Electronically Delivered

March 8, 2024

Licensee
Riverfront Manor
215 East Mill Avenue
Pelican Rapids, MN 56572

RE: Project Number(s) SL21612015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 28, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21612	A. BUILDING: _____ B. WING _____	02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERFRONT MANOR	215 EAST MILL AVENUE PELICAN RAPIDS, MN 56572

(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: SL21612015 On February 26, 2024, through February 28, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 21 residents; all of whom were receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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		

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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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated February 27, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	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		

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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 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 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: On February 28, 2024, at 10:45 a.m., survey staff toured the facility with licensed assisted living director (LALD)-A and maintenance director (MD)-D. During the facility tour, survey staff observed and verified that the fire rated door for the laundry room was propped open with a door wedge. This same laundry room door did not latch shut upon closure. The sprinkler and receiving maintenance room had missing sheetrock on the ceiling due to a water leak repair. LALD-A and MD-D verbally confirmed survey staff observations during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 800		

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0 800	Continued From page 3 (21) days	0 800		
01290 SS=D	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 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 observation, interview, and record review, the licensee failed to ensure current employee records contained all the required content to include a background study clearance letter with the correct affiliation for the assisted living facility for one of three employees (unlicensed personnel (ULP)-E). 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	01290		

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01290	Continued From page 4 situation has occurred only occasionally). The findings include: ULP-E was hired October 9, 2023, to provide assisted living services. On February 27, 2024, at 8:09 a.m., the surveyor observed ULP-E provide scheduled morning medication administration to R3. ULP-E's employee record lacked documentation of a cleared background study affiliated with the facility's license. On February 27, 2024, at 10:24 a.m., licensed assisted living director (LALD)-A provided a NetStudy 2.0 Background Study roster that indicated ULP-E was affiliated with the licensee effective February 27, 2024 (after the survey was initiated). LALD-A stated ULP-E's original background study was affiliated with a sister facility where ULP-E was normally scheduled to work and was not affiliated with this facility's license. LALD-A stated the licensee had just affiliated ULP-E with the licensee after the surveyor requested to review the licensee's NetStudy 2.0 Background Study roster. The licensee's Personnel Records policy dated February 19, 2024, indicated all personnel records would contain documentation of a completed background study. The licensee's Background Checks policy dated February 12, 2024, indicated all employees must pass a background study with direct resident contact. No further information was provided.	01290		

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01290	Continued From page 5 TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual had begun working for the licensee for one of one unlicensed	01440		

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01440	Continued From page 6 personnel ((ULP)-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-E was hired October 9, 2023, to provide assisted living services. On February 27, 2024, at 8:09 a.m., the surveyor observed ULP-E provide scheduled morning medication administration to R3. ULP-E's employee record lacked documentation of an appropriate licensed health professional or registered nurse (RN) supervising ULP-E performing a delegated task within 30 days of providing a delegated task. On February 27, 2024, at 10:18 a.m., clinical nurse supervisor (CNS)-B stated no ULP employee records would contain a 30 day supervision of a delegated task or treatment. Licensed assisted living director (LALD)-A further stated the licensee was not aware a 30 day supervision of a delegated task was required. The licensee's Supervision of ULP policy dated February 19, 2024, indicated direct supervision of unlicensed staff (ULPs) providing delegated nursing task, delegated treatments or assigned therapy tasks must be performed within 30 days	01440		

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01440	Continued From page 7 after the person (ULP) begins work for our (licensee) facility and has been trained and determined competent to perform all the tasks assigned. The RN will directly supervise staff (ULPs) performing delegated nursing tasks and the appropriate licensed health professional will supervise unlicensed staff (ULPs) performing any delegated treatments or assigned therapies. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
01700 SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to	01700		

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01700	Continued From page 8 manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. 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) conducted a face-to-face medication management assessment to include all required content for one of three residents (R3) who received medication management services. 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: During the entrance conference on February 26, 2024, at 10:15 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. R3's diagnoses included generalized muscle weakness, essential thrombocythemia (low level of platelets in the blood), and hypertensive chronic kidney disease. R3's service plan dated November 30, 2022, indicated staff assistance for medication	01700		

