



Protecting, Maintaining and Improving the Health of All Minnesotans

August 5, 2022

Administrator
Central Minnesota Senior Care
287 Highway 29 North
Benson, MN 56215

RE: Project Number(s) SL20357015

Dear Administrator:

On July 29, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the May 4, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Jessie Chenze'. The signature is written in a cursive, flowing style.

Jessie Chenze, RN, BSN
Interim HFE Supervisor 1 | State Evaluations Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Office: 218-332-51751 | Mobile: 651-508-2791 | Fax: 218-332-5196

PMB



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 18, 2022

Administrator
Central Minnesota Senior Care
287 Highway 29 North
Benson, MN 56215

RE: Project Number(s) SL20357015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on May 4, 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, the following fines are assessed pursuant to this evaluation:

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program = \$500.00

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services = \$3,000.00

The total amount you are assessed is \$3,500.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

Please address your cover letter for general

Free from Maltreatment reconsideration

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

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to

Health.HRD.Appeals@state.mn.us.

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

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

Sincerely,

A handwritten signature in black ink that reads "Jessica Chenze". The signature is written in a cursive, flowing style.

Jessica Chenze, Interim Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-508-2791 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/04/2022
NAME OF PROVIDER OR SUPPLIER CENTRAL MINNESOTA SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 287 HIGHWAY 29 N BENSON, MN 56215		
(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***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#20357015 On May 2, 2022, through May 4, 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 (10) residents, all receiving services under the provider's Assisted Living license. An immediate order was identified on May 3, 2022, issued for SL#20357015, tag identification 2310. On May 3, 2022, the immediacy of correction order 2310 was removed, however, non-compliance remains at a widespread scope and a level 3 (I).</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>	
0 470 SS=F	<p>144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for</p>	0 470		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 470	<p>Continued From page 1</p> <p>determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</p> <p>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;</p> <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <p>(i) awake;</p> <p>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation and interview, the licensee failed to ensure the staffing plan was posted as required, potentially affecting all the licensee's current residents, staff, 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), and was issued at a widespread scope (when problems are pervasive</p>	0 470		

Minnesota Department of Health

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0 470	Continued From page 2 or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On May 2, 2022, at 1:42 p.m., the surveyor did not observe a posted staff schedule during a tour of the facility. On May 2, 2022, at 1:47 p.m., administrator-D acknowledged the staffing schedule for the day had not been posted for residents, staff, and visitors to be able to access in common area. The licensee's Staffing Plan policy, developed February 24, 2022, confirmed the daily work schedule would be posted at the beginning of each work shift in a central location of a facility and accessible to staff, residents, volunteers, and the public. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and	0 480		

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0 480	Continued From page 3 fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated May 2, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that	0 510		

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0 510	<p>Continued From page 4</p> <p>complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure infection control standards were followed for two of two unlicensed personnel (ULP-E, ULP- C) providing catheter care; for one of one (ULP-C) providing personal cares; and failed to ensure one of one ULP (ULP-E) disinfected reusable resident equipment.</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 of the residents).</p> <p>The findings include:</p> <p>HAND HYGIENE</p> <p>ULP-E On May 3, 2022, at 8:13 a.m., the surveyor observed ULP-E irrigate R1's suprapubic catheter with 131 milliliters (mL) of normal saline/vinegar</p>	0 510		

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0 510	Continued From page 5 solution and provide suprapubic catheter site care. Just prior to entering R1's room ULP-E washed his hands and donned a pair of gloves. The surveyor observed R1 to be laying in his bed on his back. ULP-E poured approximately four ounces of 0.9% normal saline solution into a glass measuring cup. ULP-E then drew up in a syringe 1.5 ml of vinegar and expelled it into the four ounces of 0.9% normal saline solution. ULP-E pulled down R1's covers and exposed R1's lower abdominal area and suprapubic catheter site. The surveyor observed a 4 X 4 split dressing around the suprapubic catheter site. ULP-E drew up 60 ml of the 0.9% normal saline/vinegar solution in a new irrigation syringe; removed the leg bag port from the catheter port; connected the irrigation syringe to the suprapubic catheter port and slowly pushed the plunger and administered the 60 ml; and placed the suprapubic catheter port to drain in a graduate (a container with a volume scale used for measuring liquids). ULP-E then drew up another 60 ml of the 0.9% normal saline/vinegar solution in the same irrigation syringe; and following the above procedure slowly administered another 60 ml of 0.9% normal saline/vinegar solution into R1's suprapubic catheter port. ULP-E then drew up 11 ml of the 0.9% normal saline/vinegar solution and slowly administered the 11 ml into R1's suprapubic catheter port. The surveyor observed ULP-E to then cleanse both the leg bag port and the suprapubic catheter port with alcohol wipes and reattached the leg bag port to the suprapubic catheter port. Using the same gloved hands, the surveyor observed ULP-E to remove the split 4 X 4 dressing around the suprapubic catheter site; wipe the suprapubic catheter site with an alcohol wipe; placed a ribbon of triple antibiotic ointment on to his same gloved hand; ULP-E applied the triple antibiotic ointment around the suprapubic	0 510		

