



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 21, 2023

Licensee
Villages Of Lonsdale LLC
1000 Birch Street Northeast
Lonsdale, MN 55046

RE: Project Number(s) SL26754015

Dear Licensee:

On June 13, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the April 19, 2023, survey 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: 651-281-9796

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 11, 2023

Licensee
Villages of Lonsdale LLC
1000 Birch Street Northeast
Lonsdale, MN 55046

RE: Project Number(s) SL26754015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 19, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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. The 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), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The 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. The 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 - 1750 - 144g.71 Subd. 7 - Delegation Of Medication Administration - \$3,000.00

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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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 MDH 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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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

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

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#26754015 On April 17, 2023, through April 19, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 52 active residents; 26 receiving services under the Assisted Living Dementia Care license. 1750: An immediate correction order was issued on April 18, 2023. The immediacy was removed; however, non-compliance remains at a level 3, widespread scope (I).	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 480	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated April 17, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of 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.	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 800	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation regarding the health, safety, comfort, and well-being of the residents. This deficient condition had the ability to affect a limited number of staff and residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at 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). Findings include: On facility tour with the Environmental Services Director (ESD)-F and the Environmental Services Technician (EST)-G between approximately 10:00 AM and 11:30 AM on April 19, 2023, it was observed that the trash chute door on the second floor did not close and positively latch as required as part of the fire rated shaft assembly. This deficient condition was visually verified by ESD-F and EST-G accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 810	Continued From page 3 maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed provide required employee training on fire safety and evacuation; failed to provide training to residents who are capable of self-evacuation in the event of a fire;	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 810	Continued From page 4 and failed to conduct evacuation drills for employees every other month. This had the potential to affect all staff, residents, and visitors. 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). Findings include: A record review and interview were conducted on April 19, 2023, between approximately 11:30 a.m. and 12:30 p.m. with the Licensed Assisted Living Director (LALDIR)-A on the fire safety and evacuation plan, training, and evacuation drills for the facility. Record review indicated that licensee did not provide training on the proper actions to take in the event of a fire including movement, evacuation, or relocation at least once a year to residents who are capable of assisting in their own evacuation. During interview, LALDIR-A stated that the licensee does provide training to residents on fire safety but had nothing documented or in policy to verify that this training occurred at least once per year. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 5 (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed a reassessment not to exceed 90 days for two of three residents (R7, R4). 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	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 6 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R7 R7's diagnoses included diabetes, and hypertension (high blood pressure). R7's service plan dated January 23, 2023, indicated R7 received assistance with medication, blood glucose testing, and activities of daily living (ADLs). R7's record indicated the required assessments had completion dates as follows: -December 27, 2022; and -April 10, 2023 (104 days from the previous assessment and 14 days beyond the required 90-day assessment period). On April 18, 2023, at 1:29 p.m. clinical nurse supervisor (CNS)-B confirmed R7's assessment exceeded the required 90 days. R4 R4's diagnoses included unspecified dementia, diabetes, and hypertension (high blood pressure). R4's service plan dated August 23, 2022, indicated R4 received assistance with medication and activities of daily living (ADLs). R4's record indicated the required assessments had completion dates as follows: -December 30, 2022; and -April 17, 2023 (108 days from the previous assessment and 18 days beyond the required 90-day assessment period).	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 7 On April 19, 2023, at 11:59 p.m. CNS-B confirmed R4 assessment exceeded the required 90 days. The licensee's Assessments, Reviews, and Monitoring Policy dated April 20, 2022, indicated ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01750 SS=I	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one temporary unlicensed personnel (ULP-D) was determined competent by a registered nurse (RN)	01750		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01750	Continued From page 8 to administer medications. This had the potential to affect all residents receiving medication administration and resulted in an immediate correction order on April 18, 2023, at 1:37 p.m. 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). The findings include: ULP-D was a contracted employee from a supplemental nurse staffing agency. ULP-D indicated today (April 18, 2023), was their first day providing direct care and services to the licensee's residents. On April 18, 2023, at approximately 8:00 a.m. ULP-D was observed to administer medications to R4 and R8 after asking ULP-E to identify who the residents were. R4 R4's electronic medical record indicated R4's medications included Aquaphor ointment to an open area. R8 R8's electronic medical record indicated R8's medications included Amlodipine (high blood pressure), docusate sodium (for constipation), donepezil (treatment of Alzheimer's), Potassium Chloride, Hydrochlorothiazide (high blood pressure), Effexor (treatment of depression), and	01750		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01750	Continued From page 9 Vitamin D. ULP-D's record lacked evidence the RN determined ULP-D competent to administer medications to residents. On April 18, 2023, at 8:50 a.m. ULP-D stated the licensee asked if she would be comfortable passing medications to residents. ULP-D further stated she did not receive any training from this licensee. On April 18, 2023, at 10:50 a.m. clinical nurse supervisor (CNS)-B indicated competency training was not completed onsite for agency staff, and ULP-D came with a document (Credential Report) which indicated they were a medication trained CNA. The licensee's Delegation of Assisted Living Services policy dated April 25, 2022, indicated that when the registered nurse delegates tasks to unlicensed personnel, that person will ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On April 19, 2023, at 2:33 p.m., the immediacy of correction order 1750 was removed based on observation by surveyors and record review by evaluation supervisor; however, non-compliance remains at a scope and level of level three, widespread (I).	01750		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01750	Continued From page 10	01750		
