



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

Electronically Delivered

September 6, 2024

Licensee  
Frazee Assisted Living  
219 West Maple Avenue  
Frazee, MN 56544

RE: Project Number(s) SL30423015

Dear Licensee:

On August 7, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the May 15, 2024, facility were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jodi Johnson'.

Jodi Johnson, Supervisor  
State Evaluation Team  
Email: Jodi.Johnson@state.mn.us  
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH



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

Electronically Delivered

June 4, 2024

Licensee  
Frazee Assisted Living  
219 West Maple Avenue  
Frazee, MN 56544

RE: Project Number(s) SL30423015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 15, 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.

### **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 . . ."

### **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 may be 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.31, Subd. 4(a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. MDH may impose 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. MDH 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(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

**St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$3,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

#### **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>**

#### **REQUESTING A HEARING**

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

correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

A handwritten signature in cursive script that reads "Jessie Chenze".

Jessie Chenze, Supervisor

State Evaluation Team

Email: [Jessie.Chenze@state.mn.us](mailto:Jessie.Chenze@state.mn.us)

Telephone: 218-332-5175 Fax: 1-866-890-9290

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>30423 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | (X3) DATE SURVEY COMPLETED<br><br>05/15/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>FRAZEE ASSISTED LIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>219 WEST MAPLE AVENUE<br>FRAZEE, MN 56544                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                              |
| (X4) ID<br>PREFIX<br>TAG                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X5)<br>COMPLETE<br>DATE |                                              |
| 0 000                                                      | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</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>INITIAL COMMENTS:</p> <p>SL30423015</p> <p>On May 13, 2024, through May 15, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 17 resident(s); 17 receiving services under the provider's Assisted Living license.</p> <p>An immediate correction order was identified on May 14, 2024, issued for SL30423015-0, tag identification 2310.</p> <p>On May 14, 2024, at 4:33 p.m., the immediacy of correction order 2310 was removed, however, non-compliance remained at a scope and level of I.</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</p> |                          |                                              |

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                          |  |                                                     |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b>                               |  |                                                     |
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| 0 000                                                             | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 000                                                                  | ISSUED PURSUANT TO 144G.31<br>SUBDIVISION 1-3.                                                                           |  |                                                     |
| 0 470<br>SS=F                                                     | <b>144G.41 Subdivision 1 Minimum requirements</b><br><br>(11) develop and implement a staffing plan for determining its staffing level that:<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and<br>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;<br>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:<br>(i) awake;<br>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;<br>(iii) capable of communicating with residents;<br>(iv) capable of providing or summoning the appropriate assistance; and<br>(v) capable of following directions;<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure that one or more persons were available 24 hours per day, seven | 0 470                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 470                                                             | <p>Continued From page 2</p> <p>days per week, who were responsible for responding to the requests of residents, were in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time.</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>The licensee held an assisted living facility license with a capacity of 19 residents, with a current census of 17 residents, all of whom received assisted living services.</p> <p>During the entrance conference on May 13, 2024, at 11:15 a.m., clinical nurse supervisor (CNS)-A stated the licensee had one unlicensed personnel (ULP) who worked from 6:00 a.m. through 2:30 p.m., and one ULP who worked from 2:00 p.m. through 10:30 p.m. CNS-A stated the night shift was covered by the nursing staff from the attached skilled nursing facility. These staff would respond if a call light was used by the residents, and she is also notified if a call light is used during the night. CNS-A stated if there were something big that would take away the skilled nursing staff from their duties, she would come in. Licensed assisted living director (LALD)-B stated they were also notified in the morning if a call light had been used during the night.</p> | 0 470                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b>                               |  |                                                     |
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| 0 470                                                             | <p>Continued From page 3</p> <p>The licensee's Direct-Care Staffing Plan, reviewed May 1, 2024, noted the staffing schedule included one ULP on days, one ULP on evenings, and night shift included available staff from the nursing home. It also noted CNS-A or designee was on-call.</p> <p>The licensee's Uniform Disclosure of Assisted Living Services &amp; Amenities (UDALSA) dated May 27, 2021, noted unlicensed staff are available in the building and available to respond to resident requests 24/7. It also noted the number of unlicensed direct care staff typically scheduled per shift was one on the day shift, one on the evening shift, and one on the night shift.</p> <p>On May 14, 2024, at 10:05 a.m., CNS-A stated she had checked with LALD-B, and they did not have a waiver or variance to use staff from the skilled nursing facility at night.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 470                                                                  |                                                                                                                          |  |                                                     |
| 0 480<br>SS=F                                                     | <p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:<br/>(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:<br/>Based on observation, interview, and record review, the licensee failed to ensure food was</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 480                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                     |
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| 0 480                                                             | Continued From page 4<br><br>prepared and served according to the Minnesota Food Code.<br><br>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).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 15, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480                                                                                      |                                                                                                                          |  |                                                     |
| 0 485<br>SS=C                                                     | 144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(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:<br>(A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in                                                                                                                                                                                                                                                                                                                             | 0 485                                                                                      |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 485                                                             | <p>Continued From page 5</p> <p>menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and<br/>(C) the facility cannot require a resident to include and pay for meals in their contract;<br/>(ii) weekly housekeeping;<br/>(iii) weekly laundry service;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the Assisted Living contract did not require any resident to include and pay for meals as a part of their assisted living package fee. This had the potential to affect all residents of the facility.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's Resident Agreement, page 4, section 6. Meal Plans noted the following:</p> <p>"The Community offers the meal plans described on Attachment C. You are not required to select a meal plan to live at the Community. The cost of your meal plan, should you select one, is not included in your Monthly Base Fee. Meal plans are available for the additional fees listed on Attachment C. If you wish to change meal plans at any time, you may do so by signing and dating</p> | 0 485                                                                  |                                                                                                                          |  |                                                     |

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| 0 485                                                             | <p>Continued From page 6</p> <p>a new Meal Plan Options selection form (Attachment C), which will become part of this Agreement and placed in your resident file."</p> <p>The licensee's Attachment A Fee Schedule noted the cost of the meal plan as \$275.00.</p> <p>The licensee's Attachment C Meal Plan Options noted "Frazee Assisted Living strongly encourages their residents to sign up for the meal plan. Therefore, a reasonable, nutritious 3-time-a-day meal plan is Frazee Assisted Living's only meal plan option." It also noted two boxes to select as follows:</p> <ul style="list-style-type: none"><li>- "Frazee Assisted Living meal Plan: 3 delicious, nutritious meals a day Monthly Cost \$275.00", and</li><li>- "No Meal Plan. I do not wish to participate in a meal plan through the community at this time."</li></ul> <p>On May 13, 2024, at 1:50 p.m., licensed assisted living director (LALD)-B and clinical nurse supervisor (CNS)-A stated the contract includes an option for all meals or no meals. LALD-B stated this was his understanding of providing options to be all or no meals, and their contract had been changed to include this.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 485                                                                  |                                                                                                                          |  |                                                     |
| 0 510<br>SS=D                                                     | <p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 510                                                                  |                                                                                                                          |  |                                                     |

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| 0 510                                                             | <p>Continued From page 7</p> <p>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to establish and maintain an infection control program to comply with accepted health care, medical and nursing standards for infection control for one of two employees (unlicensed personnel (ULP)-D) observed to provide medication administration.</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>On May 14, 2024, from 8:25 a.m. through 8:41 a.m., the surveyor observed ULP-D administer medications to five residents in the dining room. ULP-D placed the medications from a preset cassette into a medication cup, initialed the medication administration record with a pen, and delivered the medications to the residents at their table. ULP-D was observed to utilize hand</p> | 0 510                                                                  |                                                                                                                          |  |                                                     |

