



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 21, 2022

Administrator
Pine View Assisted Living
750 4th Avenue
Windom, MN 56101

RE: Project Number(s) SL20175015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on June 23, 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.

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, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

Free from Maltreatment reconsideration requests should be addressed to:
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Health Regulation Division
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85 East Seventh Place

Pine View Assisted Living

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St. Paul, MN 55164-0970

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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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

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

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
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NAME OF PROVIDER OR SUPPLIER PINE VIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 750 4TH AVENUE WINDOM, MN 56101
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(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	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL20175015</p> <p>On, June 21, 2022, through June 23, 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 ten residents, all of whom received services under the provider's Assisted Living license.</p>	0 000	<p>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.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(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:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: 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 June 22, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		

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0 630	Continued From page 2	0 630		
0 630 SS=D	<p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include the required content for one of two residents (R1) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1's record lacked an individualized abuse prevention plan to include the person's risk of abusing other vulnerable adults.</p>	0 630		

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0 630	<p>Continued From page 3</p> <p>R1's diagnoses included dementia, hypertension and congestive heart failure.</p> <p>R1's individualized abuse and prevention plan dated June 22, 2022, indicated R1 was at risk to be abused, and listed areas of vulnerability with statements of specific measures to be taken to minimize the risk of abuse; however, the form lacked R1's risk of abusing other vulnerable adults.</p> <p>R1's service plan dated May 26, 2022, indicated services included shower assistance, dressing, grooming, medication administration and ambulation/exercise.</p> <p>On June 22,2022, at approximately 3:15 p.m. administrator (A)-G confirmed R1's individualized abuse and prevention plan lacked the above required content.</p> <p>The licensee's 11.07 Individual Abuse Prevention Plan policy revised December 17, 2021, indicated the licensee would assess the resident's susceptibility to abuse by another individual, including the person's risk of abusing other vulnerable adults.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 630		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The</p>	0 810		

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0 810	<p>Continued From page 4</p> <p>plans shall include but are not limited to:</p> <ul style="list-style-type: none"> (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to have the fire safety and evacuation plan readily available, failed to provide required employee and resident training on fire safety and evacuation, and failed to conduct required evacuation drills.</p>	0 810		

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0 810	<p>Continued From page 5</p> <p>This had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>A record review and interview were conducted on June 21, 2022, at approximately 1:25 p.m. with Registered Nurse (RN)-A on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated that the licensee did not have employee actions to be taken in the event of a fire or similar emergency. During interview, RN-A indicated that the fire safety and evacuation plan for the facility lacked these provisions.</p> <p>Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan. During interview, RN-A indicated that the fire safety and evacuation plan for the facility lacked these provisions.</p> <p>Record review of the available documentation indicated that the fire safety and evacuation plan did not include procedures for resident movement, evacuation, or relocation during a fire</p>	0 810		

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0 810	<p>Continued From page 6</p> <p>or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. During interview, RN-A indicated that the fire safety and evacuation plan for the facility lacked these provisions.</p> <p>Record review of available documentation indicated that the licensee did not provide employee training on the fire safety and evacuation plan twice per year after the training it initial hire. During interview, RN-A stated that the licensee trains employees on fire safety and evacuation annually after initial hire but was unsure and could not locate a policy to verify the frequency.</p> <p>Record review of the available documentation indicated that the licensee did not provide annual training to residents who can assist in their own evacuation on the proper actions to take in the event of a fire to include movement, evacuation, or relocation as required by statute. During interview, RN-A stated that the licensee does provide education to the resident on fire safety and evacuation at admission but could not verify if any follow up training was provided. A policy on resident training for fire safety and evacuation but requested one was not able to be provided.</p> <p>Record review of the available documentation indicated that the licensee did not conduct evacuation drills every other month as required by statute. Documentation of drills provided showed one drill date for May 16,2022 in which the licensee conducted an elopement drill. Documentation did not indicate if evacuation was practiced or conducted as part of the drill. During interview, RN-A indicated that the licensee had not conducted any other evacuation drills to the emergency situations outlined in the fire safety</p>	0 810		

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0 810	Continued From page 7 and evacuation plans. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all current residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On June 21, 2022, at approximately 12:00 p.m. a copy of the facility's contract was requested.	0 970		