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0 510	<p>Continued From page 6</p> <p>catheter site with the same gloved hand; and then placed a new split 4X4 dressing around the suprapubic catheter site. ULP-E gathered the used supplies; exited R1's room and removed his gloves and washed his hands in the bathroom across the hall from R1's room.</p> <p>On May 3, 2022, at 8:30 a.m., directly following the above noted observation, ULP-E verified during the suprapubic catheter irrigation and site care procedure for R1, he had not removed his gloves, performed hand hygiene, and applied a new pair of gloves after irrigating R1's suprapubic catheter, removal of the old dressing around the suprapubic catheter site, and application of the triple antibiotic ointment and new suprapubic site dressing.</p> <p>On May 3, 2022, at 10:28 a.m., ULP-E entered R3's room wearing gloves. ULP-E took the catheter bed bag (a larger urine collection bag used while sleeping) and brought it to the bathroom which was right next to R3's room. ULP-E then emptied the bed bag into the toilet and proceeded to clean it with vinegar and water. After this task was completed ULP-E failed to perform hand hygiene after removing gloves.</p> <p>On May 3, 2022, at 10:35 a.m., directly following the above noted observation, ULP-E verified after completion of emptying the catheter bag and cleaning it he had not performed hand hygiene.</p> <p>On May 3, 2022, at 10:37 a.m., ULP-C verified she had not removed her gloves and performed hand hygiene after providing perineal care, application of the triple antibiotic ointment and new suprapubic site dressing, cleansing the surrounding area, and application of lotion to R3's upper body. ULP-C also confirmed she did not</p>	0 510		

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0 510	<p>Continued From page 7</p> <p>perform hand hygiene prior to applying new gloves.</p> <p>ULP-C On May 3, 2022, at 10:10 a.m., the surveyor observed ULP-C assisting R3 who was lying in bed. ULP-C had gloves on when ULP-C attached a urine collection leg bag to R's 3 lower left leg. Once the bag was secured, ULP-C unfastened R3's brief to provide perineal care; several wet wipes were used and a new brief was fastened. Using the same gloved hands, the surveyor observed ULP-C apply triple antibiotic ointment to a 4 X 4 split gauze dressing and place it under the suprapubic catheter (a hollow flexible tube which is inserted via an incision in the lower abdomen and used to drain urine from the bladder) site. ULP-C used spray "Cleaning Foam" to clean the surrounding area. ULP-C dressed R3's lower body and went to the closet and got a shirt, bra, and bottle of lotion. ULP-C removed R3's sleeping gown. ULP-C applied bedside deodorant under R3's arm pits, applied lotion to R3's upper body, and then dressed R3's upper body. ULP-C placed R3's nasal cannula (a lightweight tube which on one end splits into two prongs which are placed in the nostrils to deliver supplemental oxygen). ULP-C then removed the gloves she had worn to provide the above tasks. ULP-C then put on a new pair of gloves without performing hand hygiene.</p> <p>On May 3, 2022, at 10:37 a.m., ULP-C verified she had not removed her gloves and performed hand hygiene after providing perineal care, application of the triple antibiotic ointment and new suprapubic site dressing, cleansing the surrounding area, and application of lotion to R3's upper body. ULP-C also confirmed she did not perform hand hygiene prior to applying new</p>	0 510		

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0 510	<p>Continued From page 8</p> <p>gloves.</p> <p>On May 3, 2022, at 12:40 p.m., RN-B confirmed gloves should be changed, and hand hygiene performed in between tasks such as suprapubic catheter irrigation, removal of a dressing, suprapubic catheter site care, and application of a new dressing.</p> <p>DISINFECTING EQUIPMENT BETWEEN USE</p> <p>ULP-E failed to ensure infection control standards were followed with regards to disinfecting reusable resident equipment.</p> <p>On May 3, 2022, at 10:28 a.m., a surveyor observed ULP-E placing a SpO2 monitor (a noninvasive device that measures the oxygen saturation level of blood) onto one of R5's fingers. ULP- E did not disinfect the SpO2 monitor prior to or after equipment use.</p> <p>On May 3, 2022, at 12:45 p.m., RN-B confirmed equipment was not being disinfected as it should be, "I saw that this morning and yesterday."</p> <p>The licensee's Infection Control Practices policy, undated, confirmed hands were to be thoroughly washed before and after working with each client and wearing gloves did not eliminate the need for thorough washing before and after using gloves. This policy also confirmed reusable equipment was to be promptly cleaned with disinfectant solution.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		

Minnesota Department of Health

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0 630	Continued From page 9	0 630		
0 630 SS=D	<p>144G.42 Subd. 6 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 observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include the required content for one of three residents (R2) 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>R2 was admitted to the facility on February 2, 2022.</p>	0 630		

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NAME OF PROVIDER OR SUPPLIER CENTRAL MINNESOTA SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 287 HIGHWAY 29 N BENSON, MN 56215		
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0 630	Continued From page 10 R2's diagnoses included mild intellectual developmental delay, depression with anxiety, and type 2 diabetes. R2's service plan dated February 2, 2022, included blood glucose monitoring twice daily, insulin assist daily, medication administration, behavior monitoring, dressing, grooming, bowel management, peri cares, transportation assist, and appointment assist. R2's Individual Abuse Prevention Plan (IAPP), dated February 2, 2022, did not include a statement or review of R2's susceptibility to pose a threat to other vulnerable adults. On May 4, 2022, at 9:50 a.m., RN-B confirmed R2's IAPP failed to include R2's risk of abusing other vulnerable adults. The licensee's Initial and Ongoing Client Evaluation and Assessments policy, undated, confirmed the facility would develop an IAPP plan that would contain an individualized assessment of the resident's susceptibility to abuse by other individuals, including other vulnerable adults, risk of abusing other vulnerable adults and statement of specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c	0 640		

