DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

February 28, 2023

Licensee
Ashby Living Center
112 Iverson Avenue
Ashby, MN 56309

RE: Project Number(s) SL33447015

Dear Licensee:

On February 7, 2023, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the November 22, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

Jess Schoenecker, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: Jess.Schoenecker@state.mn.us
Phone: 651-201-3789 Fax: 651-215-9697

JMD

Electronically Delivered

December 20, 2022

Administrator
Ashby Living Center
112 Iverson Avenue
Ashby, MN 56309

RE: Project Number(s) SL33447015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on November 22, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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 . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required = $3,000

The total amount you are assessed is $3,000. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit

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

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 Department of Health within 15 business days of the correction order receipt date. 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 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,

Jess Gallmeier, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3789 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
	33447	A. BUILDING: _____ B. WING _____	11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBY LIVING CENTER	112 IVERSON AVENUE ASHBY, MN 56309

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL33447015 On, November 21, through November 22, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 16 residents, all of whom received services under the provider's Assisted Living license. An immediate correction order was identified on November 21, 2022, issued for SL33447015-0, tag identification 1290. On November 21, 2022, the immediacy of correction order 1290 was removed, however non-compliance remained at a level 3, isolated violation.	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 November 21, 2022, for the specific	0 480		

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0 480	Continued From page 2 Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing and screening for one of two employees (registered nurse (RN)-A). 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	0 660		

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0 660	Continued From page 3 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 residents). The findings include: The Facility TB Risk Assessment dated June 20, 2022, identified the facility was at a low risk for TB transmission. RN-A was hired on September 1, 2022, and based on licensee's policy and procedure, RN-A's TB screening results were due at time of hire but no sooner than 90 days before their start date. RN-A's Baseline TB Screening Tool for Health Care Workers (HCWs) dated November 22, 2021, indicated RN-A had no symptoms related to TB. RN-A's Tuberculin skin testing (TST) with a final reading dated December 15, 2021, indicated RN-A was free of TB. On November 22, 2022, during the exit conference at 12:00 p.m., licensed assisted living director (LALD)-C stated the licensee failed to obtain RN-A's TB symptom screening prior to hire date. LALD-C stated the licensee believed older TB screening and testing from RN-A's previous employer satisfied the TB requirement. The licensee's Personnel Records policy dated August 1, 2021, indicated the licensee would maintain employee's current TB screening results as required. No further information provided.	0 660		

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0 660	Continued From page 4 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 800 SS=F	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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all 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 residents). The findings include: On November 22, 2022, from approximately 10:30 a.m. to 11:50 a.m., survey staff toured the facility with Licensed Assisted Living Director (LALD)-C. During the facility tour, survey staff observed the following maintenance issues:	0 800		

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0 800	Continued From page 5 1. The fire rated doors in some of the resident rooms and laundry room was propped open with a door wedge. 2. Ventilation fan in the laundry room not working. 3. Ceiling tile, in hallway above the laundry room, had water damage. On November 22, 2022, LALD-C verbally confirmed survey staff observations. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
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	01060		

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01060	Continued From page 6	01060		

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 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 the required content for an emergency relocation to the resident, legal representative, or designated representative for one of one resident (R3).

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:

R3 admitted to the licensee on August 28, 2018.

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01060	Continued From page 7 R3's Progress Notes dated October 2, 2022, at 3:18 p.m. read, "Resident spent two overnights in hospital for exacerbation of CHF." R3's record lacked documentation R3, or R3's designated representative received an emergency relocation notice with all required content. On November 22, 2022, during the exit conference at 12:00 p.m., licensed assisted living director (LALD)-C stated the licensee failed to provide an emergency relocation notice to R3. LALD-C stated the licensee had not provided the notice to any resident who had an emergency relocation as licensee was not aware of the requirement. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01290 SS=G	144G.60 Subdivision 1 Background studies required (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 self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under	01290		

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01290	Continued From page 8 this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure current employee records contained all the required content to include a background study clearance letter for one of two employees, (registered nurse (RN)-A) with employee records reviewed. 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 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: Registered nurse (RN)-A was hired on September 1, 2022. RN-A's record lacked documentation of a cleared background study (BGS) affiliated with licensee. RN-A provided a BGS Clearance letter dated February 17, 2022, affiliated with RN-A's previous employer. On November 21, 2022, at approximately 10:00 a.m., during the entrance conference, RN-A identified self as the licensee's primary nurse and only RN employed by licensee. RN-A stated they worked every Tuesday and Friday for five hours	01290	On November 21, 2022, the immediacy of correction order 1290 was removed, however non-compliance remained at a level 3, isolated violation.	