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0 970	<p>Continued From page 8</p> <p>The contract included a clause that indicated the "provider is not liable to resident or resident's guest for any injury, death or property damage occurring in the apartment or on provider's premises unless such injury, death or property damage occurs as the result of provider's own negligent acts or omissions, or those of its employees, officers, managers, owners or agents. Provider is also not liable for any injury, death or damage occurring as the result of resident's receipt of the health related, supportive, or other services from third-party providers. Unless caused by one of the aforementioned excepted reasons, resident agrees to hold provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the apartment or on provider's premises."</p> <p>On June 22, 2022, at approximately 2:11 p.m. administrator (A)-G confirmed the licensee's assisted living contract contained a waiver of liability on page 10 #25. A-G further confirmed the same assisted living contract was used for all residents at the facility.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 970		
01760 SS=D	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who</p>	01760		

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01760	<p>Continued From page 9</p> <p>administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were administered as prescribed for one of two residents (R1) with records reviewed</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>R1's diagnoses included dementia, hypertension and congestive heart failure.</p> <p>R1's prescriber's orders dated May 24, 2022, included an order for nitroglycerine; apply 0.4 milligrams (mg)/hour patch to alternating areas on chest daily at 8:00 a.m. and remove daily at 8:00 p.m.</p> <p>On June 22, 2022, at approximately 9:45 a.m. unlicensed personnel (ULP)-E was observed</p>	01760		

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01760	<p>Continued From page 10</p> <p>administering morning medications and a nitroglycerine patch. ULP-E observed the right upper and found the nitroglycerine patch that was due to be removed June 21, 2022, at 8:00 p.m. ULP-E removed nitroglycerine patch from right upper chest, stating "this patch was due to be removed last evening."</p> <p>On June 22, 2022, at 11:09 a.m. ULP-E verified R1's medication administration record (MAR) included documented initials of the removal of the nitroglycerine patch, and stated "this is a medication error."</p> <p>On June 22, 2022, at 2:14 p.m. administrator (A)-G confirmed the nitroglycerine patch did not get removed from R1's chest on June 21, 2022, and confirmed this was a medication error.</p> <p>The licensee's 12.11 Medication Management: Administration & Setup policy dated August 1, 2021, noted the nursing staff and unlicensed personnel (ULP) trained to provide medication administration will document any medication administration provided accurately in each resident record. In addition, the policy noted documentation of medication administration would occur after the medication was administered and observed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01890 SS=F	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
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NAME OF PROVIDER OR SUPPLIER PINE VIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 750 4TH AVENUE WINDOM, MN 56101
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	<p>Continued From page 11</p> <p>the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were not expired for the licensee's house medication supply. This had the potential to affect all the licensee's current residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On June 22, 2022, at approximately 2:15 p.m. the locked medication cart was reviewed with unlicensed personnel (ULP)-F.</p> <p>The following was observed and confirmed with ULP-F: Expired medications: Ibuprofen 100 milligrams (mg)/5 milliliters (ml) suspension (anti-inflammatory) had an expiration date of November 2021. Pain relief cream topical analgesic lotion had an expiration date of December 2021. Pain and Fever acetaminophen 160 mg/5 ml had an expiration date of February 2022. Calcium carbonate (treats indigestion) 500 mg</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
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NAME OF PROVIDER OR SUPPLIER PINE VIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 750 4TH AVENUE WINDOM, MN 56101
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01890	<p>Continued From page 12</p> <p>had an expiration date of January 2022. Milk of magnesia suspension (laxative) had an expiration date of April 2022. Robafen DM cough syrup had an expiration date of March 2022.</p> <p>On June 22, 2022, at approximately 3:15 p.m. administrator (A)-G confirmed all of the findings listed above.</p> <p>The licensee's 12.17 Medication Storage policy dated August 1, 2021, indicated medications will be handled, stored per acceptable standard and according to manufacturer's recommendations.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		
01940 SS=D	<p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <p>(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</p>	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
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NAME OF PROVIDER OR SUPPLIER PINE VIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 750 4TH AVENUE WINDOM, MN 56101
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01940	<p>Continued From page 13</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on 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 one resident (R1) with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>During the entrance conference on June 21, 2022, at approximately 12:00 p.m., registered nurse (RN)-A stated the licensee provided treatment management services to the licensee's residents.</p>	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
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NAME OF PROVIDER OR SUPPLIER PINE VIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 750 4TH AVENUE WINDOM, MN 56101
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01940	<p>Continued From page 14</p> <p>R1's record lacked a treatment management plan to include procedures for staff notifying a RN or appropriate licensed health professional when a problem arose with treatment or therapy management services.</p> <p>R1's service plan dated May 26, 2022, indicated services included shower assistance, dressing, grooming, medication administration and ambulation/exercise.</p> <p>R1's prescriber orders dated March 3, 2022, included Ace wrap to both knees as needed for knee edema.</p> <p>R1's assessment dated March 11, 2022, lacked procedures for staff notifying an RN when a problem arose with treatment management services.</p> <p>On March 23, 2022, at approximately 3:55 p.m. RN-A confirmed R1's record lacked the above required content.</p> <p>The licensee's 12.07 Treatment & Therapy: Management Plan policy dated August 1, 2022, indicated the treatment and therapy management record must include a statement of the type of services that would be provided and procedures for notifying an RN when a problem arose with treatments or therapy services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01940		

