Electronically Delivered

July 10, 2023

Licensee
Riley Crossing Senior Living
620 Aldrich Drive
Chanhassen, MN 55317

RE: Project Number(s) SL35195015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 8, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

The correction order documentation should include the following:

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

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

A state correction 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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for 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

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

If you have any questions, please contact me.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 651-281-9796

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35195	A. BUILDING: _____ B. WING _____	06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RILEY CROSSING SENIOR LIVING	620 ALDRICH DR CHANHASSEN, MN 55317

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL35195015 On June 6, 2023, through June 8, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 69 active residents receiving services under the Assisted Living with Dementia Care license.	0 000		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (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	0 630		

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0 630	Continued From page 1 and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was updated when a new risk of the resident causing harm to self and others was identified for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: R1 was admitted to the facility on February 27, 2023, and received services which included assistance with hearing aid, medication administration, laundry, and housekeeping. R1's IAPP dated March 10, 2023, indicated R1 was not at risk for abuse, was not at risk to abuse others, and did not pose a risk of self-abuse. R1's record showed a request to R1's provider, dated April 28, 2023, requesting a PRN (as needed) anti-anxiety medication stating patient is "threatening to break things, yelling, verbal aggression. No physical behaviors yet but we are concerned. She has also threatened to take her own life but has no plan." The request was	0 630		

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0 630	Continued From page 2 granted with an order for Seroquel 12.5 mg four times a day as needed for anxiety, agitation. R1's May 2023 medication administration record showed the resident received this medication 15 times. R1's IAPP was not updated to reflect these changes. On June 7, 2023, at 1:00 p.m., CNS-B stated their process would be the support nurses monitor PRN medication usage and they should have contacted R1's provider for a follow up. A nurse should have reassessed the resident regarding the behaviors stating, "it was missed". Whoever did the assessment would also update the IAPP. The licensee's Assessments of Clients- Initial and Ongoing policy dated August 1, 2021, indicated ongoing client reassessment and monitoring will be conducted as needed, based on changes in the needs of the client. The comprehensive assessment will include the client's areas of vulnerability and susceptibility to maltreatment and whether the client poses a risk to other vulnerable adults. The RN will use this assessment as the basis for the client's individual abuse prevention plan that identifies the specific measures to be taken to minimize the risk of maltreatment to the client or to other vulnerable adults. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		

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01890	Continued From page 3	01890		
01890 SS=E	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 date time-sensitive medications with an opened or expired date for two of two residents (R2, 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, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R2 On June 7, 2023, at 8:17 a.m., the surveyor observed ULP-E prepare medications for R2 which included timolol eye drops. The eye drops were not marked with the date the bottle was opened. The surveyor observed ULP-E administer medications including timolol eye drops for R2. On June 7, 2023, at 8:17 a.m., ULP-E stated	01890		

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01890	Continued From page 4 whoever opened the eye drop should have labeled it with the open date, that was how they were trained. The manufacturer's instructions dated January 2023, for timolol eye drops directed to use within one month after the foil package has been opened. R4 On June 7, 2023, at 8:45 a.m., the surveyor observed the medication cart on the second floor of the unsecured unit. The surveyor noted opened latanoprost eye drops for R4 that had an open date label on them but did not have a date written on the label. On June 7, 2023, at 8:45 a.m., ULP-c stated all eye drops should be dated when they are first opened and used. The manufacturer's instructions dated March 1, 2023, for latanoprost eye drops directed once bottle is opened for use, it may be stored at room temperature up to 25 degrees Celsius for 6 weeks. On June 8, 2023, at 8:20 a.m., clinical nurse supervisor (CNS)-B stated that all eye drops should be labeled with an open date upon first use. The licensees Storage of Medication And Key Security policy revised April 19, 2023, indicated proper storage of medications: The nurse will identify where are the medications will be stored in the clients individualized medication management plan. - Until the medication is set up for immediate or later administration by a nurse, a legend drug	01890		

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01890	Continued From page 5 must be kept in its original container bearing the original prescription label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration date of time-dated drug, directions for use, client 's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02180 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (e) Behavioral symptoms that negatively impact the resident and others in the assisted living facility with dementia care must be evaluated and included on the service or care plan. The staff must initiate and coordinate outside consultation or acute care when indicated. (f) Support must be offered to family and other significant relationships on a regularly scheduled basis but not less than quarterly. (g) Existing housing with services establishments registered under chapter 144D prior to August 1, 2021, that obtain an assisted living facility license must provide residents with regular access to outdoor space. A licensee with new construction on or after August 1, 2021, or a new licensee that was not previously registered under chapter 144D prior to August 1, 2021, must provide regular access to secured outdoor space on the premises of the facility. A resident's access to outdoor space must be in accordance with the resident's documented care plan.	02180		

