



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 4, 2022

Administrator
Woodland Manor
610 Summit Drive
Fairmont, MN 56031

RE: Project Number(s) SL30841015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on July 20, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

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

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

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

Please address your cover letter for general reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

Woodland Manor

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St. Paul, MN 55164-0970

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

Sincerely,

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

Jodi Johnson, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 507-344-2730 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30841	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/20/2022
NAME OF PROVIDER OR SUPPLIER WOODLAND MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 610 SUMMIT DRIVE FAIRMONT, MN 56031		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL30841015 On July 18, 2022, through July 20, 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 22 residents; 19 receiving services under the provider's Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated July 20, 2022, for the specific Minnesota Food Code deficiencies.	0 480		

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0 480	Continued From page 2	0 480		
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days			
0 660 SS=E	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) including documentation of completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test, for two of two employees, (unlicensed personnel (ULP)-D, ULP-E) per CDC guidelines with records reviewed. This practice resulted in a level two violation (a	0 660		

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0 660	Continued From page 3 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: The licensee's TB risk assessment dated September 15, 2022, indicated the licensee was a low risk. ULP-D ULP-D's employee record showed ULP-D had a start date of January 11, 2022. ULP-D's employee's record contained a TST administered on January 11, 2022, and a second TST administered April 22, 2022. (101 days later). ULP-E ULP-E was hired under the comprehensive home care license on October 20, 2020, and began providing assisted living services on August 1, 2021. ULP-E's employee record contained a TB history and symptom screening dated October 20, 2020, and a negative one-step TB skin test dated October 23, 2020. ULP-E's employee record further contained a TST administered on January 26, 2022, and a second TST administered on April 30, 2022, (94 days later). On July 20, 2022, at 10:29 a.m., infection preventionist (IP)-F stated ULP-E had been hired during the tuberculin shortage. IP-F stated she	0 660		

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0 660	Continued From page 4 had reached out to the Minnesota Department of Health (MDH) for guidance to catch up on the TB testing. IP-F explained she had been instructed per an email dated January 13, 2022, to give all new hires full two-step TST, any existing employees with a single step TST placed within the past 12 months would receive a single step, and all employees with a single step TST, where the TST was placed over a year ago, would receive a new two-step TST. IP-F stated, "these are the two that fell thru the cracks" and verified both employees should have had a second step TST 1-3 weeks after the first TST. The Minnesota Department of Health, Regulations for Tuberculosis Control in Health Care Settings, dated July 2013, indicated: Baseline TB screening is required for all HCWs (Table 3.1). Baseline TB screening consists of three components: 1. Assessing for current symptoms of active TB disease, 2. Assessing TB history, and 3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA (Interferon Gamma Release Assay - a blood test used to see whether a person has been infected with the bacteria causing TB). The 2-step TST identified as: Procedure used for the baseline skin testing of persons who will receive serial TSTs (e.g., HCWs and residents of long term-care facilities) to reduce the likelihood of mistaking a boosted reaction for a new infection. If an initial TST result is classified as negative, a second step of a two-step TST should be administered 1-3 weeks after the first TST result was read. If the second TST result is positive, it probably represents a boosted	0 660		

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0 660	Continued From page 5 reaction, indicating infection most likely occurred in the past and not recently. If the second TST result is also negative, the person is classified as not infected. The licensee's TB Prevention and Control policy undated, indicated this agency would establish and maintain a TB prevention and control program based on the most current guidelines issued by the Center for Disease Control and Prevention (CDC). The Minnesota Department of Health Guidelines, Regulations for Tuberculosis Control in Health Care Settings would be followed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation	0 810		

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0 810	Continued From page 6 plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements and failed to provide required employee and resident training on fire safety. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: A record review and interview were conducted on July 18, 2022, at approximately 11:30 a.m. with	0 810		

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0 810	Continued From page 7 Director of Building Services (DBS)-C on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated that the fire safety and evacuation plan did not include the identification of unique or unusual resident needs for movement or evacuation under procedures for resident movement, evacuation, or relocation during a fire or similar emergency. During interview, DBS-C verified that the fire safety and evacuation plan for the facility lacked these provisions. Record review of available documentation indicated that the licensee did not provide employee training on the fire safety and evacuation plan twice per year after the training it initial hire. During interview, DBS-C stated that the licensee only had conducted drills and did not have any documented training for employees outside of the performed drills. A policy was requested on employee training, but one could not be provided. Record review of the available documentation indicated that the licensee did not provide annual training to residents who can assist in their own evacuation on the proper actions to take in the event of a fire to include movement, evacuation, or relocation as required by statute. During interview, DBS-C indicated they were not aware of any provided resident training and had no documentation to support providing training. A policy on resident training for fire safety and evacuation but requested one was not able to be provided. No further information was provided.	0 810		

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0 810	Continued From page 8	0 810		
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days			
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: The licensee's assisted living contract included a clause that indicated the resident would waive the licensee's liability for health, safety, or personal	0 970		

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0 970	Continued From page 9 property of a resident. -Page 12, section 23 of the contract indicated "As an occupant of the facility, resident assumes the risk for resident's own safety, and for the safety of resident's guests and agents. Resident will indemnify and hold harmless provider, its employees, officers, managers, owners and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of, or caused wholly or in part of an act or omission of resident or resident's guest or agents." -Page 13, section 25 of the contract included "Provider is not liable to resident or resident's guests for any injury, death or property damage occurring in the apartment or on provider's premises unless such injury, death or property damage occurs as the result of provider's own negligent acts or omissions, or those of its employees, officers, managers, owners or agents. On July 19, 2022, at 1:38 p.m., licensed assisted living director (LALD)-A verified the licensee's contract included the above content, and stated the same contract was utilized for all residents at the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970			
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup	01770			