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| 0 510                                                             | <p>Continued From page 8</p> <p>sanitizer twice, once after the fourth resident, and once after the fifth resident.</p> <p>On May 14, 2024, at 12:18 p.m., ULP-D stated she did use sanitizer some of the times, but not between each resident as she normally does.</p> <p>On May 14, 2024, at 1:50 p.m., clinical nurse supervisor (CNS)-A stated she expects hand hygiene to be done after changing gloves and after each resident contact, especially if staff touch the resident or touch something.</p> <p>The licensee's undated Hand Hygiene policy noted hands should be washed before and after direct contact with a resident, and after contact with environmental surfaces or equipment in the immediate vicinity of the resident.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 510                                                                                      |                                                                                                                          |  |                                                        |
| 0 730<br>SS=D                                                     | <p>144G.43 Subd. 3 Contents of resident record</p> <p>Contents of a resident record include the following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing</p>                                                                                                                                                                                                                       | 0 730                                                                                      |                                                                                                                          |  |                                                        |

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| 0 730                                                             | <p>Continued From page 9</p> <p>medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the resident record included a discharge summary with the required content for one of one discharged resident (R3).</p> | 0 730                                                                                      |                                                                                                                          |  |                                                        |

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| 0 730                                                             | <p>Continued From page 10</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>R3 admitted to the facility on May 18, 2023, and discharged on May 1, 2024.</p> <p>R3's diagnoses included anemia, chronic kidney disease, and type 2 diabetes mellitus.</p> <p>R3's Service Plan dated April 24, 2024, noted services including medication administration, diabetes management, and assistance with laundry and housekeeping.</p> <p>R3's record lacked a discharge summary including:</p> <ul style="list-style-type: none"><li>- a summary of the resident's stay including diagnoses, course of illnesses, allergies, treatments and therapies, and pertinent lab, radiology, and consultation results; and</li><li>- a final summary of the resident's status from the latest assessment or review including baseline and current mental, behavioral, and functional status.</li></ul> <p>On May 13, 2024, at 2:35 p.m., clinical nurse supervisor (CNS)-A stated R3 went to the emergency department on March 21, 2024, and was admitted. On March 27, 2024, R3 discharged from the hospital to the skilled nursing</p> | 0 730                                                                                      |                                                                                                                          |  |                                                        |

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| 0 730                                                             | <p>Continued From page 11</p> <p>facility. CNS-A stated the family decided on May 1, 2024, to discharge the resident from the assisted living facility. CNS-A also stated a discharge summary had not been completed as required, and it had been missed.</p> <p>The licensee's undated Discharge Summary policy noted a discharge summary would be written by the time of discharge including a summary of the residents stay including diagnoses, course of illnesses, allergies, treatments, therapies, pertinent lab results, radiology results and consultation results, and a final summary of the resident's status.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION:<br/>Twenty-One (21) days</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |
| 0 790<br>SS=D                                                     | <p><b>144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment</b></p> <p>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;</p> <p>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and</p> <p>This MN Requirement is not met as evidenced by:</p>                                                                                                                                                                               | 0 790                                                                  |                                                                                                                          |  |                                                     |

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| 0 790                                                             | <p>Continued From page 12</p> <p>Based on observation and interview, the licensee failed to install a portable fire extinguisher as required by statute. This deficient condition had the potential to affect a limited number of residents, staff, and visitors.</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 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>On May 16, 2024, at 10:40 a.m., survey staff toured the facility with maintenance (M)-G. During the tour, survey staff observed a portable fire extinguisher stored on top of a counter in the beauty shop. The fire extinguisher was not properly installed. Fire extinguishers must be mounted on brackets or in wall cabinets to prevent them from being moved or damaged. On May 16, 2024, during the facility tour interview, M-G verified the fire extinguisher was not installed as required and stated this would be corrected.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 790                                                                                      |                                                                                                                          |  |                                                     |
| 0 800<br>SS=F                                                     | <p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 800                                                                                      |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                     |
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| 0 800                                                             | <p>Continued From page 13</p> <p>good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors.</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> <p>The findings include:</p> <p>On May 16, 2024, at 10:40 a.m., survey staff toured the facility with maintenance (M)-G. During the tour, survey staff observed the following:</p> <p>1. Door closer arms were missing or disconnected on the labeled 20-minute fire doors leading from the corridor into resident dwelling units 1, 3, 6, 9, 10, 12, 14, 17, and 19.</p> <p>2. The door closer arm was disconnected on the labeled 20-minute fire door for the beauty shop.</p> <p>These fire doors did not self-close and positively latch. Fire doors must be installed and maintained as designed to protect the opening in which they</p> | 0 800                                                                                      |                                                                                                                          |  |                                                     |

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| 0 800                                                             | Continued From page 14<br><br>were installed and to protect adjacent spaces.<br><br>3. In resident dwelling unit 20, the labeled 20-minute fire door was propped open with a kick-down door stop installed on the fire door. Fire doors held open by door stops prohibit the required operation and closing feature of the door.<br><br>On May 16, 2024, during the facility tour interview, M-G verified the fire door closers were not working and the improper use of a door stop. M-G stated the facility already had plans to install spring hinges on resident dwelling unit fire doors and the door closer for the beauty shop would be repaired.<br><br>4. Electrical service panels were obstructed by items being stored in front of the panels in the electrical room. Electrical panels must be accessible at all times. Blocking electrical panels may delay access in the event of an emergency. On May 16, 2024, during the facility tour interview, M-G verified the improper storage of items in front of the electrical panels.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 800                                                                                      |                                                                                                                          |  |                                                     |
| 01060<br>SS=F                                                     | 144G.52 Subd. 9 Emergency relocation<br><br>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.<br>(b) In the event of an emergency relocation, the facility must provide a written notice that contains,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01060                                                                                      |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01060                                                             | <p>Continued From page 15</p> <p>at a minimum:</p> <p>(1) the reason for the relocation;</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;</p> <p>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and</p> <p>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation for</p> | 01060                                                                  |                                                                                                                          |  |                                                     |

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| 01060                                                             | <p>Continued From page 16</p> <p>one of one resident (R3) who was hospitalized.</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>R3's record lacked evidence of a written notice provided to the resident, the resident's legal representative, and designated representative that contained, at a minimum:</p> <ul style="list-style-type: none"><li>- the reason for the relocation;</li><li>- the name and contact information for the location to which the resident had been relocated and any new service provider;</li><li>- contact information for the Office of Ombudsman for Long-Term Care (OOLTC);</li><li>- if known and applicable, the approximate date or range of dates within which the resident was expected to return to the facility, or a statement that a return date was not currently known; and</li><li>- a statement that, if the facility refused to provide housing or services after a relocation, the resident had the right to appeal and the contact information for the agency to which the resident may submit an appeal.</li></ul> <p>R3's diagnoses included anemia, chronic kidney disease, and type 2 diabetes mellitus.</p> <p>R3's Service Plan dated April 25, 2024, noted services including medication administration, diabetes management, and assistance with</p> | 01060                                                                  |                                                                                                                          |  |                                                     |

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| 01060                                                             | <p>Continued From page 17</p> <p>laundry and housekeeping.</p> <p>The completed Discharged or Deceased Resident Roster dated May 13, 2024, completed by the facility, noted R3 discharged to a skilled nursing facility after hospitalization on May 1, 2024.</p> <p>On May 13, 2024, at 2:35 p.m., clinical nurse supervisor (CNS)-A stated R3 went to the emergency department on March 21, 2024, and was admitted. On March 27, 2024, R3 discharged from the hospital to the skilled nursing facility. CNS-A stated the family decided on May 1, 2024, to discharge the resident from the assisted living facility. CNS-A also stated she had provided a notice of transfer to the Office of Ombudsman for Long Term Care (OOLTC) on March 21, 2024, but was not aware of the requirement to provide the notice to the resident and the resident's legal representative and designated representative if the family had decided to admit the resident to the hospital, so this was not her process.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p> | 01060                                                                  |                                                                                                                          |  |                                                     |
| 01290<br>SS=F                                                     | <p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01290                                                                  |                                                                                                                          |  |                                                     |

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| 01290                                                             | <p>Continued From page 18</p> <p>self-disclosure of criminal conviction information.<br/>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.<br/>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure a background study was affiliated with the assisted living license for one of four employees (certified nursing assistant (CNA)-F).</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>CNA-F was employed by the attached skilled nursing facility.</p> <p>CNA-F's employee record lacked evidence the licensee had a background study affiliated with the facility's license.</p> <p>On May 15, 2024, at 12:40 p.m., clinical nurse supervisor (CNS)-A provided the background study clearance letter for CNA-F, and stated the</p> | 01290                                                                                      |                                                                                                                          |  |                                                     |