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01700	Continued From page 9 administration, shaving, toileting, vital sign monitoring, and light housekeeping. R3's Medication Administration Record (MAR) dated February 2024, indicated unlicensed personnel (ULP) administered medications including the following: -Flonase suspension 50 micrograms (mcg)/actuation (ACT) one spray in both nostrils one time per day for postnasal drip -Biofreeze Gel 4% (percent) apply to right knee topically two times a day for knee pain R3's prescriber orders dated December 10, 2020, included an order for Flonase 50 mcg/act two sprays once daily. R3's record lacked a prescriber order for Biofreeze Gel 4%. On February 27, 2024, at 8:09 a.m., the surveyor observed ULP-E administer scheduled morning medication to R3. The surveyor observed R3's Flonase and Biofreeze located on a side table next to R3's recliner. R3 stated those (Flonase and Biofreeze) were self-administered and stored in R3's room. On February 27, 2024, at 8:33 a.m., ULP-E stated R3 had kept Flonase and Biofreeze in R3's apartment for self-administration, ULP-E would return to R3's apartment later to ensure R3 self-administered Flonase and Biofreeze, and would document on R3's MAR. ULP-E stated R3's record indicated the two medications could be store in R3's room. R3's ALF (assisted living facility) Individual Medication Management Assessment and Plan dated December 5, 2023, indicated R3 required assistance with medication administration. In addition, R3 required medication administration	01700		

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01700	Continued From page 10 that included inhalers and topical medications, and all R3's medications were stored in a centrally located secure medication cart. R3's record lacked evidence R3 was assessed for self-administration of Flonase and Biofreeze. In addition, R3's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. On February 27, 2024, at 2:58 p.m., CNS-B stated R3's medication management assessment did not reflect R3's self-administration and storage for Flonase and Biofreeze. CNS-B stated R3 was competent to self-administer and store Flonase and Biofreeze. The licensee's Medication Management Services policy dated December 3, 2021, indicated the RN would develop an individualized medication management plan for each resident receiving any type of medication management services. The plan would include administration of medications, storing and securing medications, and reassessing resident's medication management services. The licensee's Storage of Medications policy dated June 9, 2022, indicated a RN must conduct a face-to-face nursing assessment of a resident's need for medication management services, including the appropriate method to store the resident's medications and whether secured storage is appropriate given the resident's functional and cognitive status, concerns about the potential for drug diversion or other considerations.	01700		

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01700	Continued From page 11 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for one of three residents (R3) who received medication management services. 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: During the entrance conference on February 26, 2024, at 10:15 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. R3's diagnoses included generalized muscle	01820		

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01820	Continued From page 12 weakness, essential thrombocythemia (low level of platelets in the blood), and hypertensive chronic kidney disease. R3's service plan dated November 30, 2022, indicated staff assistance for medication administration, shaving, toileting, vital sign monitoring, and light housekeeping. R3's Medication Administration Record (MAR) dated February 2024, indicated the following medications were scheduled and administered: -psyllium packet (laxative) 28% (percent) one scoop daily -Biofreeze Gel (for pain) 4% applied topically to knee twice daily On February 27, 2024, at 8:09 a.m., the surveyor observed unlicensed personnel (ULP)-E administer scheduled morning medication to R3. R3's record lacked prescriber orders for Biofreeze Gel 4% and psyllium packet 28%. On February 27, 2024, at 2:57 p.m., CNS-B stated R3's record lacked prescriber orders for Biofreeze and psyllium packet. CNS-B further stated the licensee was aware prescriber orders need to be obtained for all medications the licensee provided. The licensee's Requesting and Receiving Medication Prescriptions and Refills policy dated December 3, 2021, indicated a current written prescriber's prescription must be obtained for any medication, including an over-the-counter medication, whenever staff is responsible for setting up the medication, administering the medication or providing other medication management oversight services for a resident.	01820		

