



Protecting, Maintaining and Improving the Health of All Minnesotans

July 6, 2022

Administrator
Ecumen Sand Prairie
700 Knight Street
Saint Peter, MN 56082

RE: Project Number(s) SL30768015

Dear Administrator:

On June 9, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the March 30, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jodi Johnson', with a stylized flourish at the end.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 26, 2022

Administrator
Ecumen Sand Prairie
700 Knight Street
Saint Peter, MN 56082

RE: Project Number(s) SL30768015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on March 30, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

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

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

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

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

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

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this evaluation:

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services = \$3,000

The total amount you are assessed is \$3,000. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

Please address your cover letter for general reconsideration requests to:

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

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

REQUESTING A HEARING

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

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Jodi Johnson', with a stylized, flowing script.

Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
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: 30768	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/30/2022
NAME OF PROVIDER OR SUPPLIER ECUMEN SAND PRAIRIE		STREET ADDRESS, CITY, STATE, ZIP CODE 700 KNIGHT STREET SAINT PETER, MN 56082		
(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: SL#30768015-0 On March 28, 2022, through March 30, 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 29 residents; all of whom were receiving services under the provider's Assisted Living with Dementia Care license. On March 30, 2022, the immediacy of correction order 2310 was removed; however, non-compliance remains at a scope and level of I; level three, widespread.	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.	
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of	0 650		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 650	Continued From page 1 each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for one of two employees (registered nurse (RN)-B) with employee records reviewed. This practice resulted in a level two violation (a	0 650		

Minnesota Department of Health

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0 650	Continued From page 2 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: RN-B's employee record lacked evidence of an annual performance review. RN-B started working for licensee on March 19, 2021. On March 30, 2022, at 12:31 p.m. licensed assisted living director (LALD)-A confirmed RN-B did not have a performance evaluation completed. The licensee's personnel records policy last revised October 11, 2021, indicated personnel files should include performance evaluations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
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;	0 810		

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0 810	Continued From page 3 (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 record review and interview, the licensee failed to conduct required evacuation drills as part of the fire safety and evacuation plan. 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	0 810		

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0 810	Continued From page 4 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 March 29, 2022, at approximately 10:00 a.m. with Executive Director (LALD)-A and Maintenance Manager (MM)-H on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review indicated that that the licensee did not have documentation indicating that evacuation drills had been conducted every other month as required. During interview, MM-H stated that the licensee uses the "Tels" automated system to prescribe the frequency of when to conduct fire drills, but this did not have provisions for conducting evacuation drills for the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=F	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	0 970		

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0 970	Continued From page 5 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 two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On March 28, 2022, at approximately 11:20 a.m. a copy of the licensee's assisted living contract was requested. The assisted living contract included two clauses that indicated the resident would waive the licensee's liability for health, safety, or personal property of a resident. Page 11, #30. "Personal Property" of the contract indicated the resident agrees that the community is not responsible for any loss or damage to resident's personal property due to theft, or damage due to fire, water, tornado or other acts of nature and events beyond the community's control. Residents are strongly encouraged to obtain renter's insurance. Resident acknowledges that the community will not and does not maintain insurance coverage that will reimburse resident or	0 970		

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0 970	Continued From page 6 their guests for damage to personal property, accident, or injury. Additionally, page 12, #33. "Liability" of the contract indicated the community is not liable to resident or resident's guests for any injury, death or property damage occurring in the apartment or on the community premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by resident or resident's guests. The community is also not liable for any injury, death, or damage occurring as the result of resident's receipt of health-related, supportive, or other services from third-party providers. The community may be liable to resident for it's own negligent acts or those of its employees or agents. Unless caused by one of the mentioned excepted reasons, resident agrees to hold the community harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the apartment or on the community premises. On March 29, 2022, at approximately 12:00 p.m. licensed assisted living director (LALD)-A confirmed the above noted language was included in the assisted living contract which indicated the residents waived the licensee's liability for health, safety, or personal property. LALD-A confirmed the assisted living contract was a template contract used for all residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		

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01290	Continued From page 7	01290		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a background study was submitted and received for two of two employees (registered nurse (RN)-B, and unlicensed personnel (ULP)-D) 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, of the residents). The findings include: RN-B	01290		

