manager, duties			IN OUT N/A <input checked="" type="radio"/> N/O Proper reheating procedures for hot holding		
<b>Employee Health</b>			<b>Consumer Advisory</b>		
3	<input checked="" type="radio"/>		20		
IN OUT Mgmt/Staff;knowledge,responsibilities&reporting			IN OUT N/A <input checked="" type="radio"/> N/O Proper cooling time & temperature		
4	<input checked="" type="radio"/>		21	<input checked="" type="radio"/>	
IN OUT Proper use of reporting, restriction & exclusion			IN OUT N/A N/O Proper hot holding temperatures		
5	<input checked="" type="radio"/>		22	<input checked="" type="radio"/>	
IN OUT Procedures for responding to vomiting & diarrheal events			IN OUT N/A Proper cold holding temperatures		
<b>Good Hygienic Practices</b>			<b>Highly Susceptible Populations</b>		
6	<input checked="" type="radio"/>		23	<input checked="" type="radio"/>	
IN OUT N/O Proper eating, tasting, drinking, or tobacco use			IN OUT N/A N/O Proper date marking & disposition		
7	<input checked="" type="radio"/>		24		
IN OUT N/O No discharge from eyes, nose, & mouth			IN OUT <input checked="" type="radio"/> N/O Time as a public health control: procedures & records		
<b>Preventing Contamination by Hands</b>			<b>Food and Color Additives and Toxic Substances</b>		
8	<input checked="" type="radio"/>		25		
IN OUT N/O Hands clean & properly washed			IN OUT <input checked="" type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
9	<input checked="" type="radio"/>		<b>Conformance with Approved Procedures</b>		
IN OUT N/A N/O No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			IN OUT N/A Food additives: approved & properly used		
10	<input checked="" type="radio"/>		27	<input checked="" type="radio"/>	
IN OUT Adequate handwashing sinks supplied/accessibile			IN <input checked="" type="radio"/> OUT Toxic substances properly identified, stored, & used		
<b>Approved Source</b>			<b>Conformance with Approved Procedures</b>		
11	<input checked="" type="radio"/>		28		
IN OUT Food obtained from approved source			IN OUT N/A Compliance with variance/specialized process/HACCP		
12			<b>Risk factors (RF)</b> are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <b>Public Health Interventions (PHI)</b> are control measures to prevent foodborne illness or injury.		
13	<input checked="" type="radio"/>				
IN OUT N/A N/O Food received at proper temperature					
IN OUT Food in good condition, safe, & unadulterated					
IN OUT N/A N/O Required records available; shellstock tags, parasite destruction					
<b>Protection from Contamination</b>			<b>GOOD RETAIL PRACTICES</b>		
15	<input checked="" type="radio"/>		<b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
IN OUT N/A N/O Food separated and protected			Mark "X" in box if numbered item is <b>not</b> in compliance    Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R= repeat violation		
16	<input checked="" type="radio"/>		<b>Safe Food and Water</b>		
IN OUT N/A Food contact surfaces: cleaned & sanitized			<b>Proper Use of Utensils</b>		
17	<input checked="" type="radio"/>		30		
IN OUT Proper disposition of returned, previously served, reconditioned, & unsafe food			IN OUT <input checked="" type="radio"/> N/A Pasteurized eggs used where required		

Compliance Status	COS	R	Compliance Status	COS	R
<b>Food Temperature Control</b>			<b>Utensil Equipment and Vending</b>		
33			43		
Proper cooling methods used; adequate equipment for temperature control			In-use utensils: properly stored		
34			44		
IN OUT N/A <input checked="" type="radio"/> N/O Plant food properly cooked for hot holding			Utensils, equipment & linens: properly stored, dried, & handled		
35			45		
IN OUT N/A <input checked="" type="radio"/> N/O Approved thawing methods used			Single-use/single service articles: properly stored & used		
36	X		46		
X Thermometers provided & accurate			Gloves used properly		
<b>Food Identification</b>			<b>Physical Facilities</b>		
37			50		
Food properly labeled; original container			Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>			51		
38			Plumbing installed; proper backflow devices		
Insects, rodents, & animals not present			52		
39			Sewage & waste water properly disposed		
Contamination prevented during food prep, storage & display			53		
40			Toilet facilities: properly constructed, supplied, & cleaned		
Personal cleanliness			54		
41			Garbage & refuse properly disposed; facilities maintained		
Wiping cloths: properly used & stored			55		
42			Physical facilities installed, maintained, & clean		
Washing fruits & vegetables			56		
			Adequate ventilation & lighting; designated areas used		
			57		
			Compliance with MCIAA		
			58		
			Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 10/08/24

Inspector (Signature)