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0 640	<p>Continued From page 11</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and</p> <p>(3) providing reasonable accommodations with information and notices in plain language.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation and interview, the licensee failed to post required content in common area to include posting the 911 emergency number in common area and near telephones provided by the assisted living. This had the potential to affect all ten residents, staff, 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), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On May 2, 2022, at 1:40 p.m., during a facility tour, the surveyor observed two telephones in the common areas lacked the required posting for 911 emergency number.</p> <p>On May 2, 2022, at 1:42 p.m., licensed assisted</p>	0 640		

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0 640	Continued From page 12 living director (LALD)-A confirmed the required content noted above was not posted as required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640			
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. 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 one resident in bedroom #1 and one resident in bedroom #2. 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:	0 800			

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0 800	Continued From page 13 On 05/03/2022, from approximately 10:20 a.m. to 10:45 a.m., survey staff toured the facility with (LADL)-A. During the facility tour, survey staff observed one of the closet door hinges was off the track resident bedroom #1 (LADL)-A verbally confirmed survey staff observations during the facility tour. (LADL)-A stated they would have a maintenance person come in and fix the closet door immediately. On 05/03/2022, from approximately 10:20 a.m. to 10:45 a.m., survey staff toured the facility with (LADL)-A. During the facility tour, survey staff observed a broken window crank in resident bedroom #2 (LADL)-A verbally confirmed survey staff observations during the facility tour. (LADL)-A stated they would have a maintenance person fix the window crank immediately. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 900 SS=F	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided	0 900		

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0 900	<p>Continued From page 14</p> <p>directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable.</p> <p>(c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and execute a written assisted living contract with the required content for three of three residents (R1, R2, R5) with records reviewed. This had the potential to affect all 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</p>	0 900		

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0 900	<p>Continued From page 15</p> <p>resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1, R2, and R5's records lacked a written contract which included all of the terms concerning the provisions of the following as required:</p> <p>(1) housing</p> <p>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and</p> <p>(3) the resident's service plan, if applicable</p> <p>In addition, R1, R2, and R5's records lacked evidence that the contract had been fully executed as the facility must:</p> <ul style="list-style-type: none"> - offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; - give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed; and - the facility must offer the resident the opportunity to identify a designated representative. <p>R1</p> <p>R1's diagnoses included, diabetes, multiple sclerosis (MS- a chronic, typically progressive disease involving damage to the sheaths of nerve cells in the brain and spinal cord, whose symptoms may include numbness, impairment of speech and of muscular coordination, blurred</p>	0 900		

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0 900	<p>Continued From page 16</p> <p>vision, and severe fatigue), depression and chronic suprapubic catheter (a hollow flexible tube which is inserted via an incision in the lower abdomen and used to drain urine from the bladder).</p> <p>R1's service plan dated February 18, 2022, indicated the resident received the following services, medication management, blood glucose monitoring, catheter care, incontinence care, dressing, grooming, positioning, bathing, and assistance with transferring.</p> <p>R2 R2's diagnoses included, mild intellectual developmental delay, depression with anxiety, and type 2 diabetes.</p> <p>R2's service plan dated February 2, 2022, indicated the resident received the following services, assist with incontinence products, bathing assist, dressing assist, grooming assist, medication administration, scheduling transportation as needed (PRN), scheduling flow up appointments, blood glucose monitoring twice daily, and insulin assist daily.</p> <p>R5 R5's diagnoses included, hypertension (high blood pressure), osteoarthritis (a degenerative joint disease, when cartilage within a joint begins to break down) and spinal cord injury.</p> <p>R5's service plan dated September 9, 2019, indicated the resident received the following services, bowel management, catheter care, incontinent care, dressing assist, range of motion, medication assist, grooming assist, repositioning every two hours, feeding assist, transfer assist, transportation assist PRN, and appointment</p>	0 900		

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0 900	Continued From page 17 scheduling PRN. On May 4, 2022, at 9:18 a.m., licensed assisted living director designee (LALD)-A confirmed a written assisted living contract had not been developed or executed for R1, R2, R5 or licensee's other seven current residents as required. Additionally, LALD-C stated "it [contract] is with the attorney". No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
0 950 SS=F	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for	0 950		

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0 950	<p>Continued From page 18</p> <p>the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to offer three of three residents (R1, R2, R5) the opportunity to identify a designated representative with records reviewed. This had the potential to affect all 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 of the residents).</p> <p>The findings include:</p> <p>R1 R1's diagnoses included, diabetes, multiple sclerosis (MS- a chronic, typically progressive disease involving damage to the sheaths of nerve cells in the brain and spinal cord, whose symptoms may include numbness, impairment of speech and of muscular coordination, blurred vision, and severe fatigue), depression and chronic suprapubic catheter (a hollow flexible tube which is inserted via an incision in the lower abdomen and used to drain urine from the bladder).</p>	0 950		

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0 950	<p>Continued From page 19</p> <p>R1's service plan dated February 18, 2022, indicated the resident received the following services, medication management, blood glucose monitoring, catheter care, incontinence care, dressing, grooming, positioning, bathing, and assistance with transferring.</p> <p>R1's record lacked a form to identify a designated representative.</p> <p>R2 R2's diagnoses included, mild intellectual developmental delay, depression with anxiety, and type 2 diabetes.</p> <p>R2's service plan dated February 2, 2022, indicated the resident received the following services, assist with incontinence products, bathing assist, dressing assist, grooming assist, medication administration, scheduling transportation as needed (PRN), scheduling flow up appointments, blood glucose monitoring twice daily, and insulin assist daily.</p> <p>R2's record lacked a form to identify a designated representative.</p> <p>R5 R5's diagnoses included, hypertension (high blood pressure), osteoarthritis (a degenerative joint disease, when cartilage within a joint begins to break down) and spinal cord injury.</p> <p>R5's service plan dated September 9, 2019, indicated the resident received the following services, bowel management, catheter care, incontinent care, dressing assist, range of motion, medication assist, grooming assist, repositioning every two hours, feeding assist, transfer assist,</p>	0 950		