Minnesota Department of Health

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01290	Continued From page 8 RN-B was hired March 19, 2021, as the clinical director for the licensee. RN-B's employee record contained a background study, submitted by a separate licensee operated by the same owner dated March 17, 2021. RN-B's employee record lacked evidence the licensee submitted a background study for this license. ULP-D ULP-D was hired August 23, 2021, to provide direct care and services to the licensee's residents. On March 29, 2022, at approximately 8:40 a.m. ULP-D was observed to pass medications to the assisted living residents. ULP-D's employee record contained a background study, submitted by a separate licensee operated by the same owner dated August 16, 2021. ULP-D's employee record lacked evidence the licensee submitted a background study for this license. On March 30, 2022, at 12:33 p.m., licensed assisted living director (LALD)-A confirmed the licensee had not submitted background studies for RN-B and ULP-D under the license for the location where the employees worked, and had only run background studies under the licensee's sister location. The licensee's Personnel Records policy dated August 1, 2021, indicated that the personnel record for each person will include documentation of a completed background study. No further information was provided.	01290		

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01290	Continued From page 9	01290			
	TIME PERIOD FOR CORRECTION: Two (2) days.				
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of two unlicensed personnel (ULP-D) were supervised by a registered nurse (RN) within 30 days after providing delegated tasks with records reviewed.	01440			

Minnesota Department of Health

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01440	Continued From page 10 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: ULP-D had a hire date of August 23, 2021. On March 29, 2022, at approximately 8:40 a.m. ULP-D was observed to pass medications to the assisted living residents. ULP-D's employee record lacked evidence of a timely 30-day supervision when performing delegated tasks. ULP-D's employee record included a 30-day supervision date of March 10, 2022, which was 169 days overdue. On March 30, 2022, at approximately 2:08 p.m. RN-B confirmed the 30-day supervision was late and out of compliance. The licensee's Personnel Records policy dated August 1, 2021, indicated that the personnel record for each person will include a record of all required training for unlicensed personnel and competency determinations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30768	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/30/2022
NAME OF PROVIDER OR SUPPLIER ECUMEN SAND PRAIRIE		STREET ADDRESS, CITY, STATE, ZIP CODE 700 KNIGHT STREET SAINT PETER, MN 56082		
(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
01730	Continued From page 11	01730		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (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	01730		

Minnesota Department of Health

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01730	Continued From page 12 changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop an individualized medication management record with the required content for one of two residents (R1) 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: R1's record lacked a complete individualized medication management record. R1's service plan dated January 26, 2022, indicated R1 received medication administration services. R1's record included Medication Assessment Admission dated January 26, 2022, but lacked the following of the required content for development and implementation of an individualized medication management record: - type of medication storage system, based on resident/client needs;	01730		

Minnesota Department of Health

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01730	Continued From page 13 - person responsible for monitoring medication supplies and refills; and - procedures for staff to notify a registered nurse (RN) when problems arose. On March 30, 2022, at approximately 10:45 a.m. RN-B confirmed not having all the components of the medication management plan, as noted above. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to provide hazard vulnerability assessment or safety risk assessment of the physical environment on and around the property for the facility. This deficient practice had the ability to affect all staff,	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30768	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/30/2022
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02040	Continued From page 14 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 March 29, 2022, at approximately 10:00 a.m. with licensed assisted living director (LALD)-A and Maintenance Manager (MM)-H on the hazard vulnerability assessment for the physical environment of the facility. Record review indicated that the licensee had not performed a hazard vulnerability assessment with mitigation factors on and around the property. During interview, LALD-A stated that the licensee did have a hazard vulnerability assessment for the emergency disaster plan which did prescribe elements consistent with the physical environment, but further review indicated that there were not mitigation factors for the hazards prescribed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02110 SS=C	144G.82 Subd. 3 Policies	02110		

Minnesota Department of Health

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02110	Continued From page 15 (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the	02110		

Minnesota Department of Health

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02110	Continued From page 16 licensee failed to ensure the assisted living facility with dementia care provided the required policies and procedures to designated representatives and/or 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: R1 was admitted on January 26, 2022. R1's record lacked documentation for receipt of required policies and procedures to be provided at the time of move-in to the facility. R2 was admitted on March 1, 2021. R2's record lacked documentation for receipt of required policies and procedures to be provided at the time of move-in to the facility. R3 was admitted on May 1, 2013. R3's record lacked documentation for receipt of required policies and procedures to be provided at the time of move-in to the facility. On March 29, 2022, at 11:50 a.m. registered nurse (RN)-B confirmed the additional policy and procedure requirement was not documented in R1, R2, and R3's file. No further information was provided	02110		

Minnesota Department of Health

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02110	Continued From page 17 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		
02310 SS=I	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical or nursing standards for one of one resident (R3) with bedrails. This resulted in an immediate correction order on March 29, 2022, at approximately 12:10 p.m. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems 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: R3 R3's diagnoses included diabetes and hypertension. R3's Service Plan dated March 8, 2022, included daily medication administration and activities of	02310		

