



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 30, 2022

Administrator
Edgebrook Care Center, Inc.
301 5th Avenue North
Edgerton, MN 56128

RE: Project Number(s) SL30472015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on August 10, 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
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P.O. Box 64970
85 East Seventh Place

Edgebrook Care Center, Inc.

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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 that reads "Casey DeVries". The signature is written in a cursive, flowing style.

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30472	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/10/2022
NAME OF PROVIDER OR SUPPLIER EDGEBROOK CARE CENTER INC		STREET ADDRESS, CITY, STATE, ZIP CODE 301 5TH AVENUE NORTH EDGERTON, MN 56128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL30472015-0</p> <p>On August 8, 2022, through August 10, 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 17 residents, all of whom received services under the provider's Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 8, 2022, for the specific Minnesota Food Code deficiencies.</p>	0 480		

Minnesota Department of Health

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0 480	Continued From page 2	0 480		
0 550 SS=F	<p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> <p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post required information related to the licensee's grievance procedure, contact information for the Office of Ombudsman and information for reporting suspected maltreatment. This had the potential to affect all 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>	0 550		

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0 550	<p>Continued From page 3</p> <p>The findings include:</p> <p>The licensee lacked a posting of the grievance procedure to include the name, telephone number and e-mail contact information for the individuals who are responsible for handling resident grievances. In addition, there was no conspicuous signage or posting of contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities or any information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC).</p> <p>On August 8, 2022, at approximately 11:36 a.m., the surveyor conducted a brief facility tour with registered nurse (RN)-B. The surveyor observed the main common areas including the dining areas, activity and exercise rooms, and two adjoining hallways which lacked required postings of the grievance procedure. On a bulletin board near the nursing office, the surveyor observed the Minnesota Assisted Living Bill of Rights printed on several pages of paper and contained in a clear, page-protector sleeve. The last pages contained in the sleeve protector, which were not readily displayed, had contact information for both Ombudsmen and the MAARC. However, the contact information for the Ombudsmen and MAARC was not conspicuously placed as required.</p> <p>On August 9, 2022, at approximately 3:43 p.m., the surveyor and senior living housing manager (HM)-A reviewed the displayed bulletin board items and verified there was no posted information about the facility's grievance procedures. Regarding the contact numbers for</p>	0 550		

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0 550	Continued From page 4 the Ombudsmen and MAARC, HM-A said they were not trying to hide anything but acknowledged contact information in the packet was not openly displayed. HA-A said they would come up with a solution to make the required information easily accessible to anyone coming in. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 550		
0 800 SS=F	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 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. This deficient condition 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	0 800		

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0 800	Continued From page 5 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 a facility tour on August 9, 2022, at approximately 12:15 p.m. with Senior Living Housing Manager (HM)-A, Licensed Assisted Living Director (LALD)-C, Maintenance Supervisor (MS)-G, and Environmental Assistant (EA)-H it was observed that the ductwork from one of the central air handlers had a large rust hole from sitting directly on the concrete in water from the adjacent floor drain. The floor drain did not appear to have proper slope around it and appeared to be partially blocked or obstructing, not allowing the water to drain. HM-A, LALD-C, MS-G, and EA-H all visually verified the deficient condition. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
0 950 SS=D	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	0 950		

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0 950	<p>Continued From page 6</p> <p>"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."</p> <p>(b) The contract must contain a page or space for 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 document in the assisted living contract the resident's decision to name or decline to name a designated representative for one of two 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>	0 950		

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0 950	<p>Continued From page 7</p> <p>The licensee's assisted living contract had required language to offer the resident the opportunity to name a designated representative. The contract contained an area for the designated representative to be listed and offered an initial box for the resident to indicate if they chose not to list a representative.</p> <p>R2's service plan, revised December 31, 2020, indicated services included: medication administration, treatment management, daily meals, snacks, weekly housekeeping and laundry.</p> <p>R2's Senior Living Occupancy Agreement Assisted Living, included a section for the resident to designate and name a representative and also an area to initial if the resident declined to name a representative. R2's Assisted Living Contract, dated and signed by R2 on July 9, 2021, did not list a designated representative and the box to initial if resident declined to name a designated representative was left blank.</p> <p>On August 9, 2022, at approximately 3:50 p.m., senior living housing manager (HM)-A confirmed R2's signed contract neither listed a designated representative nor was initialed by the resident declining to name a representative. HM-A stated they go over this with at admission and allow residents to name a representative and if it was blank, it was missed or an oversight.</p> <p>The licensee's State-Specific Senior Living Information - Minnesota policy, dated June 6, 2022, indicated the assisted living contract must contain a page or space for 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.</p>	0 950		