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01290	Continued From page 9 each day. On November 21, 2022, at approximately 2:20 p.m., licensed assisted living director (LALD)-C stated licensee failed to submit a BGS for RN-A upon hire. LALD-C stated licensee was under the impression since RN-A was a licensed RN, a BGS was not required as the Minnesota Board of Nursing would have run a background study. RN-A was issued a RN license on June 24, 2009. LALD-C provided a Final Registry Results Form dated November 21, 2022, at 1:07:12 p.m., which indicated LALD-C had initiated a BGS for RN-A under the licensee. On November 21, 2022, at 2:23 p.m., the surveyor verified via NetStudy 2.0, the licensee initiated a BGS for RN-A on November 21, 2022, and supervision was required. Licensee's Screening of Job Applicant and Personnel Records policies both dated August 1, 2022, indicated licensee would obtain and maintain in the personnel records, a current BGS for all employees prior to providing services. No further information provided. TIME PERIOD FOR CORRECTION: Immediate Immediacy is removed as confirmed by review by evaluation supervisor on November 21, 2022, however noncompliance remains at a scope and severity of G. TIME PERIOD FOR CORRECTION: Two (2) days	01290		

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01470	Continued From page 10	01470		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (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; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (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 (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any	01470		

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	33447	A. BUILDING: _____ B. WING _____	11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBY LIVING CENTER	112 IVERSON AVENUE ASHBY, MN 56309

(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
01470	Continued From page 11	01470		

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:
(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;
(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or
(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.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to ensure two of two employees (registered nurse (RN)-A, unlicensed personnel (ULP)-B) received orientation to the assisted living facility licensing requirements and regulations.

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:

On November 21, 2022, at approximately 12:30

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01470	Continued From page 12	01470		

p.m., licensed assisted living director (LALD)-C provided RN-A's and ULP-B's training records and indicated all training provided was included in the records.

RN-A was hired on September 1, 2022.

On November 21, 2022, during the entrance conference at 10:00 a.m., RN-A stated they are the only RN hired by the licensee and are responsible for all resident assessments and training of ULPs.

RN-A's undated My Transcript lacked orientation to principles of person-centered planning or service delivery and consumer advocacy services prior to providing services to residents.

ULP-B was hired on September 8, 2022.

On November 22, 2022, at approximately 7:00 a.m., ULP-B provided the services of medication administration, blood glucose monitoring, activities of daily living, and obtaining vital signs to multiple residents. ULP-B stated they were trained by RN-A and had completed the required trainings assigned to them by the licensee through an online education program.

ULP-B's My Transcript dated September 28, 2022, lacked the following required orientation:
- Overview of assisted living statues;
- Assisted living bill of rights;
- Handling of resident complaints; and
- Consumer advocacy services.

On November 22, 2022, during the exit conference at 12:00 p.m., licensed assisted living director (LALD)-C stated the licensee failed to provide the required orientation content to RN-A

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01470	Continued From page 13 and ULP-B. LALD-C indicated licensee failed to assign the appropriate classes within the licensee's online training program resulting in the employees not having the required orientation. The licensee's Assisted Living & Assisted Living with Memory Care Orientation - All Staff policy dated August 1, 2021, indicated all required orientation to be completed prior to staff providing services to residents. The licensee's Personnel Records policy dated August 1, 2021, indicated a record of orientation would be maintained in the personnel record. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01540 SS=D	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two	01540		

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01540	Continued From page 14 hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure direct-care staff completed the required hours of dementia care training in the required time frame for one of two employees (unlicensed personnel (ULP)-B). 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). The findings include: ULP-B was hired on September 8, 2022, and indicated they work full time. ULP-B's My Transcript dated September 28, 2022, indicated ULP-B completed four hours of topics on dementia care assigned by licensee. Although ULP-B's undated and unsigned Orientation Checklist indicated eight hours of dementia training would be completed, the document lacked the time frame to be completed. ULP-B's record lacked documentation ULP-B completed eight hours of topics on dementia care. On November 22, 2022, during the exit conference at 12:00 p.m., licensed assisted living	01540		

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01540	Continued From page 15 director (LALD)-C stated the licensee failed to provide the required training tropics on dementia care to ULP-B. LALD-C indicated the licensee failed to assign the appropriate classes within the licensee's online training program resulting in the required training not being completed. The licensee's Personnel Records and Assisted Living & Assisted Living with Memory Care Orientation - All Staff policies both dated August 1, 2021, indicated dementia training would be completed and would be maintained in the personnel record. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540		
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 interview and record review, the licensee failed to conduct a hazard vulnerability or	02040		

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02040	Continued From page 16 safety risk assessment on or around the facility property. This had the potential to directly affect all 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 residents). The findings include: A review of the Hazard Vulnerability Assessment showed global hazards such as fire, gas leaks, and epidemics but did not include hazards or safety risks identified on and around the property. During an interview on November 22, 2022, at 11:50 a.m., the Licensed Assisted Living Director (LALD)-C confirmed during an interview that the facility failed to include safety risks or hazards identified on and around the property in the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02110 SS=C	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the:	02110		

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02110	Continued From page 17 (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living facility with dementia care provided the required policies and procedures to two of two residents (R2, R3). This practice resulted in a level one violation (a	02110		