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| 01290                                                      | Continued From page 19<br><br>CNA staff on the night shift from the skilled nursing facility are typically the ones that answer the call lights in the assisted living facility on the night shift.<br><br>On May 15, 2024, at 1:55 p.m., licensed assisted living director (LALD)-B stated the background study was not affiliated with the health facility identification number for the assisted living facility, and added it was his understanding that this was ok as long as it was under the sensitive information person (SIP).<br><br>The licensee's undated Background Checks policy noted all employees must pass a background study.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days | 01290                                                                              |                                                                                                                          |  |                                              |
| 01370<br>SS=D                                              | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including:<br>(i) hair care and bathing;<br>(ii) care of teeth, gums, and oral prosthetic                                                                                                            | 01370                                                                              |                                                                                                                          |  |                                              |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                        |
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| 01370                                                             | <p>Continued From page 20</p> <p>devices;<br/>(iii) care and use of hearing aids; and<br/>(iv) dressing and assisting with toileting;<br/>(6) training on the prevention of falls;<br/>(7) standby assistance techniques and how to perform them;<br/>(8) medication, exercise, and treatment reminders;<br/>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br/>(10) preparation of modified diets as ordered by a licensed health professional;<br/>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;<br/>(12) awareness of confidentiality and privacy;<br/>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br/>(14) procedures to use in handling various emergency situations; and<br/>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care for one of two unlicensed personnel (ULP-E).</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</p> | 01370                                                                                      |                                                                                                                          |  |                                                        |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                     |
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| 01370                                                             | <p>Continued From page 21</p> <p>a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-E was hired to provide assisted living services on July 12, 2023.</p> <p>On May 15, 2023, at 8:00 a.m., ULP-E was observed in the dining room with residents assisting with breakfast.</p> <p>ULP-E's employee record lacked documented evidence of the following required training:<br/>- maintenance of a clean and safe environment.</p> <p>On May 15, 2024, at 1:35 p.m., clinical nurse supervisor (CNS)-A stated this training is provided to staff, but she was unable to locate it on ULP-E's transcript.</p> <p>The licensee's undated Assisted Living Orientation - ULP Staff policy noted newly hired ULP would receive orientation and training on topics required by Minnesota statutes and rules for assisted living organizations, including maintenance of a clean and safe environment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01370                                                                                      |                                                                                                                          |  |                                                     |
| 01380<br>SS=D                                                     | <p>144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn</p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01380                                                                                      |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01380                                                             | <p>Continued From page 22</p> <p>(1) observing, reporting, and documenting resident status;</p> <p>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</p> <p>(3) reading and recording temperature, pulse, and respirations of the resident;</p> <p>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;</p> <p>(5) safe transfer techniques and ambulation;</p> <p>(6) range of motioning and positioning; and</p> <p>(7) administering medications or treatments as required.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care for one of two unlicensed personnel (ULP-E).</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>ULP-E was hired to provide assisted living services on July 12, 2023.</p> <p>On May 15, 2023, at 8:00 a.m., ULP-E was observed in the dining room with residents</p> | 01380                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                     |
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| 01380                                                             | <p>Continued From page 23</p> <p>assisting with breakfast.</p> <p>ULP-E's employee record lacked documented evidence of the following required training:</p> <ul style="list-style-type: none"><li>- range of motion and positioning.</li></ul> <p>On May 15, 2024, at 1:35 p.m., clinical nurse supervisor (CNS)-A stated it is her practice to only train on range of motion or positioning if it was ordered or needed for a resident.</p> <p>The licensee's undated Assisted Living Orientation - ULP Staff policy noted newly hired ULP would receive orientation and training on topics required by Minnesota statutes and rules for assisted living organizations, including range of motion and positioning.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01380                                                                                      |                                                                                                                          |  |                                                     |
| 01440<br>SS=D                                                     | <p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff</p>                                                                                                                                         | 01440                                                                                      |                                                                                                                          |  |                                                     |

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| 01440                                                      | <p>Continued From page 24</p> <p>administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual began working for the licensee for one of two unlicensed personnel (ULP)-E.</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>ULP-E was hired to provide assisted living services on July 12, 2023.</p> <p>On May 15, 2023, at 8:00 a.m., ULP-E was observed in the dining room with residents assisting with breakfast.</p> | 01440                                                                              |                                                                                                                          |  |                                              |

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| 01440                                                             | Continued From page 25<br><br>ULP-E's employee record lacked documented evidence the required direct supervision.<br><br>On May 15, 2024, at 1:35 p.m., clinical nurse supervisor (CNS)-A stated if the supervision sheet was not in the employee file it was not done and had been missed.<br><br>The licensee's undated Supervision of Unlicensed Personnel policy noted direct supervision of ULP providing delegated nursing tasks must be performed within 30 days after the person began working for the facility had had been trained and determined competent to perform all the tasks assigned.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01440                                                                                      |                                                                                                                          |  |                                                        |
| 01470<br>SS=D                                                     | 144G.63 Subd. 2 Content of required orientation<br><br>(a) The orientation must contain the following topics:<br>(1) an overview of this chapter;<br>(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;<br>(3) handling of emergencies and use of emergency services;<br>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);<br>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;                            | 01470                                                                                      |                                                                                                                          |  |                                                        |

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| 01470                                                             | <p>Continued From page 26</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 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> | 01470                                                                                      |                                                                                                                          |  |                                                     |

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| 01470                                                      | <p>Continued From page 27</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living requirements and regulations prior to providing services for one of three employees (unlicensed personnel/ULP-E).</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>ULP-E was hired to provide assisted living services on July 12, 2023.</p> <p>On May 15, 2023, at 8:00 a.m., ULP-E was observed in the dining room with residents assisting with breakfast.</p> <p>ULP-E's Orientation Checklist dated July 12, 2023, and transcript lacked evidence of the following required training on hire:</p> <ul style="list-style-type: none"><li>- overview of the Assisted Living statutes; and</li><li>- a review of the types of Assisted Living services the employee would provide and the provider's scope of license.</li></ul> <p>On April 15, 2024, at 1:35 p.m., clinical nurse supervisor (CNS)-A stated she did not provide anything specific to the statutes, and does not review the types of services and the scope of</p> | 01470                                                                              |                                                                                                                          |  |                                              |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01470                                                             | Continued From page 28<br><br>license in orientation. She goes over the services staff would be provided and does the training and competency testing.<br><br>The licensee's undated Personnel Records policy noted each record would include records of orientation.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01470                                                                                      |                                                                                                                          |  |                                                     |
| 01530<br>SS=D                                                     | 144G.64 TRAINING IN DEMENTIA CARE REQUIRED<br><br>(a) All assisted living facilities must meet the following training requirements:<br>(1) supervisors of direct-care staff must have at 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;<br>(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. | 01530                                                                                      |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b>                               |  |                                                     |
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| 01530                                                             | <p>Continued From page 29</p> <p>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:<br/>Based on observation, interview, and record review, the licensee failed to ensure one of three employees (unlicensed personnel/ULP-E) received the required training on the required topics specified under paragraph (b) related to dementia training.</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>ULP-E was hired to provide assisted living services on July 12, 2023.</p> <p>On May 15, 2023, at 8:00 a.m., ULP-E was observed in the dining room with residents assisting with breakfast.</p> <p>ULP-E's transcript noted ULP-E had received 6.5 hours dementia training to date, short of the required 8 hours, within 160 working hours (reached on August 13, 2023).</p> <p>On May 15, 2024, at 1:35 p.m., clinical nurse supervisor (CNS)-A stated ULP-E had received additional training at her previous place of</p> | 01530                                                                  |                                                                                                                          |  |                                                     |