	TIME PERIOD FOR CORRECTION: Two (2) Days			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of three residents (R4). 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).	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01760	Continued From page 11 The findings include: R4's diagnoses included unspecified dementia, diabetes, and hypertension. R4's signed medication orders dated March 28, 2023, included Aquaphor ointment (for wound healing) indicated a small amount to be applied to the wound on the sacrum daily. On April 18, 2023, at 8:25 a.m. unlicensed personnel (ULP)-D was observed to go to R4's room, don gloves and applied Aquaphor ointment to R4's scrotum instead of the sacrum. On April 18, 2023, at 2:44 p.m. clinical nurse supervisor (CNS)-B confirmed R4's order for Aquaphor indicated application to the sacral wound and that staff were trained to follow the medication orders as written. The licensee's Medication and Treatment Administration and Delegation policy dated April 25, 2022, indicated the ULP must demonstrate their ability to competently follow the delegated medication administration or treatment/therapy to an RN. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01880	Continued From page 12 permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure all medications were securely locked in substantially constructed compartments and permit only authorized personnel to have access. This had the potential to affect the licensee's current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on April 17, 2023, at approximately 11:30 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B indicated the licensee provided medication management to all 26 residents receiving services, and the medications were securely stored in locked medication carts. On April 18, 2023, at 7:50 a.m. CNS-B along with the surveyor, found the medication cart unlocked and unattended on the third floor at the elevator. On April 18, 2023, at 10:55 a.m. CNS-B confirmed the third-floor medication cart was not locked and the expectation was to always be locked when unattended.	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01880	Continued From page 13 The licensee's Medication Storage policy dated April 25, 2022, indicated medications will be stored to prevent diversion by residents or others who may have access to the medications. Medications managed outside of a resident's private living space must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications for four of four residents (R5, R6, R7, R2). 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	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 14 problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On April 18, 2023, the surveyor reviewed two locked medication carts with unlicensed personnel (ULP)-C. ULP-C observed and confirmed the following: R5 R5's opened Basaglar 100 units/milliliter (ml) insulin pen (a multiple dose pen shaped injector device for insulin administration) did not have an original prescription label with information regarding directions for use, resident's name, and the pharmacy in which it had been issued. R5's opened Novolog 100 units/ml insulin pen did not have a label which indicated the date the pen had been opened and when the pen would expire. R6 R6's opened Novolog 100 units/ml insulin pen and Lantus 100 units/ml did not have an original prescription label with information regarding directions for use, resident's name, and the pharmacy in which it had been issued. R6's opened Novolog 100 units/ml insulin pen did not have a label which indicated the date the pen had been opened and when the pen would expire. R7 R7's opened Novolog 100 units/ml insulin pen and Lantus 100 units/ml did not have a label which indicated the date the pen had been	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 15 opened and when the pen would expire. R2 R2's opened Novolog 100 units/ml insulin pen and Novolin 100 units/ml did not have a label which indicated the date the pen had been opened and when the pen would expire. On April 18, 2023, at 10:55 a.m. clinical nurse supervisor (CNS)-B stated all medications should be labeled appropriately and insulin pens should be dated when opened. The manufacturer's instructions for Basaglar dated November 2022, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it. The manufacturer's instructions for Novolog dated March 2021, directed to discard the pen 28 days after it had been opened. The manufacturer's instructions for Lantus dated May 2019, directed to discard the pen 28 days after it had been opened. The manufacturer's instructions for Novolin dated October 2022, directed to discard the pen 42 days after it had been opened, even if it still had insulin left in it. The licensee's Medications & Treatments policy dated April 25, 2022, noted medications will be stored consistent with manufacturer's recommendations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 16 days	01890		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide a hazard vulnerability assessment or safety risk assessment of the physical environment on and around the property for the facility. This deficient practice had the ability to affect all staff, residents, and visitors. 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). Findings include:	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES OF LONSDALE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BIRCH STREET NORTHEAST LONSDALE, MN 55046		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02040	Continued From page 17 A record review and interview were conducted on April 19, 2023, between approximately 11:30 a.m. and 12:30 p.m. with the Licensed Assisted Living Director (LALDIR)-A on the hazard vulnerability assessment for the physical environment of the facility. Record review of the available documentation indicated that the licensee had not performed a hazard vulnerability assessment with mitigation factors on and around the property. During interview, LALDIR-A provided documents showing completion of their HVA, but it did not contain assessments of the vulnerabilities of the physical environment of their facility or any mitigation factors on and around the property. This deficient condition was verified by LALDIR-A during the interview. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	02040		

