



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 15, 2022

Administrator
The Family Residence
2501 Jefferson Road
Northfield, MN 55057

RE: Project Number(s) SL34667015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on August 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
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
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The Family Residence

September 15, 2022

Page 3

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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

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

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34667	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2022
NAME OF PROVIDER OR SUPPLIER THE FAMILY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 JEFFERSON ROAD NORTHFIELD, MN 55057		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL34667015 On, August 22, 2022, through August 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 12 residents, all of whom 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 Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 430 SS=F	144G.40 Subd. 2 Uniform checklist disclosure of services	0 430		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 430	Continued From page 1 (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a copy of the Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) with the required content for two of two residents (R2, R3). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include:	0 430		

Minnesota Department of Health

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0 430	Continued From page 2 R2 R2's record failed to provide evidence that a UDALSA was provided to the resident or representative. R2 initiated assisted living services on May 18, 2021, with diagnosis including Parkinson's, dementia, and sleep apnea. R2's service plan agreement dated August 2, 2021, indicated R2 received services, which included assistance with activities of daily living and medication management. R3 R3's record failed to provide evidence that a UDALSA was provided to the resident or representative. R3 initiated assisted living services on March 22, 2022, with diagnosis including Alzheimer's, reflux, and kidney failure. R3's service plan agreement dated March 24, 2022, indicated R3 received services, which included assistance with activities of daily living and medication management. On August 23, 2022, at 10:30 a.m., licensed assisted living director (LALD)-A confirmed R2 and R3's records did not contain the current UDALSA. The licensee provided the old homecare client acknowledgment form and policies upon admission that did not include the UDALSA. On August 23, 2022, at approximately 1:30 p.m., LALD-A provided a copy of the newly created Assisted Living acknowledgement form that was sent out electronically to all families to sign and	0 430		

Minnesota Department of Health

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0 430	Continued From page 3 return. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 430		
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 comply with Minnesota Food Code, chapter 4626. This had the potential to affect all 12 residents residing at the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	0 480		

Minnesota Department of Health

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0 480	Continued From page 4 resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 23,2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are	0 680		

Minnesota Department of Health

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0 680	Continued From page 5 allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview, and record review the licensee failed to have a developed written emergency preparedness plan (EP) with all the required content as defined in Appendix Z (a section of the Centers for Medicare and Medicaid Services [CMS] state operations manual which includes the emergency preparedness guidelines). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on August 22, 2022, at approximately 9:00 a.m., a request was made to view the licensee's emergency preparedness plan, which was provided to and later reviewed by the surveyor. The licensee's plan included various emergency situations such as what to do for fire, bomb threat, crisis communication, emergency water supply shortage, severe weather, and active shooter.	0 680		

Minnesota Department of Health

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0 680	Continued From page 6 The licensee's emergency preparedness (EP) plan lacked the following facility specific content as required: -a completed EP patient population; -a procedure for tracking staff and sheltered residents; -a medical record documentation system to preserve resident information, security and availability; -emergency staffing strategies to include volunteers if applicable; and -a procedure for roles under a waiver declared by the secretary. On August 23, 2022, at 1:30 p.m., licensed assisted living director (LALD)-A confirmed elements were missing and will work on creating and updating current policies. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be	01620			

Minnesota Department of Health

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01620	Continued From page 7 completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure the registered nurse (RN) completed a reassessment not to exceed 90 days for two of two residents (R2, R3) as required with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly, but is not found to be pervasive). The findings include: R2 R2 diagnoses included, Parkinson's, dementia, and sleep apnea. R2's service plan agreement dated August 2, 2021, indicated R2 received services, which included assistance with activities of daily living	01620		

Minnesota Department of Health

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01620	Continued From page 8 and medication management. On August 22, 2022, at 12:30 p.m., licensed practical nurse (LPN)-B was observed administering medication to R2. R2's record indicated an assessment was completed on: -September 1, 2021, Master assessment -December 6, 2021 90 day assessment (96 days from the last assessment) -March 17, 2022 90 day assessment (101 days from the last assessment) R3 R3 diagnoses included, Alzheimer's and kidney failure. R3's service plan agreement dated March 24, 2022, indicated R3 received services, which included assistance with activities of daily living and medication management. On August 23, 2022, at 9:30 a.m. unlicensed personnel (ULP)-D was observed putting on compression stockings for R3. R3's record indicated as assessment was completed on: April 4, 2022 Master assessment July 18, 2022 90 day assessment (105 days from the last assessment) On August 23, 2022, at 10:45 a.m., licensed assisted living director (LALD)-A confirmed that assessments were not completed within 90 days. LALD-A indicated that she was not aware that was a requirement. The licensee's Initial and On-Going Nursing	01620		

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01620	Continued From page 9 Assessment of cCients policy, dated March 13, 2018, indicated the frequency between assessments not to exceed 90 days from the last date of the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and	02110		

Minnesota Department of Health

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02110	Continued From page 10 intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure policies and procedures required in the licensing of assisted living facilities with dementia care were developed or implemented and provided to each resident and or the resident's legal and designated representative at the time of move-in. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: R2 R2 initiated assisted living services on May 18, 2021, with diagnosis including Parkinson's, dementia, and sleep apnea. R2's service plan agreement dated August 2, 2021, indicated R2 received services, which included assistance with activities of daily living and medication management.	02110		