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01820	Continued From page 13 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01830 SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to renew prescriptions at least every 12 months for one of three residents (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, 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: During the entrance conference on February 26, 2024, at 10:15 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. R3's diagnoses included generalized muscle	01830		

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01830	Continued From page 14 weakness, essential thrombocythemia (low level of platelets in the blood), and hypertensive chronic kidney disease. R3's service plan dated November 30, 2022, indicated staff assistance for medication administration, shaving, toileting, vital sign monitoring, and light housekeeping. R3's Medication Administration Record (MAR) dated February 2024, indicated the following medications were scheduled and administered: -aspirin 81 (heart health) milligrams (mg) daily -cholecalciferol (supplement) 25 micrograms (mcg) daily -Flonase (for post nasal drip) 50 mcg/actuation (ACT) one spray in each nostril daily -lisinopril (for high blood pressure) 5 mg daily -pantoprazole (for acid reflux) 40 mg daily On February 27, 2024, at 8:09 a.m., the surveyor observed unlicensed personnel (ULP)-E administer scheduled morning medication to R3 including the above noted medications. R3's record contained signed prescriber orders dated December 10, 2020, that included orders for aspirin 81 mg, cholecalciferol 25 mcg, Flonase 50 mcg, lisinopril 5 mg, and pantoprazole 40 mg. R3's record lacked prescriber orders renewed at least every 12 months for aspirin 81 mg, cholecalciferol 25 mcg, Flonase 50 mcg, lisinopril 5 mg, and pantoprazole 40 mg. On February 27, 2024, at 2:57 p.m., CNS-B stated R3's record lacked annual orders for the above noted medications. CNS-B further stated the licensee was aware prescriber orders need to be obtained for all medications the licensee	01830		

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01830	Continued From page 15 provided and the prescriber orders should be updated at least annually. The licensee's Requesting and Receiving Medication Prescriptions and Refills policy dated December 3, 2021, indicated the registered nurse (RN) or licensed practical nurse (LPN) would assure that the prescriber renews a medication prescription at least every 12 months, or more frequently if determined necessary based on the nursing assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830		
01880 SS=D	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 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 medications were secured and permitted access to only authorized personnel for one of three residents (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, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a	01880		

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01880	Continued From page 16 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: During the entrance conference on February 26, 2024, at 10:15 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. R3's diagnoses included generalized muscle weakness, essential thrombocythemia (low level of platelets in the blood), and hypertensive chronic kidney disease. R3's service plan dated November 30, 2022, included staff assistance for medication administration. R3's ALF (assisted living facility) Individual Medication Management Assessment and Plan dated December 5, 2023, indicated R3 required assistance with medication administration. In addition, R3 required medication administration that included inhalers and topical medications, and all R3's medications were stored in a centrally located secure medication cart. On February 27, 2024, at 8:09 a.m., the surveyor observed ULP-E administer scheduled morning medication to R3. The surveyor observed R3's Flonase and Biofreeze located on a side table next to R3's recliner. R3 stated those (Flonase and Biofreeze) were self-administered and stored in R3's room. On February 27, 2024, at 8:33 a.m., ULP-E stated R3 had kept Flonase and Biofreeze in R3's apartment for self-administration.	01880		

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01880	Continued From page 17 On February 27, 2024, at 3:00 p.m., CNS-B stated R3's medication management plan indicated R3's medications should have been stored in the secured medication cart or the medication management plan would have addressed medications R3 could have stored in R3's apartment for self-administration. The licensee's Storage of Medications policy dated June 9, 2022, indicated a registered nurse (RN) must conduct a face-to-face nursing assessment of a resident's need for medication management services, including the appropriate method to store the resident's medications and whether secured storage is appropriate given the resident's functional and cognitive status, concerns about the potential for drug diversion or other considerations. Based on the assessment, the RN will develop an individualized medication management plan for the resident that will address storage of the resident's medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications	01910		