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0 950	Continued From page 20 transportation assist PRN, and appointment scheduling PRN. R5's record lacked a form to identify a designated representative. On May 3, 2022, at 9:35 a.m., registered nurse (RN)-B confirmed R1, R2, R5 had not been provided the opportunity to identify a designated representative. RN-B confirmed the resident records lacked the notice of identifying a designated representative with the required statutory language, or the documentation the resident had declined to name a designated representative. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
01290 SS=F	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.	01290		

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01290	<p>Continued From page 21</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for three of three employees (registered nurse (RN)-B, unlicensed personnel (ULP)-C, ULP-E), 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), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>RN-B RN-B was hired on May 31, 2020, to provide direct care and services to the licensee's residents and oversight of the licensee's employees under the comprehensive license and began providing services under the assisted living license on August 1, 2021.</p> <p>RN-B's employee record contained a background study, submitted by the corporate human resource director for a separate location operated by the licensee's owner, dated August 31, 2020. ULP-B's employee record lacked evidence the licensee submitted a background study for their license.</p> <p>ULP-C ULP-C was hired on February 14, 2020, to</p>	01290		

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01290	<p>Continued From page 22</p> <p>provide direct care and services to the licensee's residents.</p> <p>ULP-C's employee record contained a background study, submitted by the corporate human resource director for a separate location operated by the licensee's owner, dated October 14, 2020. ULP-E's employee record lacked evidence the licensee submitted a background study for their license.</p> <p>ULP-E ULP-E was hired on September 14, 2021, to provide direct care and services to the licensee's residents.</p> <p>ULP-E's employee record contained a background study, submitted by the corporate human resource director for a separate location operated by the licensee's owner, dated September 14, 2021. ULP-E's employee record lacked evidence the licensee submitted a background study for their license.</p> <p>On May 4, 2022, at 10:48 a.m., licensed assisted living director (LALD)-A confirmed the employee background studies were submitted under a different address. LALD-A stated the human resource director for the corporation handles this and had been designated as a "Special Information Person (SIP)" and that he had the authority to affiliate the staff to the various licenses held by the corporation.</p> <p>The licensee's Background Studies policy, undated, verified background studies would be conducted on individual's providing services which have direct contact, and that documentation of background studies would be maintained in the employee's record.</p>	01290		

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01290	Continued From page 23 No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01440 SS=D	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 begins working for	01440		

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NAME OF PROVIDER OR SUPPLIER CENTRAL MINNESOTA SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 287 HIGHWAY 29 N BENSON, MN 56215		
(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
01440	<p>Continued From page 24</p> <p>the licensee for one of one unlicensed personnel (ULP)-E 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>On May 3, 2022, at 8:13 a.m., the surveyor observed ULP-E irrigate R1's suprapubic catheter (a hollow flexible tube which is inserted via an incision in the lower abdomen and used to drain urine from the bladder) with 131 ml's of normal saline/vinegar solution and provide suprapubic catheter site care. On May 3, 2022, at 8:28 a.m., the surveyor observed ULP-E to administer R2's scheduled morning medications and conduct a blood glucose monitoring procedure.</p> <p>ULP-E was hired on September 14, 2021, to provide direct care services to residents at the assisted living facility.</p> <p>ULP-E's employee record lacked documentation of a registered nurse (RN) supervising ULP-E performing a delegated task within 30 days of beginning work with the licensee.</p> <p>On May 4, 2022, at 11:58 a.m., RN-B confirmed ULP-E's 30-day supervision of performing a delegated task had not been completed as required.</p>	01440		

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NAME OF PROVIDER OR SUPPLIER CENTRAL MINNESOTA SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 287 HIGHWAY 29 N BENSON, MN 56215		
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01440	Continued From page 25 The licensee's undated Supervision of Unlicensed Personnel Performing Delegated Home Care Tasks policy noted direct supervision of staff performing delegated tasks must be provided within 30 days after the individual begins working for the provider and thereafter as needed based on performance. Documentation will be retained of supervision of activities in the personnel records. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by:	01610		

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01610	<p>Continued From page 26</p> <p>Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted an initial assessment prior to initiation of services for one of one resident (R2) 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 May 2, 2022, at approximately 1:00 p.m., RN-B stated she completed assessments at admission, every 14 days, every 90 days, and with changes in condition.</p> <p>R2 began receiving assisted living services on February 2, 2022.</p> <p>R2's diagnoses included, mild intellectual developmental delay, depression with anxiety, bradycardia (slow heart rate), and type 2 diabetes.</p> <p>R2's service plan dated February 2, 2022, indicated the resident received the following services, assist with incontinence products, bathing assist, dressing assist, grooming assist, medication administration, scheduling transportation as needed (PRN), scheduling flow up appointments, blood glucose monitoring twice daily, and insulin assist daily.</p>	01610		