Type: Full
Date: 04/17/23
Time: 12:00:00
Report: 1033231057

Food and Beverage Establishment Inspection Report

Page 1

Location:

The Villages of Lonsdale
1000 Birch Street NE
Lonsdale, MN55046
Rice County, 66

Establishment Info:

ID #: 0023814
Risk: Medium
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Villages of Lonsdale, LLC

Phone #: 5077443453
ID #: 52222

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

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A2

**** Priority 1 ****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

Margarine butter blend is left at room temperature on the counter.

Comply By: 04/17/23

4-500 Equipment Maintenance and Operation

4-501.114C3

**** Priority 1 ****

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

Red bucket of quaternary ammonium was measured at 50PPM. Employee disposes of sanitizer and refills it.

Corrected on Site

4-300 Equipment Numbers and Capacities

4-302.14

**** Priority 2 ****

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

Quaternary ammonium test kit is expired.

Comply By: 05/01/23

Type: Full
Date: 04/17/23
Time: 12:00:00
Report: 1033231057
The Villages of Lonsdale

Food and Beverage Establishment Inspection Report

Page 2

4-500 Equipment Maintenance and Operation

4-502.13

MN Rule 4626.0830 Discontinue re-use of any single-service and single-use articles.

Facility is re-using single use plastic containers to store food.

Comply By: 04/17/23

6-200 Physical Facility Design and Construction

6-202.15A

MN Rule 4626.1395A Seal holes, gaps, and other openings along floors, walls and ceilings to the outside of the building and provide self-closing, tight-fitting doors and windows for all outside openings.

Door to exterior has visible light shining through the bottom seal.

Comply By: 04/17/23

Surface and Equipment Sanitizers

Hot Water: = at 165 Degrees Fahrenheit

Location: Dish Machine

Violation Issued: No

Quaternary Ammonium: = 50PPM at Degrees Fahrenheit

Location: Red Bucket

Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Hot Holding

Temperature: 180 Degrees Fahrenheit - Location: Chicken Ala King-Steam Table

Violation Issued: No

Process/Item: Cold Holding

Temperature: 25 Degrees Fahrenheit - Location: Milk Cooler

Violation Issued: No

Process/Item: Cold Holding

Temperature: 0> Degrees Fahrenheit - Location: Walk In Freezer

Violation Issued: No

Process/Item: Cold Holding

Temperature: 36 Degrees Fahrenheit - Location: Beef Tips-Walk In Cooler

Violation Issued: No

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

Type: Full
Date: 04/17/23
Time: 12:00:00
Report: 1033231057
The Villages of Lonsdale

Food and Beverage Establishment Inspection Report

Page 3

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

I acknowledge receipt of the inspection report number 1033231057 of 04/17/23.

Certified Food Protection Manager Donna J Steiner

Certification Number: FM80035 Expires: 08/15/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Donna J Steiner

Signed:  _____
Isaiah Armendariz
Environmental Health Specialist
Mankato District Office
507-344-2743
isaiah.armendariz@state.mn.us

Report #: 1033231057

Food Establishment Inspection Report



No. of RF/PHI Categories Out

2

Date 04/17/23

No. of Repeat RF/PHI Categories Out

0

Time In 12:00:00

Legal Authority MN Rules Chapter 4626

Time Out

The Villages of Lonsdale

Address

1000 Birch Street NE

City/State

Lonsdale, MN

Zip Code

55046

Telephone

5077443453

License/Permit #
0023814

Permit Holder

Villages of Lonsdale, LLC

Purpose of Inspection

Full

Est Type

Risk Category

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

Supervision

1	☒ IN	☐ OUT	PIC knowledgeable; duties & oversight		
2	☒ IN	☐ OUT	N/A	Certified food protection manager, duties	