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01770	Continued From page 10 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R2) 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) 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: During the entrance conference on July 18, 2022, at 9:50 a.m., registered nurse (RN)-B confirmed the licensee provided medication management services to the licensee's residents, including medication setup. R2's Service Plan dated January 1, 2022, indicated R2 received weekly medication set-up by the RN and bi-weekly set-up by the pharmacist. R2's prescriber orders printed July 19, 2022, included the following order: Give 1 (1500 milligram) tab of D-mannose (a kind of sugar that is related to glucose) with cranberry extract (in	01770		

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01770	Continued From page 11 dosage box) two times a day related to urinary tract infection. R2's RN Medication Management form dated July 2022, indicated weekly medication set-up had been provided by RN-B on July 5, 2022, and July 11, 2022. The form lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration. On July 20, 2022, at 9:07 a.m., RN-B confirmed she only documented that a medication set up had been completed each week for R2 and verified the documentation did not include what medication, quantity of dose, times, or route. RN-B further confirmed this was the process for all medication set ups, and after reviewing the statute agreed the process needed to be changed. The Documentation of Medication, Treatment, and Therapy Services policy undated, indicated: 3. Medication Set Up. The RN or LPN (licensed practical nurse) will document each medication as it is set up. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) Days	01770		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must	01960		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30841	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/20/2022
NAME OF PROVIDER OR SUPPLIER WOODLAND MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 610 SUMMIT DRIVE FAIRMONT, MN 56031		
(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
01960	Continued From page 12 include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatment or therapies were administered as directed, or to document the reason they were not administered, for one of two residents (R2) 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). The findings include: R2's Service Plan dated August 26, 2021, included a service for support stockings twice a day. R2's Resident Individualized Treatment or Therapy Management Plan modified January 1, 2022, included a treatment for ace wraps twice a day. R2's prescriber order dated June 24, 2022, indicated to switch to support stockings; apply AM (morning) and off at HS (bedtime).	01960		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30841	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/20/2022
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01960	Continued From page 13 On July 18, 2022, at 12:40 p.m., R2 was observed seated at the table in her room; R2's feet were bare. R2 confirmed she usually wore support stockings that staff applied for her though that morning the stockings were still damp. R2 further stated the staff would put on the stockings once they were dry. At 2:55 p.m., R2 was again observed seated at the table in her room with bare feet. R2's support stocking were observed hanging on the towel bar in her bathroom and when touched the stockings were dry. R2's Medication Administration Record (MAR) dated July 1, 2022 - July 31, 2022, indicated on July 18, 2022, at 0705 (7:05 a.m.), application of R2's support stockings had been signed off as applied. R2's progress notes did not include evidence as to why the support stockings had not been applied. On July 18, 2022, at 3:35 p.m., registered nurse (RN)-B reviewed R2's MAR and confirmed unlicensed personnel (ULP)-D had signed off that morning as having completed the task of applying R2's support stockings. RN-B stated usually the staff would let her know if they were unable to apply the stockings due to being wet, but ULP-D hadn't done that. RN-B confirmed she would have expected the ULP to reapproach R2 once the stockings had dried and offer to apply. RN-B stated she would ask R2 if she wanted the stockings applied at that time. The undated Individualized Medication, Treatment & Therapy Management Plans policy indicated: The treatment and therapy management plan will include: d. Procedures for notifying a registered nurse or appropriate licensed health professional when a	01960		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30841	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/20/2022
NAME OF PROVIDER OR SUPPLIER WOODLAND MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 610 SUMMIT DRIVE FAIRMONT, MN 56031		
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01960	Continued From page 14 problem arise with treatment and/or therapy services. e. Resident specific requirements related to documentation of treatment and therapy received, verification that all treatments and therapy was administered as prescribed, and monitoring of treatment and/or therapy to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		

Type: Full
Date: 07/20/22
Time: 12:19:55
Report: 1028221122

Food and Beverage Establishment Inspection Report

Page 1

Location:

Woodland Manor
610 Summit Drive
Fairmont, MN56031
Martin County, 46

Establishment Info:

ID #: 0037742
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072356606
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.

2-300 Personal Cleanliness

2-301.12C

MN Rule 4626.0070C Food employees must avoid recontamination of their hands after handwashing by using a disposable paper towel or similar clean barrier to close faucet handles on a handwashing sink or the handle on a restroom door.

Ensure that food service employees are incorporating the above listed procedure into their handwashing routine.

Comply By: 07/20/22

Surface and Equipment Sanitizers

Hot Water: = at 200 Degrees Fahrenheit
Location: Dish Machine - Rinse
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: Butter
Violation Issued: No

Process/Item: Hot Holding
Temperature: 180 Degrees Fahrenheit - Location: Burger
Violation Issued: No

Process/Item: Hot Holding
Temperature: 155 Degrees Fahrenheit - Location: Potatoes
Violation Issued: No

Type: Full
Date: 07/20/22
Time: 12:19:55
Report: 1028221122
Woodland Manor

Food and Beverage Establishment Inspection Report

Page 2

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

This Inspection was conducted in conjunction with HRD.

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

I acknowledge receipt of the Minnesota Dept. of Health inspection report number 1028221122 of 07/20/22.

Certified Food Protection Manager: Rosa Milow

Certification Number: FM109703 Expires: 02/18/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Rosa Milow
Cook

Signed: _____


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