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01610	Continued From page 27 R2's record included an Admission Assessment dated February 7, 2022. On May 4, 2022, at approximately 3:00 p.m., RN-B confirmed the assessment had not been completed at the time the resident executed a contract or the date of move-in, as required. The licensee's Initial and Ongoing Client Evaluation and Assessments policy, undated, verified the initial assessment would be completed within five days after initiation of home care services. No further information was proved. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01610		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90	01620		

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01620	<p>Continued From page 28</p> <p>calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment on day 14 for one of one resident (R2) as required with records reviewed. 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 May 2, 2022, at approximately 1:00 p.m., RN-B stated she completed assessments at admission, every 14 days, every 90 days, and with changes in condition.</p> <p>R2 began receiving assisted living services on February 2, 2022.</p> <p>R2's diagnoses included, mild intellectual developmental delay, depression with anxiety,</p>	01620		

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01620	<p>Continued From page 29</p> <p>bradycardia (slow heart rate), and type 2 diabetes.</p> <p>R2's service plan dated February 2, 2022, indicated the resident received the following services, assist with incontinence products, bathing assist, dressing assist, grooming assist, medication administration, scheduling transportation as needed (PRN), scheduling flow up appointments, blood glucose monitoring twice daily and insulin assist daily.</p> <p>R2's record included an Admission Assessment dated February 7, 2022, and an assessment dated February 24, 2022, eight days after the 14-day assessment was due.</p> <p>On May 4, 2022, at approximately 3:00 p.m., RN-B confirmed the 14-day assessment had not been completed timely, as required.</p> <p>The licensee's Initial and Ongoing Client Evaluation and Assessments policy, undated, verified client monitoring and reassessment would be conducted no more than 14 days after initiation of services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01620		

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01770	Continued From page 30	01770		
01770 SS=D	<p>144G.71 Subd. 9 Documentation of medication setup</p> <p>Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the license failed to ensure documentation of medication setup was completed at the time of setup and included all the required content for one of one resident (R6) 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>During the entrance conference on May 2, 2022, at 1:00 p.m., registered nurse (RN)-B confirmed the licensee provided medication management services to include medication setup.</p> <p>R6's diagnoses included muscle weakness and migraine headaches.</p> <p>R6's Service plan dated November 18, 2021, indicated the resident received medication</p>	01770		

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01770	<p>Continued From page 31</p> <p>management services which included medication setup every 7-21 days by the RN.</p> <p>R6's prescriber orders dated June 14, 2021, included an order for sumatriptan 100 milligrams (mg) ½ tab (50 mg) to be administered orally at onset of migraine. May repeat in two hours if needed. No more than two doses in 24 hours.</p> <p>On May 3, 2022, at 9:28 a.m., the surveyor observed with licensed assisted living director (LALD)-A R6's medication bin which included a weekly medication planner (a medication box with designated compartments for days and times) labeled with R6's name and "sumatriptan 50 mg (0.5 100 mg tablet)". Seven ½ tablets had been set up in the planner, one ½ tablet in each day of the week.</p> <p>R6's records lacked documentation for medication setup at the time of setup to include the dates of medication setup, the name of the medication, quantity of dose, times to be administered, route of administration, and name of person completing the medication setup.</p> <p>On May 3, 2022, at 1:09 p.m., RN-B verified medication setup for R6's sumatriptan was not documented in the resident's record including R6's April or May 2022, medication administration records (MAR) to include the required content noted above.</p> <p>The licensee's Medication Management Services policy, undated, indicated documentation of dates of medication setup, name of medication, quantity of doses, times to be administered, route of administration, and name of person completing medication setup would be done at the time of setup.</p>	01770		

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01770	Continued From page 32 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications for two of two residents (R1, R2) and failed to monitor for expired medications for two of two residents (R3, R4.) This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On May 2, 2022, at 1:24 p.m., the surveyor toured	01890		

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01890	<p>Continued From page 33</p> <p>the facility with the licensed assisted living director (LALD)-A, including a review of the locked medication cupboard. LALD-A observed and confirmed the following:</p> <p>ORIGINAL PRESCRIPTION LABEL AND/OR DATING OF TIME SENSATIVE MEDICATIONS</p> <p>R1 R1's Basaglar 100 units/milliliter (ml) insulin pen (a multiple dose pen shaped injector device for insulin administration) did not have a label which indicated the date the pen had been opened and when the pen would expire.</p> <p>R2 R2's Lantus 100 units/ml insulin did not have an original prescription label with information regarding the directions for use, medication name, medication dosage, resident's name, and the pharmacy in which the medication had been issued. In addition, the insulin pen did not have a label which indicated the date the pen had been opened and when the pen would expire.</p> <p>R2's opened bottle of latanoprost 0.005% ophthalmic solution (glaucoma medication) did not have a label which indicated the date the eye drop solution had been opened and when the solution would expire.</p> <p>EXPIRED MEDICATION</p> <p>R3 R3's open tube of triple antibiotic ointment had expired November 2012.</p> <p>R4 R4's open tube of Fluocinonide 0.05% cream (corticosteroid) had expired September 2013.</p> <p>On May 4, 2022, directly following the above</p>	01890			