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| 01530                                                             | Continued From page 30<br><br>employment, but they did not evidence of this in her employee file.<br><br>The licensee's undated Dementia Training policy noted direct care staff would complete a minimum of 8 hours initial training on dementia care topics within 160 working hours of the employment start date.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01530                                                                  |                                                                                                                          |  |                                                     |
| 01650<br>SS=F                                                     | 144G.70 Subd. 4 (f) Service plan, implementation and revisions to<br><br>(f) The service plan must include:<br>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;<br>(2) the identification of staff or categories of staff who will provide the services;<br>(3) the schedule and methods of monitoring assessments of the resident;<br>(4) the schedule and methods of monitoring staff providing services; and<br>(5) a contingency plan that includes:<br>(i) the action to be taken if the scheduled service cannot be provided;<br>(ii) information and a method to contact the facility;<br>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; | 01650                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                        |
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| 01650                                                             | <p>Continued From page 31</p> <p>and<br/>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure a service plan included the required content for two of two residents (R1, R2).</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>R1<br/>R1's diagnoses included muscle weakness, urine retention, epigastric pain, nocturia, chronic pain, type 2 diabetes, and chronic kidney disease.</p> <p>R1's Service Plan dated November 8, 2021, indicated R1 received services including medication administration, bathing, dressing, blood glucose monitoring, and assistance with laundry and housekeeping. However, the service plan lacked:</p> <ul style="list-style-type: none"><li>- the correct schedule and methods of monitoring assessments of the resident; and</li><li>- contact information of persons the resident</li></ul> | 01650                                                                                      |                                                                                                                          |  |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b>                               |  |                                                     |
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| 01650                                                             | <p>Continued From page 32</p> <p>wished to have notified in an emergency.</p> <p>R2<br/>R2's diagnoses included anemia, ventricular tachycardia and ventricular fibrillation, congestive heart failure, and Alzheimer's disease.</p> <p>R2's Service Plan, dated April 25, 2024, indicated R2 received services including medication administration, shower, nail care, and laundry and housekeeping services. However, the service plan lacked:</p> <ul style="list-style-type: none"><li>- the correct schedule and methods of monitoring assessments of the resident.</li></ul> <p>On May 15, 2024, at 9:44 a.m., clinical nurse supervisor (CNS)-A stated the verbiage for the assessments was from the comprehensive license statutes, and not the assisted living statutes. In addition, CNS-A stated the same template was utilized for all residents. CNS-A also stated the contact information for R1 contained the name only, and the rest had not been completed on the service plan.</p> <p>The licensee's undated Content of Service Plans policy noted the service plan would include the schedule and methods of monitoring assessments and the names and contact information of persons the resident wished to have notified in an emergency.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION:<br/>Twenty-One (21) days</p> | 01650                                                                  |                                                                                                                          |  |                                                     |
| 01690<br>SS=F                                                     | 144G.71 Subdivision 1 Medication management services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01690                                                                  |                                                                                                                          |  |                                                     |

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| 01690                                                             | <p>Continued From page 33</p> <p>(a) This section applies only to assisted living facilities that provide medication management services.</p> <p>(b) An assisted living facility that provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines.</p> <p>(c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and resident and legal and designated representatives; disposing of unused medications; and educating residents and legal and designated representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and maintain current written medication management policies and procedures under the supervision and direction of</p> | 01690                                                                                      |                                                                                                                          |  |                                                        |

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| 01690                                                             | <p>Continued From page 34</p> <p>a registered nurse (RN).</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>During the entrance conference on May 13, 2024, at 11:15 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided medication management services to the licensee's residents.</p> <p>The licensee's provided policies lacked:</p> <ul style="list-style-type: none"><li>- verifying that prescription drugs are administered as prescribed;</li><li>- monitoring and evaluating medication use; and</li><li>- resolving medication errors.</li></ul> <p>On May 15, 2024, at 1:05 p.m., CNS-A stated the licensee lacked these required policies, and would be developing them.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01690                                                                  |                                                                                                                          |  |                                                     |
| 01760<br>SS=D                                                     | <p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>Each medication administered by the assisted living facility staff must be documented in the</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01760                                                                  |                                                                                                                          |  |                                                     |

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| 01760                                                             | <p>Continued From page 35</p> <p>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:<br/>Based on observation, interview, and record review, the licensee failed to ensure medications were documented after administration for one of two employees (unlicensed personnel/ULP-D).</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>On May 14, 2024, from 8:25 a.m. through 8:41 a.m., the surveyor observed ULP-D administer medications to five residents in the dining room. ULP-D placed the medications from a preset cassette into a medication cup, initialed the medication administration record, and delivered the medications to the resident at their table.</p> | 01760                                                                  |                                                                                                                          |  |                                                     |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>30423</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>05/15/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01760                                                             | Continued From page 36<br><br>On May 14, 2024, at 12:18 p.m., ULP-D stated she did sign off the medications as administered prior to administering them, and stated this is how she has always done it.<br><br>On May 14, 2024, at 1:50 p.m., clinical nurse supervisor (CNS)-A stated staff should sign off medications as administered after administration, not before.<br><br>The licensee's undated Documentation of Medication, Treatment and Therapy Management Services policy noted staff would document each task immediately after the task had been performed.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                   | 01760                                                                                      |                                                                                                                          |  |                                                     |
| 01780<br>SS=F                                                     | 144G.71 Subd. 10 Medication management for residents who will<br><br>(a) An assisted living facility that is providing medication management services to the resident must develop and implement policies and procedures for giving accurate and current medications to residents for planned or unplanned times away from home according to the resident's individualized medication management plan. The policies and procedures must state that:<br>(1) for planned time away, the medications must be obtained from the pharmacy or set up by the licensed nurse according to appropriate state and federal laws and nursing standards of practice;<br><br>This MN Requirement is not met as evidenced | 01780                                                                                      |                                                                                                                          |  |                                                     |

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| 01780                                                             | <p>Continued From page 37</p> <p>by:<br/>Based on interview and record review, the licensee failed to develop and implement policies and procedures for giving accurate and current medications for those residents who received medication management services having planned and unplanned times away from home.</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>During the entrance conference on May 13, 2024, at 11:15 a.m., clinical nurse supervisor (CNS)-A stated the facility provided medication management services to the licensee's residents.</p> <p>The licensee's undated Delegation of Medications To Be Given To Residents By Unlicensed Staff for Residents Time Away From Home policy lacked the following required content:</p> <ul style="list-style-type: none"><li>- for planned time away, the medications must be obtained from the pharmacy or set up by the registered nurse (RN);</li><li>- for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days;</li><li>- the resident must be provided written information on medications, including any special</li></ul> | 01780                                                                                      |                                                                                                                          |  |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                        |
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| 01780                                                             | Continued From page 38<br><br>instructions for administering or handling the<br>medications, including controlled substances; and<br>- the medications must be placed in a medication<br>container or containers appropriate to the<br>provider's medication system and must be<br>labeled with the resident's name and the dates<br>and times that the medications are scheduled.<br><br>On May 15, 2024, at 1:10 p.m., CNS-A stated the<br>policy lacked the required content.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01780                                                                                      |                                                                                                                          |  |                                                        |
| 01790<br>SS=F                                                     | 144G.71 Subd. 10 Medication management for<br>residents who will<br><br>(2) for unplanned time away, when the pharmacy<br>is not able to provide the medications, a licensed<br>nurse or unlicensed personnel shall provide<br>medications in amounts and dosages needed for<br>the length of the anticipated absence, not to<br>exceed seven calendar days;<br>(3) the resident must be provided written<br>information on medications, including any special<br>instructions for administering or handling the<br>medications, including controlled substances; and<br>(4) the medications must be placed in a<br>medication container or containers appropriate to<br>the provider's medication system and must be<br>labeled with the resident's name and the dates<br>and times that the medications are scheduled.<br>(b) For unplanned time away when the licensed<br>nurse is not available, the registered nurse may<br>delegate this task to unlicensed personnel if:<br>(1) the registered nurse has trained the<br>unlicensed staff and determined the unlicensed | 01790                                                                                      |                                                                                                                          |  |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                        |
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| 01790                                                             | <p>Continued From page 39</p> <p>staff is competent to follow the procedures for giving medications to residents; and<br/>(2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:<br/>(i) the type of container or containers to be used for the medications appropriate to the provider's medication system;<br/>(ii) how the container or containers must be labeled;<br/>(iii) written information about the medications to be provided;<br/>(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;<br/>(v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;<br/>(vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and<br/>(vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</p> <p>This MN Requirement is not met as evidenced by:</p> | 01790                                                                                      |                                                                                                                          |  |                                                        |