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02110	Continued From page 18 violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Review of R2 and R3's records lacked documentation for receipt of required policies and procedures to be provided at the time of resident move-in to the facility. On November 21, 2022, at approximately 11:00 a.m., licensed assisted living director (LALD)-C provided the licensee's admission packet with a Dementia Disclosure Statement document. LALD-A indicated the document was the licensee's policies and procedures required to be disclosed to residents prior to move-in. On November 22, 2022, during the exit conference at 12:00 p.m., licensed assisted living director (LALD)-C stated the licensee failed to provide the required policies and procedures to R2 and R3. LALD-A stated although the licensee had devolved the policies and procedures, the licensee had not provided them to any resident as the licensee was not aware of the requirement. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		

MN Department of Health
Food, Pools, and Lodging Services
PO Box 64975
St. Paul, MN 55164-0975
218-332-5150

Type: Full
Date: *11/21/22*
Time: 11:28:15
Report: 7935221289

Food and Beverage Establishment Inspection Report

Location:
Ashby Living Center
112 Iverson Avenue
Ashby, MN56309
Grant County, 26

Establishment Info:
ID #: 0038492
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2187472995
ID #:

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

The following orders were issued during this inspection.

7-200 Toxic Supplies and Applications

7-201.11A ** Priority 1 **

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

DO NOT STORE CLEANING SUPPLIES ON DRAIN BOARD OF FOOD PREP SINK.

Corrected on Site

3-500C Microbial Control: date marking

3-501.17A ** Priority 2 **

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.

HAM AND CHEESE IN ARCTIC AIR COOLER.
BAKED POTATO IN SATURN COOLER.
EMPLOYEE DATE MARKED DURING INSPECTION. DATES WERE LESS THAN 7 DAYS PAST.

Comply By: 11/21/22

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

JARVIS HAS TAKEN FOOD SAFETY CLASS AND JUST NEEDS TO SUBMIT APPLICATION FOR STATE CERTIFICATION. APPLICATION EMAILED TO DIRECTOR.

Comply By: 11/21/22

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

3-302.12

MN Rule 4626.0240 Properly label all working containers holding food or food ingredients that are removed from orginal packages with the common name of the food. Label the food in English and any other languages used by employees who handle food.

LABEL HAM AND CHEESE IN ARCTIC AIR COOLER.
LABEL BAKED POTATO IN SATURN COOLER.
LABEL BULK FLOUR AND SUGAR CONTAINERS.
EMPLOYEE LABELED THESE DURING INSPECTION.

Corrected on Site

3-500A Microbial Control: cooling

3-501.13ABC

MN Rule 4626.0380ABC Thaw TCS food by one of the following methods: 1. under mechanical refrigeration that maintains the food temperature at 41 degrees F (4 degrees C) or less; 2. completely submerged under running water at 70 degrees F (21 degrees C) or less with a velocity to remove loose particles on an overflow and the food is maintained at 41 degrees F (5 degrees C) or less; 3. in a microwave oven or; 4. as part of the cooking process.

DO NOT THAW MEAT OUT AT ROOM TEMP.

Comply By: 11/21/22

4-200 Equipment Design and Construction

4-204.11

MN Rule 4626.0565 Prevent grease or condensation from exhaust ventilation hood systems from draining or dripping onto food, equipment, utensils, linens, single-service articles, and single-use articles.

GREASE DRIPPINGS OBSERVED ON HOOD. CLEAN HOOD.

Comply By: 11/30/22

4-500 Equipment Maintenance and Operation

4-501.19CMN

MN Rule 4626.0780C Discontinue the use of a food preparation sink for anything other than food preparation.

DO NOT USE FOOD PREP SINK FOR DIRTY DISHES. USE THREE COMPARTMENT SINK AND DISH MACHINE FOR DISHES.

Comply By: 11/21/22

4-600 Cleaning Equipment and Utensils

4-601.11C

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

CLEAN CRUMBS FROM INSIDE FREEZERS, COOLERS, AND CABINETS.

Comply By: 11/21/22

4-600 Cleaning Equipment and Utensils

4-602.11E

MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

CLEAN JUICE NOZZLES.

Comply By: 11/21/22

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

CLEAN UNDER AND BEHIND EQUIPMENT AND SHELVING IN KITCHEN.

Comply By: 11/21/22

Surface and Equipment Sanitizers

Hot Water: = at 162 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: Three Comp Sink
Violation Issued: No

Quaternary Ammonia: = 200 ppm at Degrees Fahrenheit
Location: Spray Bottle
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: Arctic Air
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Saturn
Violation Issued: No

Process/Item: Cooking
Temperature: 188 Degrees Fahrenheit - Location: Shepard's Pie
Violation Issued: No

Process/Item: Cooking
Temperature: 179 Degrees Fahrenheit - Location: Shepard's Pie
Violation Issued: No

Type: Full
Date: *11/21/22*
Time: 11:28:15
Report: 7935221289
Ashby Living Center

Food and Beverage Establishment Inspection Report

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	1	1	8

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

I acknowledge receipt of the MN Department of Health inspection report number 7935221289 of 11/21/22.

Certified Food Protection Manager: Jarvis Klovstad

Certification Number: NEEDS Expires: / /

Signed: _____ Signed: 7935

Establishment Representative

651-201-4500
health.foodlodging@state.mn.us