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01890	<p>Continued From page 34</p> <p>observation LALD-A confirmed all medications should have an original prescription label and insulin pens should be labeled with the date they were opened and then discarded after 28 days. LALD-A stated all expired medications should be discarded.</p> <p>On May 3, 2022, at 8:13 a.m., the surveyor observed unlicensed personnel (ULP-E) irrigate R1's suprapubic catheter (a hollow flexible tube which is inserted via an incision in the lower abdomen and used to drain urine from the bladder) with 131 ml's of normal saline solution. The opened 1500 ml bottle of normal saline solution lacked a date when the solution had been opened and when it would expire. ULP-E stated they used to have smaller bottles of the normal saline solution and that they just started using the larger bottles because the smaller ones were no longer available. ULP-E confirmed the normal saline bottle did not have a date which indicated the date the solution had been opened and when the solution would expire.</p> <p>On May 3, 2022, at 12:48 p.m., registered nurse (RN)-B stated R1's normal saline solution should be labeled with an open date and a date when the solution would expire.</p> <p>The manufacturer's instructions for Basaglar insulin pens dated September 2021, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it.</p> <p>The manufacturer's instructions for Lantus insulin pens dated December 2019, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it.</p> <p>The manufacturer's instructions for latanoprost</p>	01890		

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01890	Continued From page 35 0.005% ophthalmic solution dated June 2014, indicated once the bottle was opened it may be stored at room temperature for six weeks. The manufacturer's instructions for 0.9% sodium chloride solution dated March 2014, directed to discard the solution 28 days after it had been opened. The licensee's undated Medication Management Services policy noted a prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the	01950		

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01950	<p>Continued From page 36</p> <p>proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and (3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure instructions, specified in writing, for each resident and documented those instructions in the residents' record for one of two resident (R2) who received blood glucose monitoring. The licensee also failed to ensure prior to delegating nursing tasks, the registered nurse (RN)-B trained unlicensed personnel (ULP) to demonstrate the ability to follow the procedure to perform the tasks for one of one employee (ULP-C).</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>R2 - BLOOD GLUCOSE MONITORING On May 3, 2022, at 8:28 a.m., the surveyor observed ULP-E, using appropriate technique, to conduct a blood glucose check on R2 resulting in a reading of 153 milligrams (mg)/deciliter (dL).</p>	01950		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/04/2022
NAME OF PROVIDER OR SUPPLIER CENTRAL MINNESOTA SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 287 HIGHWAY 29 N BENSON, MN 56215		
(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
01950	<p>Continued From page 37</p> <p>R2's diagnoses included mild intellectual developmental delay, depression with anxiety, and type 2 diabetes.</p> <p>R2's service plan dated February 2, 2022, included blood glucose monitoring twice daily and insulin assist daily.</p> <p>R2's May 2022 Treatment Administration Record indicated ULP had signed off and completed the task of glucose checks twice a day May 2, 2022.</p> <p>R2's record lacked the following content: -specified, in writing, specific instructions for the resident and documentation of those instructions in the resident's record; and -communication with the ULPs about the individual needs of the resident.</p> <p>On May 3, 2022, at 3:00 p.m., registered nurse (RN)-B confirmed R2's treatment record failed to include all required information.</p> <p>OXYGEN TRAINING</p> <p>ULP-C started employment February 14, 2020, under a previous home care license and began providing assisted living services on August 1, 2021.</p> <p>On May 3, 2022, at approximately 10:25 a.m., the surveyor observed ULP-C placing an oxygen canula (a device used to deliver supplemental oxygen, which consists of a lightweight tube with on one end splits into two prongs which are placed in the nostrils) into the nares of R3.</p> <p>On May 3, 2022, at 11:55 a.m., RN-B verified there was no evidence ULP-C had demonstrated</p>	01950		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/04/2022
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01950	Continued From page 38 the ability to follow the procedure to perform the task of oxygen administration. The licensee's Delegation of Home Care Tasks policy, undated, confirmed the registered nurse would ensure unlicensed personnel were able to demonstrate the ability to competently follow the procedures and perform the tasks. This policy also verified specified, in writing, specific instructions for each client would be documented client's record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
02310 SS=I	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for one of one resident (R1) with bedrails. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems	02310		

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02310	<p>Continued From page 39</p> <p>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>This resulted in an immediate correction order on May 3, 2022, at approximately 11:45 a.m.</p> <p>The findings include:</p> <p>On May 3, 2022, at 8:13 a.m., the surveyor observed R1 laying in his bed on his back. R1's bed had bilateral upper bedrails that were secured to the bed and in the upright position. The surveyor observed unlicensed personnel (ULP)-C to provide suprapubic catheter (a hollow flexible tube which is inserted via an incision in the lower abdomen and used to drain urine from the bladder) care while R1 remained in bed.</p> <p>R1's diagnoses included, diabetes, multiple sclerosis (MS- a chronic, typically progressive disease involving damage to the sheaths of nerve cells in the brain and spinal cord, whose symptoms may include numbness, impairment of speech and of muscular coordination, blurred vision, and severe fatigue) depression and chronic suprapubic catheter.</p> <p>R1's service plan dated February 18, 2022, indicated the resident received the following services, medication management, blood glucose monitoring, catheter care, incontinence care, dressing, grooming, positioning, bathing and assistance with transferring.</p> <p>R1's current assessment dated March 10, 2022, indicated the resident had bilateral, top half bedrails to assist the resident with turning and repositioning. The assessment indicated the bedrails were secured to the bed frame. The</p>	02310		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/04/2022
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02310	<p>Continued From page 40</p> <p>bedrail spacing was not within FDA guidelines. The resident had been informed on the risks of spacing with bedrails and at this time the client knows the risks and verbalizes that he feels safe using the current bedrails. The resident or resident's guardian had been provided "A guide to Bed Safety" brochure and were aware of the risk and benefits of the bedrails. The assessment did not include actual measurements of the entrapment zones.</p> <p>On May 3, 2022, at 10:59 a.m., registered nurse (RN)-B confirmed R1 used his bedrails for repositioning, however his status had declined. RN-B stated she does not actually measure the bedrail openings she just does an "eyeball estimate" and believes they should be less than three inches. RN-B confirmed she does not measure any bedrails. RN-B stated she does not monitor recalls for bedrails.</p> <p>On May 3, 2022, at 11:10 RN-B measured R1's bedrail with the surveyor present. The bedrail measured 16 ½ inches tall by 4 ½ inches wide, which is in compliance with FDA guidelines for bedrails. Pressure was placed on the both bedrails and RN-B confirmed they were both "wobbly" and not securely fastened to the bed.</p> <p>The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (space between the rails), should be less than 4 and 3/4 inches.</p> <p>The FDA "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The</p>	02310		