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02110	Continued From page 11 R2's record lacked evidence dementia policies had been provided to the resident. R3 R3 initiated assisted living services on March 22, 2022, with diagnosis including Alzheimer's, reflux, and kidney failure. R3's service plan agreement dated March 24, 2022, indicated R3 received services, which included assistance with activities of daily living and medication management R3's record lacked evidence dementia policies had been provided the the resident. On August 23, 2022, at 3:40 p.m., licensed assisted living director (LALD)-A indicated that she thought they had created dementia policies but did not know where they were. The dementia care policies and procedures were requested and not provided. No further informationw as provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors 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."	03090		

Minnesota Department of Health

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03090	Continued From page 12 (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 signage was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all residents, staff, and 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 resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: On August 22, 2022, at 9:00 a.m., during the entrance tour. The surveyor noted the electronic sign posted at the entrance failed to show the required language. On August 22, 2022, at 10:23 a.m., licensed assisted living director (LALD)-A stated they did have the required language posted but a residents pulled it down and agreed it was not currently posted. LALD-A stated she would post a new one with the required language. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	03090		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34667	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/23/2022
NAME OF PROVIDER OR SUPPLIER THE FAMILY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 JEFFERSON ROAD NORTHFIELD, MN 55057			
(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



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

Type: Full
Date: 08/23/22
Time: 11:10:01
Report: 1020221106

Food and Beverage Establishment Inspection Report

Page 1

Location:

The Family Residence
2501 Jefferson Road
Northfield, MN 55057
Rice County, 66

Establishment Info:

ID #: 0037449
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5075812444
ID #:

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

The following orders were issued during this inspection.

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

3-302.11A(1) ** Priority 1 **

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

RAW EGGS BEING STORED ABOVE READY-TO-EAT FOOD ITEMS IN THE UPRIGHT COOLER; DISCUSSED WITH PERSON IN CHARGE. EGGS WERE MOVED BELOW READY-TO EAT FOOD ITEMS IN THE COOLER.

Corrected on Site

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.

SPRAY BOTTLES OF CHEMICALS BEING STORED WITH THE NOZZLE FACING CUPS; DISCUSSED WITH PERSON IN CHARGE. SPRAY BOTTLES OF CHEMICALS WERE REMOVED.

Corrected on Site

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: <0 Degrees Fahrenheit - Location: FOODS FIRM - UPRIGHT FREEZER

Violation Issued: No

Process/Item: Cold Holding

Temperature: 39 Degrees Fahrenheit - Location: HAM AND POTATO SOUP - UPRIGHT COOLER

Violation Issued: No

Type: Full
Date: 08/23/22
Time: 11:10:01
Report: 1020221106
The Family Residence

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Cold Holding

Temperature: 40 Degrees Fahrenheit - Location: CUT WATERMELON - UPRIGHT COOLER

Violation Issued: No

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

GENERAL COMMENTS:

DISCUSSED EMPLOYEE ILLNESS POLICY AND PROCEDURES. AN EMPLOYEE ILLNESS LOG IS USED ON-SITE.

DISCUSSED COOLING PROCEDURE.

ALL FOOD IS PREPARED IN THE KITCHEN OR PURCHASED FROM AN APPROVED SOURCE. FOOD IS PREPARED FOR SAME DAY SERVICE AND TYPICALLY NO LEFTOVERS. LEFTOVER CUT FRUIT ARE FOOD ITEMS THAT ARE REUSED OCCASIONALLY, BUT NOT PAST 7 DAYS.

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 1020221106 of 08/23/22.

Certified Food Protection Manager: Taylor E. Ranzan

Certification Number: FM107546 Expires: 08/17/24

Inspection report reviewed with person in charge and emailed.

Signed: Report emailed
Establishment Representative

Signed: Ashley B
Ashley B

651-201-4500

Report #: 1020221106

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pool, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out

1

Date 08/23/22

No. of Repeat RF/PHI Categories Out

0

Time In 11:10:01

Legal Authority MN Rules Chapter 4626

Time Out

The Family Residence

Address

2501 Jefferson Road

City/State

Northfield, MN

Zip Code

55057

Telephone

5075812444

License/Permit #
0037449

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
Supervision			
1	IN OUT		
2	IN OUT N/A		
Employee Health			
3	IN OUT		
4	IN OUT		
5	IN OUT		
Good Hygienic Practices			
6	IN OUT N/O		
7	IN OUT N/O		
Preventing Contamination by Hands			
8	IN OUT N/O		
9	IN OUT N/A N/O		
10	IN OUT		
Approved Source			
11	IN OUT		
12	IN OUT N/A N/O		
13	IN OUT		
14	IN OUT N/A N/O		
Protection from Contamination			
15	IN OUT N/A N/O		X
16	IN OUT N/A		
17	IN OUT		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	IN OUT N/A N/O		
19	IN OUT N/A N/O		
20	IN OUT N/A N/O		
21	IN OUT N/A N/O		
22	IN OUT N/A		
23	IN OUT N/A N/O		
24	IN OUT N/A N/O		
Consumer Advisory			
25	IN OUT N/A		
Highly Susceptible Populations			
26	IN OUT N/A		
Food and Color Additives and Toxic Substances			
27	IN OUT N/A		
28	IN OUT		X
Conformance with Approved Procedures			
29	IN OUT N/A		

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

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

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

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

Food Recalls:

Person in Charge (Signature) *Report emailed*

Date: 09/02/22

Inspector (Signature) *MBR*