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01910	Continued From page 18 remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as required for one of one resident (R1) upon discharge. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on February 26, 2024, at 10:15 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. The licensee's undated Discharged or Deceased Resident Roster indicated R1 was admitted to the	01910		

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01910	Continued From page 19 facility on May 8, 2019, and discharged on August 30, 2023. R1's diagnoses included Parkinson's disease (chronic degenerative disorder of the central nervous system and hypertension (HTN-high blood pressure). R1's service plan dated May 18, 2023, indicated R1 received medication administration services. R1's Medication Administration Record (MAR) for July 2023, indicated R1 received the following medications: -aspirin (heart health) 81 milligrams (mg) daily -diclofenac sodium delayed release (for pain) 75 mg daily -healthy eyes (supplement) 1 tablet daily -latanoprost solution 0.005% (for glaucoma) one drop in each eye daily -pantoprazole sodium delayed release (for acid reflux) 40 mg daily -sertraline HCl (for mood/depression) 100 mg daily -vitamin D3 (supplement) 125 micrograms (MCG) daily -acetaminophen (for pain) 1000 mg twice daily -carvedilol (for high blood pressure) 12.5 mg twice daily -cran-max capsule (supplement) 500 mg twice daily -hydralazine HCl (for hypertension) 75 mg twice daily -magnesium (supplement) 250 mg twice daily -gabapentin (anticonvulsant) 200 mg three times per day -carbidopa-levodopa extended release (for Parkinson's disease) 50-200 mg four times per day	01910		

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01910	Continued From page 20 R1's prescriber orders dated August 1, 2022, September 15, 2022, and June 22, 2023, respectively, included the above noted medications. R1's ALF (assisted living facility) Discharge Summary dated August 30, 2023, indicated R1 was discharged to a skilled nursing facility. R1's Resident Medication Disposition Record dated August 30, 2023, had a table to fill out with the prescription number, medication name, strength, quantity, date, person completing the disposition, witness, and disposal method, however, the table was left blank. A handwritten note on the bottom of R1's medication disposition record completed by CNS-B read "All medications returned to pharmacy for transfer to our care center." R1's record lacked documentation for the disposition of the following medications to include the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition: -aspirin 81 mg -diclofenac sodium delayed release 75 mg -healthy eyes tablet -latanoprost solution 0.005% -pantoprazole sodium delayed release 40 mg -sertraline HCl 100 mg -vitamin D3 125 mcg -acetaminophen 1000 mg -carvedilol 12.5 mg -cran-max capsule 500 mg -hydralazine HCl 75 mg -magnesium 250 mg -gabapentin 200 mg	01910		

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01910	Continued From page 21 -carbidopa-levodopa extended release 50-200 mg On February 26, 2024, at 1:50 p.m., CNS-B stated R1's medication disposition form was not filled out, however, the licensee returned all medications to the pharmacy. CNS-B further stated the licensee normally documents all medications were returned to the pharmacy if the resident is going to the care center (skilled nursing facility) and do not fill out the medication disposition form for each individual medication being returned to the pharmacy. CNS-B stated CNS-B was not aware the disposition of all medications needed to be completed even if the medications were returned to the pharmacy. The licensee's Disposition or Disposal of Medication policy dated October 29, 2021, indicated staff will document in the resident's record the name of the person to whom the medications were given, the time and date, the name of each medication and the amount of medication remaining. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
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	01940		

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01940	Continued From page 22 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 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 develop and implement a treatment or therapy management plan to include all required content for one of three residents (R2) who had treatment or therapies managed by the licensee. 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	01940		