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02310	Continued From page 41 FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe". No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE The immediacy was removed as confirmed by documentation, observation and review by the evaluation supervisor on May 3, 2022, at 6:40 p.m.; however, noncompliance remains at a widespread scope and a level 3 (I).	02310		
02320 SS=D	144G.91 Subd. 4 Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure service instructions were followed by the unlicensed personnel (ULP) for one of one ULP (ULP-E) who performed suprapubic catheter (a hollow flexible tube which is inserted via an incision in the lower abdomen and used to drain urine from	02320		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/04/2022
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02320	<p>Continued From page 42</p> <p>the bladder) irrigation and site care for R1.</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 service plan dated February 8, 2022, indicated R1 received catheter care daily.</p> <p>R1's Treatment and Therapy Plan dated March 15, 2021, and May 2022, Treatment Administration Record (TAR) provided the following directions for R1's suprapubic catheter irrigation and site care:</p> <ul style="list-style-type: none"> * irrigate suprapubic catheter three times a day with 100 ml of normal saline and 1.5 ml of vinegar * suprapubic catheter site care to be done daily and directed for the suprapubic catheter site to be cleansed with warm soapy water, pat dry, apply skin prep to the surrounding skin, allow to air dry and cover with a foam dressing. <p>On May 3, 2022, at 8:13 a.m., the surveyor observed ULP-E irrigate R1's suprapubic catheter with 131 ml's of normal saline/vinegar solution and provide suprapubic catheter site care. Just prior to entering R1's room ULP-E washed his hands and donned a pair of gloves. The surveyor observed R1 to be laying in his bed on his back. ULP-E poured approximately four ounces of 0.9% normal saline solution into a glass measuring cup. ULP-E then drew up in a syringe 1.5</p>	02320		

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02320	Continued From page 43 milliliters (ml) of vinegar and expelled it into the four ounces of 0.9% normal saline solution. ULP-E pulled down R1's covers and exposed R1's lower abdominal area and suprapubic catheter site. The surveyor observed a 4 X 4 split dressing around the suprapubic catheter site. ULP-E drew up 60 ml of the 0.9% normal saline/vinegar solution in a new irrigation syringe; removed the leg bag port from the catheter port; connected the irrigation syringe to the suprapubic catheter port and slowly pushed the plunger and administered the 60 ml; and placed the suprapubic catheter port to drain in a graduate (a container with a volume scale used for measuring liquids). ULP-E then drew up another 60 ml of the 0.9% normal saline/vinegar solution in the same irrigation syringe; and following the above procedure slowly administered another 60 ml of 0.9% normal saline/vinegar solution into R1's suprapubic catheter port. ULP-E then drew up 11 ml of the 0.9% normal saline/vinegar solution and slowly administered the 11 ml into R1's suprapubic catheter port. The surveyor observed ULP-E to then cleanse both the leg bag port and the suprapubic catheter port with alcohol wipes and reattached the leg bag port to the suprapubic catheter port. Using the same gloved hands, the surveyor observed ULP-E to remove the split 4 X 4 dressing around the suprapubic catheter site; wipe the suprapubic catheter site with an alcohol wipe; placed a ribbon of triple antibiotic ointment on to his same gloved hand; ULP-E applied the triple antibiotic ointment around the suprapubic catheter site with the same gloved hand; and then placed a new split 4X4 dressing around the suprapubic catheter site. ULP-E gathered the used supplies; exited R1's room and removed his gloves and washed his hands in the bathroom across the hall from R1's room.	02320		

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02320	<p>Continued From page 44</p> <p>On May 3, 2022, at 9:10 a.m., the surveyor and ULP-E reviewed R1's May 2022, TAR for his suprapubic catheter irrigation and site care instructions. ULP-E confirmed he had irrigated R1's suprapubic catheter with 131 ml of normal saline/vinegar solution instead of the 100 ml as directed. ULP-E also confirmed the directions for R1's suprapubic catheter site care had not been followed.</p> <p>On May 3, 2022, registered nurse (RN)-B stated it was her expectation for staff to follow R1's suprapubic catheter irrigation and site care as directed on his TAR and treatment plan.</p> <p>The licensee's Delegation of Home Care Tasks, undated, verified the registered nurse would ensure that prior to the delegation the unlicensed personnel was trained in the proper methods to perform the tasks or procedures and were able the ability to competently follow the procedures and perform the tasks.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02320		

Type: Full
Date: 05/02/22
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Report: 1008221017

Food and Beverage Establishment Inspection Report

Page 1

Location:

Central Minnesota Senior Care
287 Highway 29 N
Benson, MN56215
Swift County, 76

Establishment Info:

ID #: 0038208
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3208433774
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

3-302.11A(1)

**** Priority 1 ****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

BAG OF CHICKEN BREAST WAS STORED ON TOP OF BIN THAT HAD LETTUCE AND PEPPER.
EMPLOYEE MOVED CHICKEN BELOW THE LETTUCE AND PEPPER.