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| 01790                                                             | <p>Continued From page 40</p> <p>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed comprehensive written procedures for the unlicensed personnel (ULP) providing medications for residents having unplanned time away when the licensed nurse was not available.</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 the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on May 13, 2024, at 11:15 a.m., clinical nurse supervisor (CNS)-A stated the facility provided medication management services to the licensee's residents.</p> <p>The licensee's undated Delegation of Medications To Be Given To Residents By Unlicensed Staff for Residents Time Away From Home policy lacked the following written procedures to include:</p> <ul style="list-style-type: none"><li>- a review by the RN of the completion of this task to verify that this was completed accurately by the ULP.</li></ul> <p>On May 15, 2024, at 1:10 p.m., CNS-A stated the procedure lacked the required content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01790                                                                  |                                                                                                                          |  |                                                     |

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| 01910<br>SS=D                                                     | <p><b>144G.71 Subd. 22 Disposition of medications</b></p> <p>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.</p> <p>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.</p> <p>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as required for one of one resident (R3) upon discharge.</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</p> | 01910                                                                                      |                                                                                                                          |  |                                                     |

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| 01910                                                             | <p>Continued From page 42</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 admitted to the facility on May 18, 2023, and discharged on May 1, 2024.</p> <p>R3's diagnoses included anemia, chronic kidney disease, and type 2 diabetes mellitus.</p> <p>R3's Service Plan dated April 24, 2024, noted services including medication administration, diabetes management, and assistance with laundry and housekeeping.</p> <p>R3's prescriber orders dated March 13, 2024, included a blood thinner, one blood pressure medication, and one antidepressant.</p> <p>R3's record lacked documentation of the disposition of medications to include the medication name, strength, prescription number as applicable, quantity, and the names of staff and other individuals involved in the disposition.</p> <p>On May 13, 2024, at 2:35 p.m., clinical nurse supervisor (CNS)-A stated she did not get back to do the disposition of medications since R3 had been as the skilled nursing facility for so long before being discharged.</p> <p>The licensee's undated Disposition of Disposal of Medication policy noted staff would document in the resident's record the name of the person to whom the medications were given, the time and date, the name of each medication, and the amount of medication remaining.</p> <p>No further information was provided.</p> | 01910                                                                                      |                                                                                                                          |  |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b>                               |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01910                                                             | Continued From page 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 01910                                                                  |                                                                                                                          |  |                                                     |
|                                                                   | TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                          |  |                                                     |
| 01930<br>SS=F                                                     | <b>144G.72 Subd. 2 Policies and procedures</b><br><br>(a) An assisted living facility that provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines.<br>(b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting treatment or therapy activities, educating and communicating with residents about treatments or therapies they are receiving, monitoring and evaluating the treatment or therapy, and communicating with the prescriber.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to develop and maintain current written treatment and therapy management policies and procedures under the supervision and direction of a registered nurse (RN).<br><br>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 | 01930                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b> |                                                                                                                          |  |                                                        |
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| 01930                                                             | <p>Continued From page 44</p> <p>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>During the entrance conference on May 13, 2024, at 11:15 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided treatment management services to the licensee's residents.</p> <p>The licensee's provided policies lacked:<br/>- monitoring and evaluating the treatment or therapy.</p> <p>On May 15, 2024, at 1:05 p.m., CNS-A stated the licensee lacked the required policy, and would be developing it.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01930                                                                                      |                                                                                                                          |  |                                                        |
| 02310<br>SS=I                                                     | <p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for</p>                                                                                                                                                                                                           | 02310                                                                                      |                                                                                                                          |  |                                                        |

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| 02310                                                             | <p>Continued From page 45</p> <p>four of four residents (R2, R5, R1, R4) with an assistive device.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>This practice resulted in an immediate order for correction on May 14, 2024.</p> <p>R2<br/>On May 14, 2024, at 7:10 a.m., the surveyor observed R2's bed to have a single upside down U-shaped device, black in color, on the left side of the bed. R2 was in bed, and the surveyor observed R2 get up independently, and grabbed onto the device as he sat up on the edge of the bed.</p> <p>On May 14, 2024, at 10:50 a.m., the surveyor and clinical nurse supervisor (CNS)-A went to observe R2's device. However, R2 was asleep in his bed, so we were unable to observe under the mattress to see how the device was attached at this time. A plan was made to come back later when R2 got up for lunch to observe the device.</p> <p>On May 14, 2024, at 11:17 a.m., CNS-A stated she had talked to their consultant and removed the device from R2's bed since it would not meet the criteria. CNS-A stated no assessment had been done prior to removing the device. In</p> | 02310                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br>FRAZEE ASSISTED LIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>219 WEST MAPLE AVENUE<br>FRAZEE, MN 56544                                       |                          |                                              |
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| 02310                                                      | <p>Continued From page 46</p> <p>addition, CNS-A stated the device had not been properly attached to the bed frame, as it slid right out.</p> <p>R2's diagnoses included anemia, ventricular tachycardia and ventricular fibrillation, congestive heart failure, and Alzheimer's disease.</p> <p>R2's Service Plan, dated April 25, 2024, indicated R2 received services including medication administration, shower, nail care, and laundry and housekeeping services.</p> <p>R2's Comprehensive Observation Tool dated May 12, 2024, indicated it was difficult to assess cognition since unsure if it was a memory concern or hearing concern. It noted they were unable to assess for depression, as resident did not appear to understand the questions. Family did not note any concerns with depression. R2 had one fall in the past 12 months, was independent with toileting, had problems ambulating/transferring, and appeared unsteady when ambulating.</p> <p>Manufacturer information provided noted the device was an Equate Bedside Rail.</p> <p>R2's record lacked an assessment to include the risk for entrapment, pain, ability to transfer in and out of bed without assistance, and a description of the device. It lacked documentation whether the device was determined to not act as a restraint, that the device was securely attached per manufacturer guidelines, risk versus benefits, and evidence the device had not been recalled. In addition, it lacked an assessment of the residents ability to transfer independently prior to removing the device.</p> | 02310                                                           |                                                                                                                          |                          |                                              |

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| 02310                                                             | <p>Continued From page 47</p> <p><b>R5</b><br/>On May 14, 2024, at 11:28 a.m., the surveyor and CNS-A observed R5's bed to be a twin sized bed. The assistive device was noted on the left side of the bed. The device had a strap that went around the frame, between the mattress and the box spring. There was a silver metal piece the strap went through on the top of the box spring near the device, and the strap went around and was clasped on the right side of the bed. The rail was securely attached and had a cloth / mesh between the rails to omit any open area down to the mattress from the top.</p> <p>R5's diagnoses included low back pain, edema, spinal stenosis, obesity, pelvic and perineal pain, urge incontinence, hypertension, mild cognitive impairment, and insomnia.</p> <p>R5's Service Plan dated August 10, 2021, indicated R5 received services including laundry and linen, and housekeeping, and blood pressure monitoring.</p> <p>R5's Level of Care and Service Plan dated March 2, 2024, noted R5 had recent med changes related to hallucinations, low blood pressure, and abnormal thyroid levels. It noted a medication was added for sleep which caused increased dizziness and low blood pressure. R5 began refusing the medication for this reason. It noted R5 was independent with turning and repositioning, bathing, toileting, dressing, mobility and transferring. It noted R5 had mild to moderate disorientation or difficulty recalling or retaining information.</p> <p>R5's Safety Device Tool dated April 7, 2024, noted R5 had grab bar(s), that R5 had fallen trying to get up from bed at night, so the device</p> | 02310                                                                  |                                                                                                                          |  |                                                     |

