Electronically Delivered

February 6, 2023

Licensee
New Perspective - Faribault
828 1st Street Northeast
Faribault, MN 55021

RE: Project Number(s) SL30225015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on January 11, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.

- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

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

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

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:
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Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

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

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30225	A. BUILDING: _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE - FARIBAULT	828 1ST STREET NE FARIBAULT, MN 55021

(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#30225015 On January 9, 2023, through January 11, 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 50 residents; 49 of whom received services under the provider's Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated January 10, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one	0 480		

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0 480	Continued From page 2 (21) days	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all current residents, staff, and visitors.	0 680		

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0 680	Continued From page 3 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). The findings include: The licensee's emergency preparedness plan last reviewed January 4, 2023, lacked the following required content: - Emergency prep testing requirements On January 11, 2022, at 1:55 p.m. licensed assistant living director (LALD)-A and director of maintenance (DOR)-J provided evidence of a missing resident drill performed on January 6, 2023. LALD-A and DOR-J were unable to provide evidence of any emergency prep testing for staff in 2022. The licensee's undated, Critical Incident Response/Testing policy indicated: The Community will conduct an annual, full-scale emergency response exercise designed to test the Emergency Preparedness and Response Program. If local and/or state emergency management services are available to participate and/or lead the test, the community will coordinate with these officials. If the Community experiences an actual critical incident that requires the activation of the emergency plan, the community is exempt from the next annual, full-scale emergency response exercise. Additionally, on an annual basis, the Community	0 680		

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0 680	Continued From page 4 will complete a second test of the program, which may include: Mock emergency response drill; or Tabletop exercise using a clinically relevant emergency response scenario. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (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. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care; (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 (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. (c) The notice required under paragraph (b) must	01060		

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01060	Continued From page 5	01060		

be delivered as soon as practicable to:
(1) the resident, legal representative, and designated representative;
(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and
(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.
(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.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (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) 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:

R4 admitted for assisted living services on October 12, 2022.

R4's Service Agreement effective October 12, 2022, indicated R4 received services for laundry,

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01060	Continued From page 6 housekeeping, bathing, and medication administration. On January 9, 2023, at 2:20 p.m. R4 stated being gone from the facility for almost a whole month due to being hospitalized for three days and then having to go to another facility for therapy. Review of R4's progress notes dated November 29, 2022, through December 20, 2022, revealed R4 was hospitalized on November 29, 2022, due to a change in status and was subsequently diagnosed with sepsis (an infection of the blood stream resulting in a cluster of symptoms such as drop in a blood pressure, increase in heart rate and fever). R4 was discharged from the hospital on December 3, 2022, and transferred to a transitional care unit (TCU) due to weakness for therapy. R4 returned to the assisted living facility on December 20, 2022. R4's record lacked a written notice that contains, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - 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; - 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.	01060		

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01060	Continued From page 7 On January 10, 2023, at 1:35 p.m. licensed assisted living director (LALD)-A confirmed a written notice related to R4's emergency relocation had not been completed, and further lacked notification to the Office of Ombudsman for Long-Term Care that the resident had been relocated and had not returned to the facility within four days. LALD-A stated being unaware of this requirement. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01060		
01650 SS=B	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (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; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (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	01650		

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01650	Continued From page 8 authority to sign for the resident in an emergency; and (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included the required content for four of four residents (R2, R3, R4, R5). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly, but is not found to be pervasive). The findings include: R2 On January 10, 2023, at 9:30 a.m. ULP-F was observed assisting R2 with activities of daily living (ADLs). R2's Service Agreement effective March 28, 2022, indicated services included medication and treatment administration and management services. The Service Agreement did not include the frequency of the service. R3	01650		

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01650	Continued From page 9 On January 10, 2023, at 2:00 p.m. ULP-D was observed assisting R3 with ADL's. R3's Service Agreement effective September 27, 2022, indicated services included medication and treatment administration and management services. The Service Agreement did not include the frequency of the service. R4 On January 10, 2023, at 11:29 a.m. ULP-E was observed administering insulin to R4. R4's Service Agreement effective October 12, 2022, indicated services included medication and treatment administration and management services. The Service Agreement did not identify the staff or categories of staff who would provide the service, nor did it include the frequency of the service. In addition, the service plan did not include the treatment service of blood sugar checks (accuchecks) ordered four times daily (QID). R4's Physician Orders dated December 16, 2022, included an order to continue QID accuchecks. R5 On January 10, 2023, at 8:17 a.m. ULP-E was observed to administer oral medications to R5. R5's Service Agreement effective October 17, 2022, indicated services included medication and treatment administration and management services. The Service Agreement did not include the frequency of the service. On January 10, 2023, at 1:49 p.m. registered nurse (RN)-H confirmed R2, R3, R4, and R5's	01650		