Corrected on Site

4-200 Equipment Design and Construction

4-201.11GMN

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

THE KITCHENS HAVE DOMESTIC EQUIPMENT AND CABINETRY AND FINISHES AND SHALL DISCONTINUE SERVING TCS (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) FOODS THAT ARE HELD FOR MORE THAN SAME-DAY SERVICE. CONTINUED IN GENERAL COMMENT.

Comply By: 05/09/22

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

THE REFRIGERATOR IN KITCHEN A IS NOT WORKING PROPERLY. THE REFRIGERATOR SECTION SEAMS TO BE MAINTAINING TEMPERATURE, HOWEVER THE FREEZER SECTION

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IS NOT WORKING. EITHER REPAIR THIS UNIT OF REPLACE THIS UNIT.

Comply By: 05/06/22

4-500 Equipment Maintenance and Operation

4-501.19BMN

MN Rule 4626.0780B Provide a separate food preparation sink for washing or thawing food if a new food product is added to the menu or in an extensively remodeled food establishment that requires washing or thawing in a sink.

PROVIDE A SEPARATE FOOD PREP SINK OR MAINTAIN RECEIPTS ON SITE THAT ALL FRESH FRUITS AND VEGETABLES ARE PURCHASED WASHED, CUT, AND DICED.

Comply By: 05/03/22

4-600 Cleaning Equipment and Utensils

4-601.11C

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

CLEAN THE INSIDE BOTTOM OF THE OVEN IN KITCHEN B.

Comply By: 05/05/22

4-600 Cleaning Equipment and Utensils

4-602.11D5

MN Rule 4626.0845D5 Clean equipment used for the storage of packaged or unpackaged food, such as a reach-in refrigerator, at a frequency which precludes accumulation of soil residues.

CLEAN THE INSIDE BOTTOM OF THE REFRIGERATOR IN KITCHEN B.

Comply By: 05/05/22

6-100 Physical Facility Construction Materials

6-101.11A1

MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.

PROVIDE APPROVED FLOORS AND CEILINGS IN BASEMENT WHERE FOOD STORAGE IS LOCATED.

Comply By: 11/02/22

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 41 Degrees Fahrenheit - Location: CUT FRUIT - COOLER IN KITCHEN A

Violation Issued: No

Process/Item: Cold Holding

Temperature: Degrees Fahrenheit - Location: BLUEBERRY PIE - COOLER IN KITCHEN B

Violation Issued: No

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Food and Beverage Establishment Inspection Report

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Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		1	0	6

FOOD THAT IS TCS SHALL BE PREPARED FOR SAME DAY SERVICE ONLY. NO TCS FOOD SHALL BE STORED IN THE REFRIGERATOR FOR MORE THAN 24 HOURS.

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 1008221017 of 05/02/22.

Certified Food Protection Manager Alissa Ann Beckmann

Certification Number: FM104758 Expires: / /

Signed: report sent to HRD
Establishment Representative

Signed: Inspector ID# 1008

Public Health Sanitarian 3
Fergus Falls District Office
651-201-4500
health.foodlodging@state.mn.us

Report #: 1008221017

Food Establishment Inspection Report



Minnesota Department of Health

PO Box 64495
St Paul, Minnesota

No. of RF/PHI Categories Out

2

Date 05/02/22

No. of Repeat RF/PHI Categories Out

0

Time In 13:00:34

Legal Authority MN Rules Chapter 4626

Time Out

Central Minnesota Senior Care

Address

287 Highway 29 N

City/State

Benson, MN

Zip Code

56215

Telephone

3208433774

License/Permit #
0038208

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

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	<input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC knowledgeable; duties & oversight	
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified food protection manager; duties	
Employee Health			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Mgmt/Staff; knowledge, responsibilities & reporting	
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & exclusion	
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting & diarrheal events	
Good Hygienic Practices			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use	
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, & mouth	
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed	
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks supplied/accessible	
Approved Source			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source	
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Food received at proper temperature	
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated	
14	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available; shellstock tags, parasite destruction	
Protection from Contamination			
15	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected	X
16	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Food contact surfaces: cleaned & sanitized	
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooking time & temperature	
19	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding	
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooling time & temperature	
21	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper hot holding temperatures	
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper cold holding temperatures	
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition	
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Time as a public health control: procedures & records	
Consumer Advisory			
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw/undercooked food	
Highly Susceptible Populations			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered	
Food and Color Additives and Toxic Substances			
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used	
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used	
Conformance with Approved Procedures			
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Compliance with variance/specialized process/HACCP	

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

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

Compliance Status		COS	R
Safe Food and Water			
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized eggs used where required	
31		Water & ice obtained from an approved source	
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	
Food Temperature Control			
33		Proper cooling methods used; adequate equipment for temperature control	
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding	
35	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used	
36		Thermometers provided & accurate	
Food Identification			
37		Food properly labeled; 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	

Compliance Status		COS	R
Proper Use of Utensils			
43		In-use utensils: properly stored	
44		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	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
48		Warewashing facilities: installed, maintained, & used; test strips	
49	X	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	X	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) *report sent to HRD*

Date: 05/03/22

Inspector (Signature)

In Inspector ID# 10082