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01940	Continued From page 23 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: During the entrance conference on February 26, 2024, at 10:23 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment services to residents. R2's diagnoses included hypertension (HTN-high blood pressure) and sleep apnea (sleep disorder when breathing repeatedly stops and starts). R2's service plan dated February 6, 2024, indicated staff assistance for medication administration, support stockings (TEDS) application and removal, continuous positive airway pressure (CPAP- machine to provide air pressure to keep breathing airways open during sleep) application, removal and cleaning, and light housekeeping. R2's prescriber order dated March 23, 2023, included an order for staff to apply R2's TEDS every morning and remove R2's TEDS every evening. R2's record lacked a prescriber order for CPAP. On February 27, 2024, at 8:05 a.m., the surveyor observed unlicensed personnel (ULP)-F provide scheduled morning medication to R2 and noted R2's CPAP placed on the nightstand next to R2's bed. On February 27, 2024, at 9:04 a.m., the surveyor observed ULP-F apply R2's TEDS. R2's record lacked evidence of an individualized	01940		

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01940	Continued From page 24 treatment or therapy management plan which included the following: -procedures for notifying a registered nurse (RN) or appropriate licensed health professional when a problem arises with treatments or therapy services regarding R2's TEDS and CPAP; and -any resident-specific requirements related 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 regarding R2's CPAP. On February 27, 2024, at 2:53 p.m., CNS-B stated R2's record lacked some portions of the treatment plan as noted above, however, was aware of the treatment plan requirements. The licensee's Content of Treatment and Therapy Orders dated December 3, 2021, indicated an order for a treatment or therapy would include specific instructions and other information needed to administer the treatment or therapy and any parameter or instructions to 'hold' or modify the therapy, if applicable. The licensee's Treatment and Therapy Management Services policy dated December 3, 2021, indicated the RN will develop an individualized treatment and therapy management plan for each resident receiving any type of treatment and therapy management services, consistent with current practice standards and guidelines, and will develop specific procedures for treatment and therapy management services that staff will provide. The RN or licensed practical nurse (LPN) will review each resident's treatment and therapy periodically based on the resident's needs and the resident's	01940		

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01940	Continued From page 25 treatment and therapy management services, including during the resident monitoring visit, to verify that: -staff is administering the treatment or therapy as ordered and is documenting the administration appropriately with authentication by each staff person by discipline or title; -to review and evaluate the administration of PRN treatment or therapy; and -to evaluate the effectiveness of the treatment or therapy and identify any adverse effects or any concerns. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of three residents (R2) who received treatments managed by the provider. This practice resulted in a level two violation (a	01970		

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RIVERFRONT MANOR	215 EAST MILL AVENUE PELICAN RAPIDS, MN 56572

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01970	Continued From page 26 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: During the entrance conference on February 26, 2024, at 10:23 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment services to residents. R2 was admitted to the assisted living facility on August 28, 2021. R2's diagnoses included hypertension (HTN-high blood pressure) and sleep apnea (sleep disorder when breathing repeatedly stops and starts). R2's service plan dated February 6, 2024, indicated staff assistance for medication administration, support stockings (TEDS) application and removal, continuous positive airway pressure (CPAP- machine to provide air pressure to keep breathing airways open during sleep) application, removal and cleaning, and light housekeeping. R2's Task sheet dated February 2024, indicated staff ensured R2's CPAP is turned off every morning. Rinse out humidity chamber and wipe CPAP mask/cushion with warm water and mild soap. Every PM (evening) assist to fill R2's CPAP humidity chamber. Assist R2 to put mask on and turn on CPAP. Make sure mask is not leaking.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21612	A. BUILDING: _____ B. WING _____	02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERFRONT MANOR	215 EAST MILL AVENUE PELICAN RAPIDS, MN 56572

(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
01970	Continued From page 27 On February 27, 2024, at 8:05 a.m., the surveyor observed unlicensed personnel (ULP)-F provide scheduled morning medication to R2 and noted R2's CPAP placed on the nightstand next to R2's bed. R2's record lacked prescriber order for R2's CPAP. On February 27, 2024, at 2:52 p.m., CNS-B stated R2's record did not contain an order for R2's CPAP, however, was aware an order should have been obtained for the CPAP. The licensee's Content of Treatment and Therapy Orders policy dated December 3, 2021, indicated an up to date, written or electronically recorded prescriber's order must be obtained for any treatment or therapy to be provided to a resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Minnesota Department of Health
Fergus Falls District
2312 College Way
Fergus Falls
218-332-5150

Type: Full
Date: *02/27/24*
Time: 11:30:00
Report: 1049241048

Food and Beverage Establishment Inspection Report

Location:
Riverfront Manor
215 East Mill Avenue
Pelican Rapids, MN56572
Otter Tail County, 56

Establishment Info:
ID #: 0038952
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2188631133
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.