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01650	Continued From page 10 Service Agreements lacked the required frequency for medication administration and further confirmed R4's Service Agreement did not identify the staff or categories of staff who would provide medication administration and management services. In addition, RN-H confirmed R4's blood glucose monitoring was not included on the Service Agreement as required. The licensee's Resident Service Plan policy last revised/updated November 5, 2021, indicated: 4. The service plan will: a. Identify the program services, frequency, and approaches the Community will provide under applicable law, to include personal care, supervision, activities, health monitoring, medication administration, behavior management, information and referral, and transportation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01650		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be	01940		

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01940	Continued From page 11 provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to include on the service plan a written statement of the treatment or therapy services provided for one of three residents (R4) receiving treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:	01940		

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01940	Continued From page 12 During the entrance conference on January 9, 2022, at 10:50 a.m. registered nurse (RN)-B and licensed assisted living director (LALD)-A confirmed the licensee provided treatment and therapy services to residents as prescribed. R4's Physician Orders dated December 16, 2022, included an order to continue QID (four times a day) accuchecks (blood glucose checks). On January 10, 2023, at 11:29 a.m. unlicensed personnel (ULP)-E was observed performing a blood glucose check for R4. R4's Service Agreement effective October 12, 2022, identified R4 received medication and treatment administration and management services, assistance with bathing, laundry, and light housekeeping. The service agreement failed to identify the treatment of blood glucose monitoring. On January 10, 2023, at 1:49 p.m. RN-H confirmed R4's blood glucose monitoring was not included on the Service Agreement as required. The licensee's Treatment or Therapy Management Services policy last revised/reviewed November 17, 2022, included: 2. The RN will prepare and include in the resident's service plan a written statement of the treatment or therapy services that will be provided to the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30225	A. BUILDING: _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE - FARIBAULT	828 1ST STREET NE FARIBAULT, MN 55021

(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
02310	Continued From page 13	02310		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure care and services were provided according to acceptable health care and medical or nursing standards for three of three residents (R2, R5, R6) with bedrails. This practice resulted in a level two violation (a violation that did not harm a client/resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R2 R2's diagnoses included hypotension, anxiety, and major depressive disorder. R2's Service Plan dated January 9, 2023, included daily medication administration and activities of daily living (ADL). On January 10, 2023, at 9:30 a.m. the evaluator observed one halo siderail near the head of R2's bed. The siderail was attached to the bed frame.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30225	A. BUILDING: _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE - FARIBAULT	828 1ST STREET NE FARIBAULT, MN 55021

(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
02310	Continued From page 14 R2's siderail assessment dated January 9, 2023, indicated the assessment was completed after the start of the survey. R5 R5's diagnoses included essential primary hypertension, dyspnea, and chronic fatigue. R5's Service Plan dated January 10, 2023, included daily medication administration and assistance with ADLs. On January 10, 2023, at 10:00 a.m. the evaluator observed a halo siderail on the left side near the head of R5's bed, attached to the bed frame. R5's siderail assessment dated January 10, 2023, indicated the assessment was completed after the start of the survey. R6 R6's diagnosis essential hypertension, major depressive disorder, and diabetes. R6's service plan dated January 10, 2023, included daily medication administration and assistance with ADLs. On January 10, 2023, at 11:15 a.m. the evaluator along with unlicensed personnel (ULP)-G, observed a halo siderail attached on the right side of the bed near the head of R6's bed. R6's siderail assessment dated January 10, 2023, indicated the assessment was completed after the start of the survey.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30225	A. BUILDING: _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE - FARIBAULT	828 1ST STREET NE FARIBAULT, MN 55021