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| 02310                                                      | <p>Continued From page 48</p> <p>would be used to steady herself while getting her feet out from under the blankets while rising. It noted the reason was for resident and family request, positioning, and increased independence. It noted the device could not be removed easily, did not restrict movement, did not restrict access to the body, and was used to treat medical condition/symptoms, and did help individual function. It noted R5 had chronic dizziness and the device would assist in sitting up on the side of the bed to steady herself before rising. The tool noted minor forgetfulness, noted R5 was alert and orientated to person, place, time, and situation. It noted R5 was impulsive and able to make her needs knows. It noted the benefits as an increased feeling of safety and fall prevention. Potential risks included accidental injury due to device use. It noted the device was not considered a restraint and was considered beneficial to the resident, that R5 felt safer with it in place as she had fallen twice from the bed in the past while trying to get up from bed.</p> <p>Manufacturer information provided noted the device was a Stable Rail.</p> <p>R5's record lacked an assessment to include the risk for entrapment, and a description of the device. It lacked documentation that the device was securely attached per manufacturer guidelines, risk versus benefits, and evidence the device had not been recalled.</p> <p>R1<br/>On May 14, 2024, at 10:38 a.m., the surveyor and CNS-A observed R1's bed to be a twin sized bed. The bed had a white metal assistive device on both sides of the bed. The devices were an upside down U-shaped white device, with two horizontal lines going through the middle. The</p> | 02310                                                                              |                                                                                                                          |  |                                              |

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| 02310                                                             | <p>Continued From page 49</p> <p>devices were securely attached to the bed frame per manufacturer guidelines.</p> <p>R1's diagnoses included muscle weakness, urine retention, epigastric pain, nocturia, chronic pain, type 2 diabetes, and chronic kidney disease.</p> <p>R1's Service Plan dated November 8, 2021, indicated R1 received services including medication administration, bathing, dressing, blood glucose monitoring, and assistance with laundry and housekeeping.</p> <p>R1's Level of Care and Service Plan dated February 27, 2024, noted R1 had back pain and required assistance for pain management. It noted R1 was independent with turning and repositioning, showering, toileting, dressing, mobility, and transferring. It noted R1 was forgetful and had some cognitive loss.</p> <p>R1's Safety Device Use Tool dated May 6, 2024, noted R1 had a grab bar for positioning, was alert and orientated to person, place, time, and situation. It noted potential benefits as increased independence, and no potential risks. It noted the device was not considered a restraint and was used to aid in sitting up on the bed, and did not appear to pose a risk to R1.</p> <p>Manufacturer's information provided noted the device was a NOA Medical Industries Assist Bar.</p> <p>R1's record lacked an assessment to include the risk for entrapment and a description of the device. It lacked documentation the device was securely attached per manufacturer guidelines, risk versus benefits, and evidence the device had not been recalled.</p> | 02310                                                                  |                                                                                                                          |  |                                                     |

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| 02310                                                      | <p>Continued From page 50</p> <p>R4<br/>On May 14, 2024, at 10:44 a.m., the surveyor and CNS-A observed R4's bed to be a twin sized mattress. The bed had a white metal assistive device on the left side of the bed. The device was an upside down U-shaped white device, with two horizontal lines going through the middle. The device was securely attached to the bed frame per manufacturer guidelines.</p> <p>R4's diagnoses included edema, chronic pain, constipation, urge incontinence, cataract, diabetes mellitus, carpal tunnel syndrome, osteoarthritis, obstructive sleep apnea, and hypertension.</p> <p>R4's Service Plan dated August 10, 2021, indicated R4 received services including medication administration, blood glucose monitoring, and assistance with laundry and housekeeping.</p> <p>R4's Level of Care and Service Plan dated May 12, 2024, noted R4 did not report pain, was independent with turning and repositioning, required assistance with blood sugar checks twice daily, was independent with bathing, toileting, personal hygiene, and dressing. It noted R4 was independent with mobility and transferring. It noted R4 had minor short term memory loss.</p> <p>R4's Safety Device Use Tool dated August 1, 2022, noted R4 had requested a grab bar for repositioning, to assist with chronic back and joint pain. It noted R4 was oriented to person, place, time, and situation. Potential benefits included and increase in feeling of safety, increased independence, and fall prevention. It noted potential risks of accidental injury due to the</p> | 02310                                                                              |                                                                                                                          |  |                                              |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRAZEE ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 WEST MAPLE AVENUE<br/>FRAZEE, MN 56544</b>                               |  |                                                     |
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| 02310                                                             | <p>Continued From page 51</p> <p>device use. It noted R4 was aware of how to use the devices and utilized it appropriately, and no noted risks for entrapment. The tool noted the device was not considered a restraint, and was beneficial to the resident. It noted R4 was independent wil all cares with the use of the grab bar to be mobile in bed.</p> <p>Manufacturer's information provided noted the device was a NOA Medical Industries Assist Bar.</p> <p>R4's record lacked an assessment to include a description of the device, and documentation that the device was securely attached per manufacturer guidelines, risk versus benefits, and evidence the device had not been recalled.</p> <p>On May 14, 2024, at 1:40 p.m., CNS-A stated no assessment had been completed for R2's assistive device prior to it being placed, or before it was removed today. CNS-A stated the risks versus benefits had not been documented for any of the residents, and added she reviewed them with R5's daughter, and with R1, but nothing was written. In addition, CNS-A stated she had not checked for a recall on any of the assistive devices, and the assessments were not completed at least every 90 days.</p> <p>The licensee's Devices and Device Assessment policy, undated, noted devices would only be used after and assessment had been completed to determine the risks and benefits of the device. The resident would be educated regarding the risks versus benefits. The device would be assessed at least every 90 days. It noted the device would be installed according to the manufacturer's instructions, and the record would include results of the assessment and discussion with the resident / responsible party about the</p> | 02310                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 02310                                                             | <p>Continued From page 52</p> <p>risks versus benefits of the device. It also noted twice per year CNS would check the website for recalls on assistive devices.</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources &amp; Frequently-Asked Questions (FAQs), indicated "licensees should refer to individual manufacturer's guidelines for appropriate installation, maintenance and use. In addition, licensees should refer to the Consumer Product Safety Commission (CSPC) for the most up-to-date information related to portable bed side rail recall information."</p> <p>The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified, "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> <p>Immediacy is removed as confirmed by evaluation supervisor review on May 14, 2024, however noncompliance remains at a scope and level of three, widespread (I).</p> | 02310                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 03090                                                             | Continued From page 53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 03090                                                                                      |                                                                                                                          |  |                                                        |
| 03090<br>SS=C                                                     | <p>144.6502, Subd. 8 Notice to Visitors</p> <p>(a) A facility must post a sign at each facility entrance accessible to visitors that states:<br/>"Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."<br/>(b) The facility is responsible for installing and maintaining the signage required in this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the required notice was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity. This had the potential to affect all current residents in the assisted living facility, staff, and any visitors of the licensee.</p> <p>This practice resulted in a level one violation (a violation that has not 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).</p> <p>The findings include:</p> <p>During the initial tour of the facility with clinical nurse supervisor (CNS)-A on May 13, 2023, at 11:55 a.m., the surveyor observed the facility which consisted of a one level building, with 3 halls with resident rooms. On the outside of the main entrance door, a sign was posted that noted "Notice of Photography, Video, and Audio</p> | 03090                                                                                      |                                                                                                                          |  |                                                        |

Minnesota Department of Health

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| 03090                                                             | <p>Continued From page 54</p> <p>Recording". It included "We want you to be aware that you are entering an area, both inside and on the grounds, where photography, video recording, and audio recording may occur by residents, families, friends, staff, visitors, and persons hired to document the memorable events that take place in our care community. By coming here, you are agreeing to be photographed and recorded."</p> <p>On March 13, 2024, at 1:40 p.m., CNS-A stated the sign did not contain the same verbiage as in the statute.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p> | 03090                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health  
Food, Pools, and Lodging  
PO Box 64975  
St. Paul MN, 55164  
218-332-5150

Type: Full  
Date: 05/15/24  
Time: 13:30:24  
Report: 1048241070

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

Frazee Assisted Living  
219 West Maple Avenue  
P.O. Box 96  
Frazee, MN56544  
Becker County, 03

### Establishment Info:

ID #: 0009446  
Risk: Medium  
Announced Inspection: No

### License Categories:

Expires on: / /

### Operator:

LSS of Frazee, LLC

Phone #: 2183344501  
ID #: 24957

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

The following orders were issued during this inspection.