Minnesota Department of Health

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02310	Continued From page 18 daily living. On March 29, 2022, at 8:56 a.m. the surveyor observed a bedrail on the left side near the head of R3's bed. The bedrail was under the bed mattress and not secured. On March 29, 2022, at 9:00 a.m. R3 indicated they used the bedrail for repositioning self in bed and to assist in sitting on the side of the bed. R3's record lacked evidence of a side rail assessment by the licensee, to include side rail measurements. On March 29, 2022, at approximately 12:10 p.m. clinical nurse director/registered nurse (RN)-B provided the bed rail consent form for R3 dated March 28, 2022 (yesterday). RN-B confirmed three other residents had siderails on their beds, and their consent forms were completed at the same time. RN-B stated the regional nurse came yesterday and noticed they did not have them, so "we filled them out." RN-B further verified none of the residents with bedrails had an assessment for siderail use. The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (space between the rails), should be less than four and three quarters' inches. The Food and Drug Administration (FDA), "A Guide to Bed Safety," revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with	02310		

Minnesota Department of Health

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02310	Continued From page 19 memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The licensee's Siderails policy last revised February 2016, indicated when the licensee was aware a resident was utilizing siderails (a medical device) on a bed, the licensee would assess the use, educate the resident, and when appropriate, the responsible person, regarding the risks and benefits of siderails, and verify that the siderail in use was of a safe design and utilized consistent with the manufacturer's directions. Staff from the licensee would determine if the siderail was considered to be safe. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On March 30, 2022, at approximately 8:24 a.m. the immediacy was removed as confirmed by onsite record review by the surveyors, and document review/phone conversation between the LALD and the evaluation supervisor on March 29, 2022; however, non-compliance remains at a level 3, widespread (I). TIME PERIOD FOR CORRECTION: Two (2) days	02310		



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

Type: Full
Date: 03/30/22
Time: 10:30:31
Report: 1020221044

Food and Beverage Establishment Inspection Report

Page 1

Location:

Ecumen Sand Prairie
700 Knight Street
St Peter, MN56082
Nicollet County, 52

Establishment Info:

ID #: 0038538
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5079314375
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 150 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Final Rinse Temperature Ga: = at 178 Degrees Fahrenheit
Location: DISWASHER
Violation Issued: No

Utensil Surface Temperatur: = at 163 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: CHICKEN NOODLE- UPRIGHT COOLER
Violation Issued: No

Process/Item: Cooling
Temperature: 57 Degrees Fahrenheit - Location: CUT MELON - UPRIGHT COOLER, COOLING LESS THAN 2 HOURS
Violation Issued: No

Process/Item: Cold Holding
Temperature: <0 Degrees Fahrenheit - Location: FOODS FIRM - UPRIGHT FREEZER 1
Violation Issued: No

Process/Item: Cold Holding
Temperature: <0 Degrees Fahrenheit - Location: FOODS FIRM - UPRIGHT FREEZER 2
Violation Issued: No

Type: Full
Date: 03/30/22
Time: 10:30:31
Report: 1020221044
Ecumen Sand Prairie

Food and Beverage Establishment Inspection Report

Page 2

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

GENERAL COMMENTS:

DISCUSSED CURRENT COVID-19 AND EMPLOYEE ILLNESS POLICIES AND PROCEDURES. AN 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 1020221044 of 03/30/22.

Certified Food Protection Manager: Matthew B. Melius

Certification Number: FM72839 Expires: 06/09/23

Inspection report reviewed with person in charge and emailed.

Signed: Report emailed
Establishment Representative

Signed: Ashley B
Ashley B

651-201-4500

Report #: 1020221044

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

0

Date 03/30/22

No. of Repeat RF/PHI Categories Out

0

Time In 10:30:31

Legal Authority MN Rules Chapter 4626

Time Out

Ecumen Sand Prairie

Address

700 Knight Street

City/State

St Peter, MN

Zip Code

56082

Telephone

5079314375

License/Permit #
0038538

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 N/A	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

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

Consumer Advisory

25	IN	OUT	N/A	Consumer advisory provided for raw/undercooked food		
----	----	-----	-----	---	--	--

Highly Susceptible Populations

26	IN	OUT	N/A	Pasteurized foods used; prohibited foods not offered		
----	----	-----	-----	--	--	--

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		
----	----	-----	-----	--	--	--

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		
----	--	--	--	---	--	--

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				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: 04/12/22

Inspector (Signature) *MBR*