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0 950	Continued From page 8 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
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 facility'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 of the residents). The findings include: Following the entrance conference on August 8,	0 970		

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0 970	<p>Continued From page 9</p> <p>2022, at approximately 12:27 p.m., the licensee provided the surveyor with a current copy of the facility's assisted living contract as presented in an admission packet.</p> <p>The licensee's assisted living contract included two clauses that indicated the resident would waive the facility's liability for health, safety, or personal property of a resident. Page 6, section V. Rights and Responsibilities of Resident, part K indicated: Resident is responsible for and bears the loss of all personal property and possessions in resident's unit.</p> <p>Pages 6 and 7, in section VI. Rights and Responsibilities of Edgebrook in part B indicated: Edgebrook reserves the right to charge resident who damages or alters the unit or other Edgebrook property through neglect or conscious act. Damages may include, but are not limited to, the cost of restoring resident's unit or other property to its original condition. Edgebrook assumes no responsibility for any injury or illness resulting from such negligence or conscious act.</p> <p>On August 9, 2022, at approximately 3:59 p.m., HM-A said the contract language conflicted with the statutes and said he would take it back to the team. HM-A verified all residents would have the same contracts. Subsequently on August 10, 2022, at approximately 3:18 p.m., HM-A stated they would be issuing new, updated contracts and the language about liability would be removed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		

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01650	Continued From page 10	01650		
01650 SS=D	<p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include:</p> <p>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;</p> <p>(2) the identification of staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring assessments of the resident;</p> <p>(4) the schedule and methods of monitoring staff providing services; and</p> <p>(5) a contingency plan that includes:</p> <p>(i) the action to be taken if the scheduled service cannot be provided;</p> <p>(ii) information and a method to contact the facility;</p> <p>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the service plan included the required content for one of two residents (R1) with records reviewed.</p> <p>This practice resulted in a level two violation (a</p>	01650		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01650	<p>Continued From page 11</p> <p>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 diagnoses included hypertension, hyperlipidemia, type 2 diabetes, sleep apnea and arteriosclerotic heart disease.</p> <p>R1's Service Plan, dated April 23, 2021, Services Agreement Part II - Services, dated April 22, 2020, and Services Agreement Part III - Modifications, dated April 23, 2021, indicated R1 received services including weekly medication set up, daily meals, assistance with bathing, housekeeping and laundry services.</p> <p>On August 8, 2022, at approximately 12:02 p.m., the surveyor observed unlicensed personnel (ULP)-D serve R1 the dinner meal and beverages.</p> <p>R1's Service Plan and Services Agreements listed above, all identified as part of the service/care plan, lacked the following required content:</p> <p>-a contingency plan that included:</p> <ul style="list-style-type: none"> -the action to be taken if the scheduled services cannot be provided; -the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse changes in the resident's condition, including identification of and information as to who has the 	01650		

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01650	Continued From page 12 authority to sign for the resident in an emergency; and -the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. On August 8, 2022, at approximately 1:51 p.m., registered nurse (RN)-B confirmed R1's service plan/and or care plan did not include the above noted required content. The licensee's Resident Service Plan - Assisted Living policy, revised August 3, 2021, indicated all assisted living community residents must have a completed service plan. The policy indicated the service plan was initiated prior to or at the time of admission and was updated according to changes in the resident's assessment and condition per state regulations. The policy did not list specific contents of a resident service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
01710 SS=D	144G.71 Subd. 3 Individualized medication monitoring and reas The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced	01710		