(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
02310	Continued From page 15 On January 10, 2023, at 12:00 p.m. assisted living director (LALD)-A confirmed there were a total of six residents with siderails and stated we became aware that the siderail assessments were not completed and you will see that some were completed yesterday and today when we discovered it. Therapy does an assessment and installs the halo siderail. On January 10, 2023, at 12:30 p.m. occupational therapist (OT)-I stated that if a resident was on their service she will determine if they are a good candidate for assistance in getting out of bed, calls the responsible party, and installs it when it comes in. OT-I stated she was unaware that nursing needed to do anything and will communicate to nursing in the future if she thinks they are a good candidate. The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (space between the rails), should be less than four and three quarters' inches. The Food and Drug Administration (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."	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30225	A. BUILDING: _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE - FARIBAULT	828 1ST STREET NE FARIBAULT, MN 55021

(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
02310	Continued From page 16 The licensee's Bed Rails policy last reviewed December 19, 2022, indicated the community will perform an assessment of a bed rail prior to installation of a bed rail on a resident's bed and at least every 90 days while the bed rail remains in place. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) Days	02310		

Minnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *01/10/23*
Time: 10:30:36
Report: 8044231008

Food and Beverage Establishment Inspection Report

Location:
New Perspective - Faribault
828 1st Street Ne
Faribault, MN55021
Rice County, 66

Establishment Info:
ID #: 0038795
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5073322555
ID #:

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

The following orders were issued during this inspection.

3-800 Highly Susceptible Populations

3-801.11B ** Priority 1 **

MN Rule 4626.0447B Discontinue using unpasteurized eggs or egg products in the preparation of Caesar salad, hollandaise or Bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages when serving a highly susceptible population.

Unpasteurized eggs used to serve residents easy-over (runny yolk) eggs.

Comply By: 01/10/23

5-400 Sewage

5-402.11A ** Priority 1 **

MN Rule 4626.1190A Provide an indirect connection between the sewage system and any drain originating from equipment in which food, portable equipment or utensils are placed, such as manufacturing and retail display equipment, portable equipment, ice bins, salad bars, cocktail stations and dipper wells.

No air gap for ice machine drain hose.

Comply By: 01/24/23

3-500A Microbial Control: cooling

3-501.15B ** Priority 2 **

MN Rule 4626.0390B Loosely cover containers of cooling food and arrange in cold holding equipment in a manner to maximize heat transfer through the container walls.

Sausage links covered while cooling.

Cover removed while on site.
Comply By: 01/10/23

4-600 Cleaning Equipment and Utensils

4-601.11A ** Priority 2 **

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

Dried food residues on underside of stand mixer and blade of can opener.
Comply By: 01/10/23

5-200C Plumbing: Maintenance, fixture location

5-205.13 ** Priority 2 **

MN Rule 4626.1120 Inspect, test and maintain water treatment and backflow prevention devices according to the manufacturer's instructions and as necessary to prevent device failure. The person in charge must maintain records of inspection and service of water treatment and backflow prevention devices.

RPZ backflow preventor last tested in 2012.
Comply By: 01/24/23

4-400 Equipment Location and Installation

4-402.11A

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

Damaged caulking for handwashing sink next to prep sink.
Comply By: 02/10/23

6-300 Physical Facility Numbers and Capacities

6-304.11C

MN Rule 4626.1475C Operate the ventilation system when ventilated equipment is in use.

Exhaust hood not turned on while using fryer.
Comply By: 01/10/23

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: Dispenser
Violation Issued: No

Hot Water: = at 176.5 Degrees Fahrenheit
Location: Dushwasher
Violation Issued: No

Food and Equipment Temperatures

Type: Full
Date: *01/10/23*
Time: 10:30:36
Report: 8044231008
New Perspective - Faribault

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 40.4 Degrees Fahrenheit - Location: Ham in reach in
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40.0 Degrees Fahrenheit - Location: Reach in
Violation Issued: No

Process/Item: Cooling
Temperature: 78.9 Degrees Fahrenheit - Location: Sausage links @ 10:45am
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37.8 Degrees Fahrenheit - Location: Soup in WIC
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39.0 Degrees Fahrenheit - Location: WIC
Violation Issued: No

Process/Item: Cooking
Temperature: 166.8 Degrees Fahrenheit - Location: Fish
Violation Issued: No

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

HRD inspection conducted with lead surveyor with Wendy Buckholz and Tracey Fearon. Inspection report reviewed with Ernesto.

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 8044231008 of 01/10/23.

Certified Food Protection Manager: Ernesto F. Loopez

Certification Number: FM111656 Expires: 06/06/25

Signed: _____
Inspector signed for Ernesto

Signed: _____
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-206-4715
michael.demars@state.mn.us