Electronically Delivered

January 28, 2022

Administrator
Old Main Village
301 South 5th Street
Mankato, MN 56001

RE: Project Number(s) SL30663015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on December 22, 2021, 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 surveys. 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 addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

St. Paul, MN 55164-0970 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 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,

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-215-9697

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30663	A. BUILDING: _____ B. WING _____	12/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD MAIN VILLAGE	301 SOUTH 5TH STREET MANKATO, MN 56001

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0 000	Initial Comments Initial comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.10 to 144G.95, these correction order(s) have been issued pursuant to a survey. Determination of whether a violation has been 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: Project # SL30663015 On December 20, 2021 through December 22, 2021, the Minnesota Department of Health visited the above Assisted Living licensed provider, and the following correction orders are issued. At the time of the survey, there were 61 residents receiving services under the 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.	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 1 (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based interview and record review, the licensee failed to have a written emergency preparedness plan with all the required content. This had the potential to affect all sixty-one (61) residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and	0 680		

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0 680	Continued From page 2 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on December 20, 2021, at approximately 11:50 a.m., the surveyor made a request to the licensed assisted living director (LALD) to view the licensee's emergency preparedness (EP) plan. The licensee's emergency preparedness plan, dated August 1, 2021, included numerous required policies, various contact lists, a communication plan, methods for sharing information; agreements with other facilities; and other required information. However, the EP document lacked the following required content as detailed in Appendix Z, the state adopted rule addressing emergency preparedness: -a current assessment of the population served by licensee and analysis of how it would minimize or eliminate the identified vulnerabilities; and -policies and procedures relating to how medical records would be taken care of during an emergency situation. On December 22, at approximately 2:30 p.m., while reviewing the emergency plan with the surveyor, the executive director (ED), acknowledged the current EP lacked some of the required elements. The licensee's Emergency Preparedness Plan - Appendix Z Compliance policy, dated August 1, 2021, indicated it is the intent of the licensee to have in place an effective and compliant emergency preparedness (EP) plan. The policy	0 680		

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0 680	Continued From page 3 indicated the licensee's plan would include all required elements of appendix Z; and include polices and procedures designed to align with the long-term care requirements in Appendix Z. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 680		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced	0 780		

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0 780	Continued From page 4 by: Based on observation and interview, the licensee failed to provide smoke alarms in all sleeping rooms and failed to provide smoke alarms that are interconnected so that actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents. 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: On facility tour with the Executive Director (ED), Director of Maintenance (DM), and the Regional Director of Operations (RDO) on December 21, 2021 between approximately 9:50 a.m. and 11:40 a.m., it was observed that sleeping rooms in several of the units did not have the required smoke alarms. Further observation identified upon testing, that the sleeping rooms that were equipped with smoke alarms were not interconnected with the other smoke alarms in the dwelling unit so that actuation of one alarm would cause all alarms to operate. These deficient conditions were visually verified by ED, DM, and RDO accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		

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0 810	Continued From page 5	0 810		
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 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 interivew and record review, the licensee failed to complete required employee	0 810		

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0 810	Continued From page 6 evacuation drills every other month. 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 December 21, 2021 at approximately 11:50 a.m. with the Executive Director (ED) and the Regional Director of Operations (RDO) on the fire safety and evacuation plan, fire safety and evacuation training, and fire safety and evacuation drills for the facility. Record review of the fire safety and evacuation drills indicated that the licensee had performed fire drills, but had not performed evacuation drills for employees every other month as required. During interview, (RDO) stated that they had conducted fire drills only and that they were trained that fire drills and evacuation drills were the same thing. A policy was provided that was in compliance with the statuatory requirement, but the documented drills did not support compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01470 SS=F	144G.63 Subd. 2 Content of required orientation	01470		

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01470	Continued From page 7 (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research	01470		

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01470	Continued From page 8	01470		

based, may include online training, and must include training on one or more of the following topics:
(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;
(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or
(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.

This MN Requirement is not met as evidenced by:
Based on observation, interview and record review, the licensee failed to ensure employees received orientation to 144G licensing requirements for three of three employees (licensed practical nurse (LPN)-D, unlicensed personnel (ULP)-E and ULP-F) with employee records reviewed. This had potential to affect all sixty-one (61) residents.

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 the potential to affect a large portion or all the residents).