### 4-200 Equipment Design and Construction

#### 4-202.15

MN Rule 4626.0535 Remove can openers that have cutting and piercing parts that are not readily removable.

THE CAN OPENER BLADE IS WORN. PIC INSTRUCTED TO REPLACE CAN OPENER BLADE REGULARLY TO ELIMINATE THE POTENTIAL FOR METAL FRAGMENTS.

Comply By: 05/15/24

### Surface and Equipment Sanitizers

Chlorine: = 100ppm at 115 Degrees Fahrenheit  
Location: Dish machine  
Violation Issued: No

Quaternary Ammonia: = 300ppm at Degrees Fahrenheit  
Location: Sanitizer spray bottle  
Violation Issued: No

Quaternary Ammonia: = 300ppmm at Degrees Fahrenheit  
Location: Three compartment sink  
Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Cold Holding  
Temperature: 39 Degrees Fahrenheit - Location: Milk cooler ambient  
Violation Issued: No

Type: Full  
Date: 05/15/24  
Time: 13:30:24  
Report: 1048241070  
Frazee Assisted Living

# Food and Beverage Establishment Inspection Report

Page 2

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Process/Item: Cold Holding  
Temperature: 37 Degrees Fahrenheit - Location: Reach in cooler ambient  
Violation Issued: No

---

Process/Item: Cold Holding  
Temperature: 38 Degrees Fahrenheit - Location: Pasta salad- Walk in  
Violation Issued: No

---

Process/Item: Cold Holding  
Temperature: 37 Degrees Fahrenheit - Location: Pork chop- Walk in  
Violation Issued: No

---

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

## Things to Remember:

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.
2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.
3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.
4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

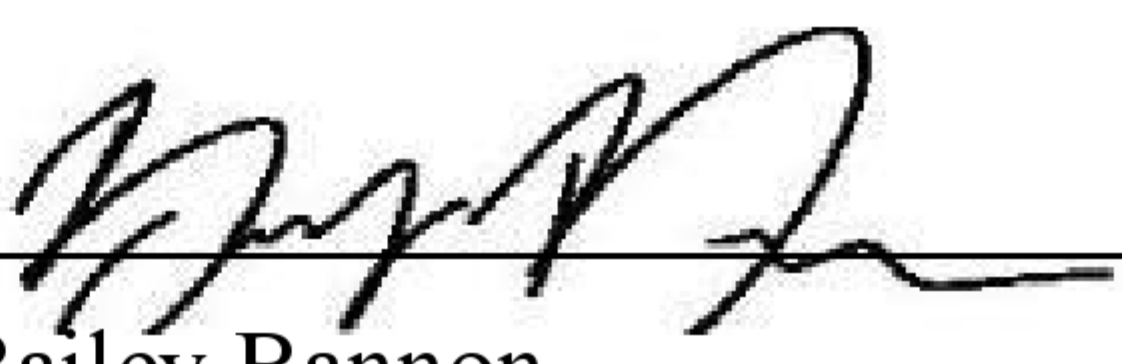
**NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

I acknowledge receipt of the Minnesota Department of Health inspection report  
number 1048241070 of 05/15/24.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed: \_\_\_\_\_  
Establishment Representative

Signed:  \_\_\_\_\_  
Bailey Bannon  
Environmental Health Specialist  
Fergus Falls District Office  
bailey.bannon@state.mn.us