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01710	<p>Continued From page 13</p> <p>by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) completed annual medication re-assessments for one of two 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>During the entrance conference on August 8, 2022, at approximately 10:42 a.m., the licensed assisted living director (LALD)-B and registered nurse (RN)-B stated the licensee provided medication management services to the residents at the facility.</p> <p>R2's diagnoses included gastro-esophageal reflux disease, hypothyroidism and irritable bowel syndrome.</p> <p>R2's Service Agreement - Part I, signed April 1, 2015, Services Agreement Part II - Services, dated January 18, 2017, and Services Agreement Part III - Modifications, dated December 31, 2020, indicated R2 received services including medication administration, daily meals, assistance with bathing, housekeeping and laundry services.</p> <p>R2's prescriber orders, dated March 9, 2022,</p>	01710		

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01710	<p>Continued From page 14</p> <p>included a medication for allergy symptoms, a medication to reduce stomach acid, two pain medications, one diuretic and a bowel medication.</p> <p>On August 9, 2022, at approximately 9:19 a.m., the surveyor observed unlicensed personnel (ULP)- E administer morning medications to R2.</p> <p>R2's record contained an undated medication management assessment, and included anti-depressant medications, which R1 was no longer taking. Also, the assessment did not include an allergy medication R2 was currently taking.</p> <p>R2's record lacked evidence the RN conducted an annual assessment of R2's medication management services.</p> <p>On August 9, 2022, at approximately 1:45 p.m., registered nurse (RN)-B verified there was no medication assessment completed for R2. RN-B indicated there was to be a review of all the resident's medications including indications, side effects and any contraindications and the review was to be done at least annually.</p> <p>A policy regarding medication management assessment was requested, but none was provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01710		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan	01730		

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01730	Continued From page 15 (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed	01730		

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01730	<p>Continued From page 16</p> <p>when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</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 developed an individualized medication management plan with all required content for 1 of 2 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 included:</p> <p>R2's diagnoses included gastro-esophageal reflux disease, hypothyroidism and irritable bowel syndrome.</p> <p>R2's Service Agreement - Part I, signed April 1, 2015, Services Agreement Part II - Services, dated January 18, 2017, and Services Agreement Part III - Modifications, dated December 31, 2020, indicated R2 received services including medication administration, daily meals, assistance with bathing, housekeeping and laundry services.</p> <p>R2's prescriber orders, dated March 9, 2022, included a medication for allergy symptoms, a</p>	01730		

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01730	<p>Continued From page 17</p> <p>medication to reduce stomach acid, two pain medications, one diuretic and a bowel medication.</p> <p>On August 9, 2022, at approximately 9:19 a.m., the surveyor observed unlicensed personnel (ULP)- E administer medications to R2.</p> <p>On August 9, 2022, at approximately 9:29 a.m., R2 talked with the surveyor about medication services she received in the assisted living facility and said, "the staff take care of pretty much everything." R2 said the staff gave medicines to her, that she did not keep medication in her room, but the staff stored it and the nurse took care of the refills.</p> <p>R2's record lacked a medication management plan to include the following content:</p> <ul style="list-style-type: none"> - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. <p>On August 9, 2022, at approximately 3:04 p.m.,</p>	01730		

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01730	Continued From page 18 registered nurse (RN)-B verified R2's medication management plan may not have all the components. RN-B said she had only been with the facility in her role for a few months, was learning the assisted living rules and requirements and she had not developed R2's medication plan. The licensee's Medication Administration - Assisted Living policy, reviewed August 3, 2021, indicated all assisted living locations will have a written, community-specific procedure for medication administration and supporting processes. A policy regarding medication management and developing the management plan was requested, but none was provided. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to	01790		

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01790	Continued From page 19 the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed	01790		

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01790	<p>Continued From page 20</p> <p>personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of one unlicensed personnel ((ULP)-E) was trained and demonstrated competency to prepare and give medications for residents having unplanned time away, with employee 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>ULP-E started employment on September 5, 1990, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>On August 9, 2022, between approximately 7:36 a.m., and 9:19 a.m., the surveyor observed ULP-E administer morning medications to R2, R4 and R5.</p> <p>ULP-E's employee record lacked evidence to indicate the ULP had been trained and demonstrated competency to the registered</p>	01790		