Employee Health

3	☒ IN	☐ OUT	Mgmt/Staff; knowledge, responsibilities & reporting		
4	☒ IN	☐ OUT	Proper use of reporting, restriction & exclusion		
5	☒ IN	☐ OUT	Procedures for responding to vomiting & diarrheal events		

Good Hygienic Practices

6	☒ IN	☐ OUT	N/O	Proper eating, tasting, drinking, or tobacco use	
7	☒ IN	☐ OUT	N/O	No discharge from eyes, nose, & mouth	

Preventing Contamination by Hands

8	☒ IN	☐ OUT	N/O	Hands clean & properly washed	
9	☒ IN	☐ OUT	N/A	N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed
10	☒ IN	☐ OUT		Adequate handwashing sinks supplied/accessible	

Approved Source

11	☒ IN	☐ OUT		Food obtained from approved source	
12	☐ IN	☐ OUT	N/A	☒ N/O	Food received at proper temperature
13	☒ IN	☐ OUT		Food in good condition, safe, & unadulterated	
14	☐ IN	☐ OUT	N/A	N/O	Required records available; shellstock tags, parasite destruction

Protection from Contamination

15	☒ IN	☐ OUT	N/A	N/O	Food separated and protected
16	☐ IN	☒ OUT	N/A		Food contact surfaces: cleaned & sanitized
17	☒ IN	☐ OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food

X

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

30	☒ IN	☐ OUT	N/A	Pasteurized eggs used where required	
31				Water & ice obtained from an approved source	
32	☐ IN	☐ OUT	N/A	Variance obtained for specialized processing methods	

Food Temperature Control

33				Proper cooling methods used; adequate equipment for temperature control	
34	☐ IN	☐ OUT	N/A	☒ N/O	Plant food properly cooked for hot holding
35	☒ IN	☐ OUT	N/A	N/O	Approved thawing methods used
36				Thermometers provided & accurate	

Food Identification

37				Food properly labeled; original container	
----	--	--	--	---	--

Prevention of Food Contamination

38	☒ X			Insects, rodents, & animals not present	
39				Contamination prevented during food prep, storage & display	
40				Personal cleanliness	
41				Wiping cloths: properly used & stored	
42				Washing fruits & vegetables	

Food Recalls:

Person in Charge (Signature)

Date: 04/17/23

Inspector (Signature)

Compliance Status

COS R

Time/Temperature Control for Safety

18	☐ IN	☐ OUT	N/A	☒ N/O	Proper cooking time & temperature		
19	☐ IN	☐ OUT	N/A	☒ N/O	Proper reheating procedures for hot holding		
20	☐ IN	☐ OUT	N/A	☒ N/O	Proper cooling time & temperature		
21	☒ IN	☐ OUT	N/A	N/O	Proper hot holding temperatures		
22	☐ IN	☒ OUT	N/A		Proper cold holding temperatures		
23	☒ IN	☐ OUT	N/A	N/O	Proper date marking & disposition		
24	☐ IN	☐ OUT	N/A	N/O	Time as a public health control: procedures & records		

Consumer Advisory

25	☐ IN	☐ OUT	N/A	Consumer advisory provided for raw/undercooked food		
----	--------------------------	---------------------------	-----	---	--	--

Highly Susceptible Populations

26	☒ IN	☐ OUT	N/A	Pasteurized foods used; prohibited foods not offered		
----	-------------------------------------	---------------------------	-----	--	--	--

Food and Color Additives and Toxic Substances

27	☒ IN	☐ OUT	N/A	Food additives: approved & properly used		
28	☒ IN	☐ OUT		Toxic substances properly identified, stored, & used		

Conformance with Approved Procedures

29	☐ IN	☐ OUT	N/A	Compliance with variance/specialized process/HACCP		
----	--------------------------	---------------------------	-----	--	--	--

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

COS R

Proper Use of Utensils

43				In-use utensils: properly stored		
44				Utensils, equipment & linens: properly stored, dried, & handled		
45	☒ X			Single-use/single service articles: properly stored & used		
46				Gloves used properly		

Utensil Equipment and Vending

47				Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	☒ X			Warewashing facilities: installed, maintained, & used; test strips		
49				Non-food contact surfaces clean		

Physical Facilities

50				Hot & cold water available; adequate pressure		
51				Plumbing installed; proper backflow devices		
52				Sewage & waste water properly disposed		
53				Toilet facilities: properly constructed, supplied, & cleaned		
54				Garbage & refuse properly disposed; facilities maintained		
55				Physical facilities installed, maintained, & clean		
56				Adequate ventilation & lighting; designated areas used		
57				Compliance with MCIAA		
58				Compliance with licensing & plan review		