The findings include:

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01470	Continued From page 9	01470		

During the entrance conference on December 20, 2021, at approximately 10:47 a.m., the executive director (ED), registered nurse (RN)-B and regional health services director/RN-C stated they were familiar with the statutes and regulations for assisting living. The ED verified the licensee provided assisted living without dementia care services under the new license, effective August 1, 2021.

Training records for Licensed practical nurse (LPN)-D and unlicensed personnel (ULP)-E and ULP-F lacked evidence the employees were oriented to the new assisted living licensing requirements in the following areas:
-an overview of 144G statutes;
-introduction and review of all the provider's policies and procedures related to the provision of assisted living services under 144G statutes; and
-review of person-centered planning and care.

LPN-D
LPN-D was hired on August 10, 2015, to provide direct care services to the licensee's residents.

On December 20, 2021, at approximately 1:10 p.m., LPN-D stated she provided direct care services to the licensee's residents.

LPN-D's employee training record lacked evidence LPN-D was oriented to the new assisting living facility licensing requirements as listed above.

ULP-E
ULP-E was hired on October 12, 2018, to provide direct care services to the licensee's residents.

On December 21, 2021, at approximately 8:20 a.m., the surveyor observed ULP-E providing

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01470	Continued From page 10 direct resident cares. On December 21, 2021, at approximately 8:50 a.m., ULP-E stated she was not aware of the new [144G statutes] assisted living rules that went into effect on August 1, 2021. ULP-D stated she did not think she had been trained regarding the rules, or any information about new policies. ULP-E's employee training record lacked evidence ULP-E was oriented to the new assisting living facility licensing requirements as listed above. ULP-F ULP-F was hired on October 12, 2020, to provide direct care services to the licensee's residents and supervision of staff. On December 22, 2021, at approximately 8:10 a.m., the surveyor observed ULP-F providing direct resident cares. On December 22, 21, at approximately 8:30 a.m., ULP-F stated she was aware that there were new rules for assisted living and confirmed she had no recent training regarding the new Minnesota assisted living rules. ULP-F's employee training record lacked evidence ULP-F was oriented to the new assisting living facility licensing requirements as listed above. On December 23, 2021, at approximately 2:30 p.m., the business office manager (BOM)-K stated all new hires since August 1, 2021, completed orientation on the new 144G requirements. BOM-K confirmed only six employees hired prior to August 1, 2021, had	01470		

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01470	Continued From page 11 completed the training. On December 23, 2021, at approximately 2:50 p.m., registered nurse (RN)-B and RN-C stated they were aware of the 144G required training topics, but were unable to provide documentation that LPN-E, ULP-E and ULP-F had completed orientation to include the required content. RN-B stated they were "aware and had plans" to make sure all staff training was current, adding training dates were scheduled for the remaining staff. The licensee's 1.01 Assisted Living Statute and Rule Overview policy, dated July 1, 2021, indicated standards of training of facility personnel shall include 144G required content for orientation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01470		

Minnesota Department of Health
Food, Pool, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *12/21/21*
Time: 10:00:55
Report: 1020211163

Food and Beverage Establishment Inspection Report

Location:
Old Main Village
301 South 5th Street
Mankato, MN56001
Blue Earth County, 07

Establishment Info:
ID #: 0039030
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5073884200
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

Wash Temperature Gauge: = at 160 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Final Rinse Temperature Ga: = at 185 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Utensil Surface Temperatur: = at 178 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: CHEESY MASHED POTATOES - UPRIGHT COOLER

Violation Issued: No

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

Process/Item: Cold Holding
Temperature: <0 Degrees Fahrenheit - Location: FOODS FIRM - WALK-IN FREEZER
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: CHEESE - WALK-IN COOLER
Violation Issued: No

Type: Full
Date: *12/21/21*
Time: 10:00:55
Report: 1020211163
Old Main Village

Food and Beverage Establishment Inspection Report

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

GENERAL COMMENTS:

DISCUSSED CURRENT COVID-19 AND GENERAL EMPLOYEE ILLNESS POLICIES AND PROCEDURES. EMPLOYEE ILLNESS LOG IS USED ON-SITE.

DISCUSSED COOLING AND RE-HEATING PROCEDURES.

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 1020211163 of 12/21/21.

Certified Food Protection Manager: Jeff Morris

Certification Number: FM74603 Expires: 08/15/23

Inspection report reviewed with person in charge and emailed.

Signed: Report emailed
Establishment Representative

Signed:
Ashley B

651-201-4500