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01790	Continued From page 21 nurse (RN) to provide medications to residents for unplanned times away from home. On August 10, 2022, at approximately 2:55 p.m., RN-B stated she had looked through ULP-E's training record and could not find evidence of training and competency for setting up medications for resident leaves of absence. RN-B said the competency would likely be missing from all the unlicensed staff's records. The licensee's Medications During Resident Leave, Assisted Living - Minnesota, policy, dated June 13, 2022, indicated as its purpose to provide a procedure for assisted living communities to provide medications for a resident on leave with compliance with both the facility's policies and state-specific regulations. The policy indicated Minnesota assisted living communities will comply with recommendations, including from the Minnesota Department of Health. The policy indicated when unplanned leave occurs, a licensed nurse or trained ULP may provide a supply of medication. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790			
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy management For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility	01940			

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01940	<p>Continued From page 22</p> <p>must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) developed an individual treatment/therapy management plan with all required content for one of two residents (R2) who had an ordered treatment 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</p>	01940		

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01940	<p>Continued From page 23</p> <p>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's prescriber orders dated September 6, 2018, included to apply TED (thrombo-embolic deterrent, specialized hosiery designed to help prevent edema and blood clots) stockings and elevate lower extremities.</p> <p>On August 9, 2022, at approximately 9:20 a.m., the surveyor observed unlicensed personnel (ULP)-E place TED stockings on R2's left and right legs.</p> <p>At approximately 10:12 a.m., ULP-E stated R2 had been wearing TED hose for a number of years and staff put them on in the morning and removed them at night before bed. ULP-E said she would notify the nurse if R2 had swelling on her legs or if the resident's legs had skin breakdown. ULP-E stated they documented the TED hose on the MAR (medication administration record) and would also note if R2 refused to put them on.</p> <p>R1's record lacked a Treatment/Therapy Management plan for the identification of the TED hose treatment to include:</p> <ul style="list-style-type: none"> -documentation of specific resident instructions relating to the treatments or therapy administration; -procedures for notifying a registered nurse (RN) or appropriate licensed health professional when a problem arises with treatments or therapy services; and -any resident-specific requirements relating to 	01940		

Minnesota Department of Health

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01940	<p>Continued From page 24</p> <p>documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reaction.</p> <p>On August 9, 2022, at approximately 3:08 p.m., RN-B confirmed R2 received the treatment to wear TED hose. RN-B reviewed R2's record with the surveyor and verified R2 did not have a treatment management plan with all above listed content.</p> <p>The licensee's Treatment and Therapy Management, Minnesota-Home Health and Therapy & Rehab, policy, revised April 26, 2022, indicated documenting the plan, treatment or therapy activities would be completed within the plan of care. The policy did not otherwise address development of the treatment/therapy management plan or include the required content of a treatment management plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01940		



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

Type: Full
Date: 08/09/22
Time: 11:00:56
Report: 1020221105

Food and Beverage Establishment Inspection Report

Page 1

Location:

Edgebrook Care Center Inc
301 5th Avenue North
Edgerton, MN56128
Pipestone County, 59

Establishment Info:

ID #: 0039204
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5074427121
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.

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
CURRENT CFPM CERTIFICATE IS EXPIRED; RENEW.

Comply By: 02/09/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.
KICKPLATE IS SEPARATING FROM THE BASE BELOW THE SINK NEXT TO THE DISHWASHER;
REPAIR OR REPLACE.

Comply By: 11/30/22

Surface and Equipment Sanitizers

Wash Temperature Gauge: = at 155 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Final Rinse Temperature Ga: = at 181 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Utensil Surface Temperatur: = at 166 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Type: Full
Date: 08/09/22
Time: 11:00:56
Report: 1020221105
Edgebrook Care Center Inc

Food and Beverage Establishment Inspection Report

Page 2

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit
Location: SANITIZER BOTTLE
Violation Issued: No

Food and Equipment Temperatures

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

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: CHEESE - UPRIGHT COOLER
Violation Issued: No

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

GENERAL COMMENTS:

DISCUSSED EMPLOYEE ILLNESS POLICIES AND PROCEDURES. AN EMPLOYEE ILLNESS LOG IS USED ON-SITE.