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.

THE SANITIZER SPRAY BOTTLE WAS TESTING AT 0PPM QUAT. THE MANUFACTURER'S LABEL INDICATED THE CONCENTRATION SHOULD BE AT 200PPM. PIC REFRESHED THE BOTTLE AND RELABELED WITH ANOTHER QUAT SOLUTION. THE INSPECTOR RETESTED THE SANITIZER AT 400PPM. COS.

Corrected on Site

4-900 Protecting Clean Items

4-904.11B

MN Rule 4626.0965B Present clean knives, forks, and spoons that are not prewrapped in trays and holders so that only the handles are touched by employees or consumers.

THE UTENSILS IN THE HOLDERS ARE BEING STORED WITH THE HANDLES DOWN. PIC INSTRUCTED TO INVERT THE UTENSILS AND STORE WITH THE HANDLES UP.

Comply By: 02/29/24

Surface and Equipment Sanitizers

Hot Water: = at 168.6 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Quaternary Ammonia: = 0ppm at Degrees Fahrenheit
Location: Sanitizer Spray Bottle
Violation Issued: Yes

Quaternary Ammonia: = 400ppm at Degrees Fahrenheit
Location: Sanitizer Spray Bottle
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 30 Degrees Fahrenheit - Location: Milk
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 36 Degrees Fahrenheit - Location: Muffins
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: Dining area - Grape Juice
Violation Issued: No

Process/Item: Hot Holding
Temperature: 166 Degrees Fahrenheit - Location: Sweet and Sour Chicken
Violation Issued: No

Process/Item: Hot Holding
Temperature: 177 Degrees Fahrenheit - Location: Rice
Violation Issued: No

Process/Item: Hot Holding
Temperature: 199 Degrees Fahrenheit - Location: Egg Roll
Violation Issued: No

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

MET WITH ESTABLISHMENT'S REPRESENTATIVE, CHRISTOPHER FRIDAY, AND MDH NURSE EVALUATOR, SARA UMLAUF.

THE KITCHEN HAS A SMOOTH DROP CEILING, PAINTED WALLS, LAMINATE FLOORING, WOOD CABINETS, AND QUARTZ COUNTERTOPS.

NO FOLLOW-UP INSPECTION REQUIRED.

Things to Remember:

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.

2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.

4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1049241048 of 02/27/24.

Certified Food Protection Manager: Christopher Friday

Certification Number: FM20715 Expires: 02/14/27

Signed: _____
Establishment Representative

Signed: *Stephanie Reynolds*

Stephanie Reynolds
Public Health Sanitarian
Fergus Falls
218-332-5179
stephanie.reynolds@state.mn.us

Report #: 1049241048

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Fergus Falls District
2312 College Way
Fergus Falls

No. of RF/PHI Categories Out	1
No. of Repeat RF/PHI Categories Out	0
Legal Authority MN Rules Chapter 4626	

Date 02/27/24
Time In 11:30:00
Time Out

	Address	City/State	Zip Code	Telephone
Riverfront Manor	215 East Mill Avenue	Pelican Rapids, MN	56572	2188631133

License/Permit #	Permit Holder	Purpose of Inspection	Est Type	Risk Category
0038952		Full		

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 Hygenic 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 pprocedure 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	X	
17	(IN)	OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food		

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

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS=** corrected on-site during inspection **R=** repeat violation

			COS	R
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 labled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

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

Food Recalls:

Person in Charge (Signature) **Date:** 02/29/24

Inspector (Signature) Stephanie Reynolds