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02180	Continued From page 6 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure behavioral symptoms identified were addressed on the service plan for one of one resident (R1). 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: R1 was admitted to the facility on February 27, 2023. R1's Service Plan Agreement dated March 10, 2023, indicated R1 received services which included assistance with hearing aid, medication administration, laundry, and housekeeping. R1's IAPP dated March 10, 2023, indicated R1 was not at risk for abuse, was not at risk to abuse others, and did not pose a risk of self-abuse. R1's record showed a request to R1's provider, dated April 28, 2023, requesting a PRN (as needed) anti-anxiety medication stating patient is "threatening to break things, yelling, verbal aggression. No physical behaviors yet but we are concerned. She has also threatened to take her own life but has no plan." The request was granted with an order for Seroquel 12.5 mg four times a day as needed for anxiety, agitation.	02180		

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02180	Continued From page 7 R1's May 2023 medication administration record showed the resident received this medication 15 times. R1's Service Plan Agreement was not updated to reflect these behavioral changes. On June 7, 2023, at 1:00 p.m., CNS-B stated their process would be the support nurses monitor PRN medication usage and they should have contacted R1's provider for a follow up. A nurse should have reassessed the resident regarding the behaviors stating, "it was missed". Changes in the nursing assessment would then prompt to add services to the Service Plan Agreement. CNS-B further stated she would expect, after an assessment to add behavior monitoring to the resident's service plan. The licensee's Service Plan Agreement Development and Revision policy dated August 1, 2021, indicated the RN will review the client's Service Plan whenever changes are needed to the services to be provided because of a change in the client's condition, after receipt of new or revised orders from the client's physician or other prescribing provider, following and incident, or following the client's return form a hospital or nursing home. If a review of the Service Plan indicates that the client's Service Plan Agreement needs modification based on the client's needs, preferences to changes in fees, the RN makes necessary changes to the Service Plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02180		

Minnesota Department of Health

625 North Robert Street
Saint Paul, MN
651-201-5000

Type: Full
Date: *06/07/23*
Time: 14:00:00
Report: 8087231105

Food and Beverage Establishment Inspection Report

Location:
Riley Crossing Senior Living
620 Aldrich Dr
Chanhassen, MN55317
Carver County, 10

Establishment Info:
ID #: 0038250
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9529347777
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 PPM at -- Degrees Fahrenheit
Location: WALL DISPENSING UNIT
Violation Issued: No

Quaternary Ammonia: = 400 PPM at -- Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Wash Temperature Gauge: = -- at 147 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Rinse Temperature Gauge: = -- at 177 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Max Utensil Surface Temp: = -- at 161 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Ambient Air
Temperature: 40 Degrees Fahrenheit - Location: BEVERAGE COOLER
Violation Issued: No

Process/Item: Cold Holding: MILK
Temperature: 40 Degrees Fahrenheit - Location: BEVERAGE COOLER
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Ambient Air
Temperature: 0 Degrees Fahrenheit - Location: WALK-IN FREEZER
Violation Issued: No

Process/Item: Ambient Air
Temperature: 40 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: MILK
Temperature: 39 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: CUT MELON
Temperature: 41 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: CUT TOMATO
Temperature: 40 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: DELI MEAT
Temperature: 40 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: HAM SALAD
Temperature: 41 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: STROGANOFF
Temperature: 39 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Ambient Air
Temperature: 39 Degrees Fahrenheit - Location: MEMORY CARE STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: APPLE SAUCE
Temperature: 39 Degrees Fahrenheit - Location: MEMORY CARE STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: BUTTER
Temperature: 39 Degrees Fahrenheit - Location: MEMORY CARE STAND-UP COOLER
Violation Issued: No

Process/Item: Ambient Air
Temperature: 38 Degrees Fahrenheit - Location: PANTRY STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: COTTAGE CHZ
Temperature: 38 Degrees Fahrenheit - Location: PANTRY STAND-UP COOLER
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Ambient Air
Temperature: 39 Degrees Fahrenheit - Location: FRY STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: CUT MELON
Temperature: 38 Degrees Fahrenheit - Location: FRY STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: CHICKEN
Temperature: 39 Degrees Fahrenheit - Location: FRY STAND-UP COOLER
Violation Issued: No

Process/Item: Ambient Air
Temperature: -6 Degrees Fahrenheit - Location: REACH-IN FREEZER
Violation Issued: No

Process/Item: Cold Holding: DELI MEAT
Temperature: 40 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Holding: HB EGG
Temperature: 41 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Holding: CUT TOMATO
Temperature: 39 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Hot Holding: SOUP
Temperature: 158 Degrees Fahrenheit - Location: SOUP WARMER
Violation Issued: No

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

THIS WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH KITCHEN MANAGER ALEX BUKO.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING
NOROVIRUS
BARE HAND CONTACT WITH READY TO EAT FOODS
EMPLOYEE ILLNESS
EMPLOYEE EXCLUSION
COOLING METHODS
REHEATING METHODS
SANITIZER CONCENTRATION
DATE MARKING
ALL ITEMS ON THIS REPORT
ALL ITEMS ON PREVIOUS REPORT

Food and Beverage Establishment Inspection Report

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT.

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 8087231105 of 06/07/23.

Certified Food Protection Manager: ALEX BUKO

Certification Number: FM27770 Expires: 03/01/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

ALEX BUKO
KITCHEN MANAGER

Signed: _____

John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
john.boettcher@state.mn.us