FOOD IS PREPARED IN THE NURSING HOME KITCHEN AND TRANSFERRED VIA CAMBROS TO THE SERVING KITCHEN. HOT FOODS ARE HELD IN A STEAM TABLE AND ARE IMMEDIATELY SERVED. ANY LEFTOVERS ARE DISCARDED.

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 1020221105 of 08/09/22.

Certified Food Protection Manager Laura K. Van Pewsem

Certification Number: FM97308 Expires: 02/04/22

Inspection report reviewed with person in charge and emailed.

Signed: Report emailed
Establishment Representative

Signed: Ashley B
Ashley B

651-201-4500

Report #: 1020221105

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out

1

Date 08/09/22

No. of Repeat RF/PHI Categories Out

0

Time In 11:00:56

Legal Authority MN Rules Chapter 4626

Time Out

Edgebrook Care Center Inc

Address

301 5th Avenue North

City/State

Edgerton, MN

Zip Code

56128

Telephone

5074427121

License/Permit #
0039204

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	IN	OUT	PIC knowledgeable; duties & oversight		
2	IN	OUT	Certified food protection manager, duties		

Employee Health

3	IN	OUT	Mgmt/Staff; knowledge, responsibilities & reporting		
4	IN	OUT	Proper use of reporting, restriction & exclusion		
5	IN	OUT	Procedures for responding to vomiting & diarrheal events		

Good Hygienic Practices

6	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use		
7	IN	OUT	N/O	No discharge from eyes, nose, & mouth		

Preventing Contamination by Hands

8	IN	OUT	N/O	Hands clean & properly washed		
9	IN	OUT	N/A	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10	IN	OUT		Adequate handwashing sinks supplied/accessible		

Approved Source

1	IN	OUT		Food obtained from approved source		
12	IN	OUT	N/A	Food received at proper temperature		
13	IN	OUT		Food in good condition, safe, & unadulterated		
14	IN	OUT	N/A	Required records available; shellstock tags, parasite destruction		

Protection from Contamination

15	IN	OUT	N/A	Food separated and protected		
16	IN	OUT	N/A	Food contact surfaces: cleaned & sanitized		
17	IN	OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status

COS R

Time/Temperature Control for Safety

18	IN	OUT	N/A	Proper cooking time & temperature		
19	IN	OUT	N/A	Proper reheating procedures for hot holding		
20	IN	OUT	N/A	Proper cooling time & temperature		
21	IN	OUT	N/A	Proper hot holding temperatures		
22	IN	OUT	N/A	Proper cold holding temperatures		
23	IN	OUT	N/A	Proper date marking & disposition		
24	IN	OUT	N/A	Time as a public health control: procedures & records		

Consumer Advisory

25	IN	OUT	N/A	Consumer advisory provided for raw/undercooked food		
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Highly Susceptible Populations

26	IN	OUT	N/A	Pasteurized foods used; prohibited foods not offered		
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Food and Color Additives and Toxic Substances

27	IN	OUT	N/A	Food additives: approved & properly used		
28	IN	OUT		Toxic substances properly identified, stored, & used		

Conformance with Approved Procedures

29	IN	OUT	N/A	Compliance with variance/specialized process/HACCP		
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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

Safe Food and Water

30	IN	OUT	N/A	Pasteurized eggs used where required		
31				Water & ice obtained from an approved source		
32	IN	OUT	N/A	Variance obtained for specialized processing methods		

Food Temperature Control

33				Proper cooling methods used; adequate equipment for temperature control		
34	IN	OUT	N/A	Plant food properly cooked for hot holding		
35	IN	OUT	N/A	Approved thawing methods used		
36				Thermometers provided & accurate		

Food Identification

37				Food properly labeled; original container		
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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		

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				Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48				Warewashing facilities: installed, maintained, & used; test strips		
49				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 emailed*

Date: 08/18/22

Inspector (Signature) *Mya R*