|                                                                                                                                                                         |                                                                                                  |                                      |                                                                         |                                                                                 |                                                                                            |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|--|--|
| Report #: 1048241070                                                                                                                                                    |                                                                                                  | Food Establishment Inspection Report |                                                                         |                                                                                 |                                                                                            |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| <br>DEPARTMENT OF HEALTH                                                                | Minnesota Department of Health<br>Food, Pools, and Lodging<br>PO Box 64975<br>St. Paul MN, 55164 |                                      | No. of RF/PHI Categories Out                                            |                                                                                 | 0                                                                                          | Date 05/15/24                 |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
|                                                                                                                                                                         |                                                                                                  |                                      | No. of Repeat RF/PHI Categories Out                                     |                                                                                 | 0                                                                                          |                               | Time In 13:30:24                                                                                                                                                                                                                                                |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
|                                                                                                                                                                         |                                                                                                  |                                      | Legal Authority MN Rules Chapter 4626                                   |                                                                                 |                                                                                            |                               |                                                                                                                                                                                                                                                                 | Time Out                                                     |                                                                 |                                                                                    |                                                       |                                             |  |  |
| Frazee Assisted Living                                                                                                                                                  | Address<br>219 West Maple Avenue                                                                 |                                      | City/State<br>Frazee, MN                                                |                                                                                 | Zip Code<br>56544                                                                          | Telephone<br>2183344501       |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| License/Permit #<br>0009446                                                                                                                                             | Permit Holder<br>LSS of Frazee, LLC                                                              |                                      | Purpose of Inspection<br>Full                                           |                                                                                 | Est Type                                                                                   | Risk Category<br>M            |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 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                                                                          |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| Supervision                                                                                                                                                             |                                                                                                  |                                      |                                                                         |                                                                                 | Time/Temperature Control for Safety                                                        |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 1                                                                                                                                                                       | IN                                                                                               | OUT                                  | PIC knowledgeable; duties & oversight                                   |                                                                                 |                                                                                            | 18                            | IN                                                                                                                                                                                                                                                              | OUT                                                          | N/A                                                             | N/O                                                                                | Proper cooking time & temperature                     |                                             |  |  |
| 2                                                                                                                                                                       | IN                                                                                               | OUT                                  | N/A                                                                     | Certified food protection manager, duties                                       |                                                                                            |                               | 19                                                                                                                                                                                                                                                              | IN                                                           | OUT                                                             | N/A                                                                                | N/O                                                   | Proper reheating procedures for hot holding |  |  |
| Employee Health                                                                                                                                                         |                                                                                                  |                                      |                                                                         |                                                                                 | 20                                                                                         |                               | IN                                                                                                                                                                                                                                                              | OUT                                                          | N/A                                                             | N/O                                                                                | Proper cooling time & temperature                     |                                             |  |  |
| 3                                                                                                                                                                       | IN                                                                                               | OUT                                  | Mgmt/Staff;knowledge,responsibilities&reporting                         |                                                                                 |                                                                                            | 21                            | IN                                                                                                                                                                                                                                                              | OUT                                                          | N/A                                                             | N/O                                                                                | Proper hot holding temperatures                       |                                             |  |  |
| 4                                                                                                                                                                       | IN                                                                                               | OUT                                  | Proper use of reporting, restriction & exclusion                        |                                                                                 |                                                                                            | 22                            | IN                                                                                                                                                                                                                                                              | OUT                                                          | N/A                                                             |                                                                                    | Proper cold holding temperatures                      |                                             |  |  |
| 5                                                                                                                                                                       | IN                                                                                               | OUT                                  | Procedures for responding to vomiting & diarrheal events                |                                                                                 |                                                                                            | 23                            | IN                                                                                                                                                                                                                                                              | OUT                                                          | N/A                                                             | N/O                                                                                | Proper date marking & disposition                     |                                             |  |  |
| Good Hygienic Practices                                                                                                                                                 |                                                                                                  |                                      |                                                                         |                                                                                 | 24                                                                                         |                               | IN                                                                                                                                                                                                                                                              | OUT                                                          | N/A                                                             | N/O                                                                                | Time as a public health control: procedures & records |                                             |  |  |
| 6                                                                                                                                                                       | IN                                                                                               | OUT                                  | N/O                                                                     | Proper eating, tasting, drinking, or tobacco use                                |                                                                                            |                               | Consumer Advisory                                                                                                                                                                                                                                               |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 7                                                                                                                                                                       | IN                                                                                               | OUT                                  | N/O                                                                     | No discharge from eyes, nose, & mouth                                           |                                                                                            |                               | 25                                                                                                                                                                                                                                                              | IN                                                           | OUT                                                             | N/A                                                                                | Consumer advisory provided for raw/undercooked food   |                                             |  |  |
| Preventing Contamination by Hands                                                                                                                                       |                                                                                                  |                                      |                                                                         |                                                                                 | 26                                                                                         |                               | IN                                                                                                                                                                                                                                                              | OUT                                                          | N/A                                                             |                                                                                    | Pasteurized foods used; prohibited foods not offered  |                                             |  |  |
| 8                                                                                                                                                                       | IN                                                                                               | OUT                                  | N/O                                                                     | Hands clean & properly washed                                                   |                                                                                            |                               | Food and Color Additives and Toxic Substances                                                                                                                                                                                                                   |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 9                                                                                                                                                                       | IN                                                                                               | OUT                                  | N/A                                                                     | N/O                                                                             | No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed |                               |                                                                                                                                                                                                                                                                 | 27                                                           | IN                                                              | OUT                                                                                | N/A                                                   | Food additives: approved & properly used    |  |  |
| 10                                                                                                                                                                      | IN                                                                                               | OUT                                  |                                                                         | Adequate handwashing sinks supplied/accessible                                  |                                                                                            |                               | 28                                                                                                                                                                                                                                                              | IN                                                           | OUT                                                             |                                                                                    | Toxic substances properly identified, stored, & used  |                                             |  |  |
| Approved Source                                                                                                                                                         |                                                                                                  |                                      |                                                                         |                                                                                 | 29                                                                                         |                               | IN                                                                                                                                                                                                                                                              | OUT                                                          | N/A                                                             |                                                                                    | Compliance with variance/specialized process/HACCP    |                                             |  |  |
| 11                                                                                                                                                                      | IN                                                                                               | OUT                                  |                                                                         | Food obtained from approved source                                              |                                                                                            |                               | <div>Risk factors (RF) are improper practices or proceeedures identified as the most prevalent contributing factors of foodborne illness or injury. <b>Public Health Interventions</b> (PHI) are control measures to prevent foodborne illness or injury.</div> |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 12                                                                                                                                                                      | IN                                                                                               | OUT                                  | N/A                                                                     | N/O                                                                             | Food received at proper temperature                                                        |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 13                                                                                                                                                                      | IN                                                                                               | OUT                                  |                                                                         | Food in good condition, safe, & unadulterated                                   |                                                                                            |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 14                                                                                                                                                                      | IN                                                                                               | OUT                                  | N/A                                                                     | N/O                                                                             | Required records available; shellstock tags, parasite destruction                          |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| Protection from Contamination                                                                                                                                           |                                                                                                  |                                      |                                                                         |                                                                                 |                                                                                            |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 15                                                                                                                                                                      | IN                                                                                               | OUT                                  | N/A                                                                     | N/O                                                                             | Food separated and protected                                                               |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 16                                                                                                                                                                      | IN                                                                                               | OUT                                  | N/A                                                                     |                                                                                 | Food contact surfaces: cleaned & sanitized                                                 |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 17                                                                                                                                                                      | IN                                                                                               | OUT                                  |                                                                         | Proper disposition of returned, previously served, reconditioned, & unsafe food |                                                                                            |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 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 |                                                                                                  |                                      |                                                                         |                                                                                 |                                                                                            |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| Safe Food and Water                                                                                                                                                     |                                                                                                  |                                      | COS                                                                     | R                                                                               | Proper Use of Utensils                                                                     |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 30                                                                                                                                                                      | IN                                                                                               | OUT                                  | N/A                                                                     | Pasteurized eggs used where required                                            |                                                                                            |                               | 43                                                                                                                                                                                                                                                              |                                                              | In-use utensils: properly stored                                |                                                                                    |                                                       |                                             |  |  |
| 31                                                                                                                                                                      |                                                                                                  |                                      | Water & ice obtained from an approved source                            |                                                                                 |                                                                                            |                               | 44                                                                                                                                                                                                                                                              |                                                              | Utensils, equipment & linens: properly stored, dried, & handled |                                                                                    |                                                       |                                             |  |  |
| 32                                                                                                                                                                      | IN                                                                                               | OUT                                  | N/A                                                                     | Variance obtained for specialized processing methods                            |                                                                                            |                               | 45                                                                                                                                                                                                                                                              |                                                              | Single-use/single service articles: properly stored & used      |                                                                                    |                                                       |                                             |  |  |
| Food Temperature Control                                                                                                                                                |                                                                                                  |                                      |                                                                         |                                                                                 | 46                                                                                         |                               |                                                                                                                                                                                                                                                                 | Gloves used properly                                         |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 33                                                                                                                                                                      |                                                                                                  |                                      | Proper cooling methods used; adequate equipment for temperature control |                                                                                 |                                                                                            | Utensil Equipment and Vending |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 34                                                                                                                                                                      | IN                                                                                               | OUT                                  | N/A                                                                     | N/O                                                                             | Plant food properly cooked for hot holding                                                 |                               |                                                                                                                                                                                                                                                                 | 47                                                           | X                                                               | Food & non-food contact surfaces cleanable, properly designed, constructed, & used |                                                       |                                             |  |  |
| 35                                                                                                                                                                      | IN                                                                                               | OUT                                  | N/A                                                                     | N/O                                                                             | Approved thawing methods used                                                              |                               |                                                                                                                                                                                                                                                                 | 48                                                           |                                                                 | Warewashing facilities: installed, maintained, & used; test strips                 |                                                       |                                             |  |  |
| 36                                                                                                                                                                      |                                                                                                  |                                      | Thermometers provided & accurate                                        |                                                                                 |                                                                                            | 49                            |                                                                                                                                                                                                                                                                 | Non-food contact surfaces clean                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| Food Identification                                                                                                                                                     |                                                                                                  |                                      |                                                                         |                                                                                 | Physical Facilities                                                                        |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 37                                                                                                                                                                      |                                                                                                  |                                      | Food properly labeled; original container                               |                                                                                 |                                                                                            | 50                            |                                                                                                                                                                                                                                                                 | Hot & cold water available; adequate pressure                |                                                                 |                                                                                    |                                                       |                                             |  |  |
| Prevention of Food Contamination                                                                                                                                        |                                                                                                  |                                      |                                                                         |                                                                                 | 51                                                                                         |                               | Plumbing installed; proper backflow devices                                                                                                                                                                                                                     |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 38                                                                                                                                                                      |                                                                                                  |                                      | Insects, rodents, & animals not present                                 |                                                                                 |                                                                                            | 52                            |                                                                                                                                                                                                                                                                 | Sewage & waste water properly disposed                       |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 39                                                                                                                                                                      |                                                                                                  |                                      | Contamination prevented during food prep, storage & display             |                                                                                 |                                                                                            | 53                            |                                                                                                                                                                                                                                                                 | Toilet facilities: properly constructed, supplied, & cleaned |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 40                                                                                                                                                                      |                                                                                                  |                                      | Personal cleanliness                                                    |                                                                                 |                                                                                            | 54                            |                                                                                                                                                                                                                                                                 | Garbage & refuse properly disposed; facilities maintained    |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 41                                                                                                                                                                      |                                                                                                  |                                      | Wiping cloths: properly used & stored                                   |                                                                                 |                                                                                            | 55                            |                                                                                                                                                                                                                                                                 | Physical facilities installed, maintained, & clean           |                                                                 |                                                                                    |                                                       |                                             |  |  |
| 42                                                                                                                                                                      |                                                                                                  |                                      | Washing fruits & vegetables                                             |                                                                                 |                                                                                            | 56                            |                                                                                                                                                                                                                                                                 | Adequate ventilation & lighting; designated areas used       |                                                                 |                                                                                    |                                                       |                                             |  |  |
| Food Recalls:                                                                                                                                                           |                                                                                                  |                                      |                                                                         |                                                                                 | 57                                                                                         |                               | Compliance with MCIAA                                                                                                                                                                                                                                           |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| Person in Charge (Signature)                                                                                                                                            |                                                                                                  |                                      |                                                                         |                                                                                 | 58                                                                                         |                               | Compliance with licensing & plan review                                                                                                                                                                                                                         |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |
| Inspector (Signature)                                                                                                                                                   |                                                                                                  |                                      |                                                                         |                                                                                 |                                                                                            |                               |                                                                                                                                                                                                                                                                 |                                                              |                                                                 |                                                                                    |                                                       |                                             |  |  |