Type: Full
Date: 06/22/22
Time: 12:25:51
Report: 1028221106

Food and Beverage Establishment Inspection Report

Page 1

Location:

Pine View Assisted Living
Pine View Assisted Living
750 4th Avenue
Windom, MN56101
Cottonwood County, 17

Establishment Info:

ID #: 0038055
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5078315277
ID #:

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

The following orders were issued during this inspection.

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

3-302.13

**** Priority 1 ****

MN Rule 4626.0245 Discontinue use of unpasteurized eggs or egg products in the preparation of food such as Caesar salad, hollandaise or bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages, and other foods that are not cooked as specified in 4626.0340.

Since this facility serves a highly susceptible population, pasteurized eggs must be used in the preparation of recipes in which more than 1 egg is broken and combined. Discontinue using unpasteurized eggs for this purpose.

Comply By: 06/23/22

4-500 Equipment Maintenance and Operation

4-501.112A

**** Priority 2 ****

MN Rule 4626.0795A Maintain the temperature at the manifold of the hot water sanitizing rinse at a maximum temperature of 194 degrees F (90 degrees C) and no less than 165 degrees F (74 degrees C) for a single tank, stationary rack, single temperature machine or 180 degrees F (82 degrees C) for all other machines.

The dish machine failed to reach a rinse temperature of 180 F. This machine must be repaired such that the temperature of the rinse cycle reaches at least 180 F. Begin sanitizing dishes in a sink with a chemical sanitizer until the machine is fixed.

Comply By: 06/23/22

Type: Full
Date: 06/22/22
Time: 12:25:51
Report: 1028221106
Pine View Assisted Living

Food and Beverage Establishment Inspection Report

2-100 Supervision

2-102.12AMN

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

A State-licensed Certified Food Protection Manager must be employed as soon as possible, Further information on how to become a CFPM can be found here:

www.health.state.mn.us/communities/environment/food/cfpm/howto

Comply By: 06/23/22

4-200 Equipment Design and Construction

4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

If leftovers are going to be kept and re-served then cooking and refrigeration equipment must be replaced with commercial-grade equipment. If food is going to be prepared and served for same-day service only then the existing equipment can remain.

Comply By: 06/23/22

Surface and Equipment Sanitizers

Hot Water: = at <180 Degrees Fahrenheit

Location: Dish Machine

Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Cooling

Temperature: 101 Degrees Fahrenheit - Location: Turkey Roast

Violation Issued: No

Process/Item: Upright Cooler

Temperature: 41 Degrees Fahrenheit - Location: Ham

Violation Issued: No

Process/Item: Upright Freezer

Temperature: 0 Degrees Fahrenheit - Location: Ambient

Violation Issued: No

Process/Item: Upright Freezer

Temperature: 0 Degrees Fahrenheit - Location: Ambient

Violation Issued: No

Process/Item: Upright Cooler

Temperature: 41 Degrees Fahrenheit - Location: Carrots

Violation Issued: No

Type: Full
Date: 06/22/22
Time: 12:25:51
Report: 1028221106
Pine View Assisted Living

Food and Beverage Establishment Inspection Report

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

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

I acknowledge receipt of the Minnesota Dept. of Health inspection report number 1028221106 of 06/22/22.

Certified Food Protection Manager: _____


Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Laura Borris
Administrator

Signed: _____


Ryan Miller
Environmental Health Spec. II
Mankato
Ryan.Miller@state.mn.us