DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

September 27, 2023

Licensee
Clara City Assisted Living
200 East Wachtler Avenue
Clara City, MN 56222

RE: Project Number(s) SL31473015

Dear Licensee:

On September 25, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the September 28, 2022, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 651-281-9796

HHH

Electronically Delivered

October 17, 2022

Administrator
Clara City Assisted Living
200 East Wachtler Avenue
Clara City, MN 56222

RE: Project Number(s) SL31473015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on September 28, 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 - 2070 - 144g.81 Subd. 4 - Awake Staff Requirement = $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 be 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31473	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA CITY ASSISTED LIVING	200 EAST WACHTLER AVENUE CLARA CITY, MN 56222

(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: SL31473015 On, September 26, 2022, through September 28, 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 23 residents, all of whom received services under the provider's Assisted Living with Dementia Care license. On September 27, 2022, the immediacy of correction order 1290 has been removed, however non-compliance remains at a scope and level of I (level 3, 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.	
0 430 SS=B	144G.40 Subd. 2 Uniform checklist disclosure of services	0 430		

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0 430	Continued From page 1 (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a copy of the Uniform Disclosure of Assisted Living Services & Amenities (UDALSA) with the required content for two of three residents (R2, R3). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly, but is not found to be pervasive). The findings include:	0 430		

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0 430	Continued From page 2 R2 and R3's records lacked evidence of a UDALSA with the following required content: - a disclosure of the categories of assisted living licenses available and the category of license held by the facility; - a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and - an oral explanation of the services offered under the contract R2 and R3 began receiving assisted living services on August 1, 2021. R2 R2's Service Plan dated March 1, 2022, indicated R2 received services including bathing, oxygen management, and medication administration. R2's record lacked evidence R2 received the UDALSA. R3 R3's Service Plan dated July 30, 2021, indicated R3 received services including bathing and medication administration. R3's record lacked evidence R3 received the UDALSA. On September 27, 2022, at 12:30 p.m. licensed assisted living director/registered nurse (LALD/RN)-A stated the UDALSA was given to new residents after August 1, 2021, but did not know that the residents prior to August 1, 2021, needed to have a copy of the UDALSA.	0 430		

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0 430	Continued From page 3 LALD/RN-A verified not all current residents had received the UDALSA, including the above-named residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 430		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	0 480		

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0 480	Continued From page 4 resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated September 27, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of 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.	0 650		

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0 650	Continued From page 5 (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 an annual performance review was completed for one of two employees (licensed assisted living director/registered nurse (LALD/RN-A). 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: LALD/RN-A began working for the licensee on April 5, 2019, under the comprehensive home care license, and then beginning August 1, 2021, under the assisted living license. LALD/RN-A's employee record lacked evidence of an annual performance review by the campus administrator. Review of records and assessments indicated LALD/RN-A actively provided assisted living services to the licensee's current residents. On September 28, 2022, at approximately 2:39	0 650		

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0 650	Continued From page 6 p.m. LALD/RN-A confirmed LALD/RN-A's employee record lacked evidence of annual performance review. The licensee's Personnel Records policy revised April 5, 2020, indicated the personnel record for each person would include, among a list of other items: performance evaluations which identify areas of improvement needed and training needs. Performance reviews must be conducted at least annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 800 SS=D	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 facility physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	0 800		

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0 800	Continued From page 7 resident's health or safety) 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: On September 27, 2022, from approximately 10:17 a.m. to 11:20 a.m., survey staff toured the facility with Licensed Assisted Living Director/Registered Nurse (LALD/RN)-A. During the facility tour, survey staff observed and verified the following maintenance issue: The grab bar by the toilet, in the resident's bathroom (Room 105), was not completely fastened to the wall. LALD/RN-A verbally confirmed survey staff observations during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
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:	0 970		

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0 970	Continued From page 8 Based on interview and record review, the licensee failed to ensure the contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all current 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: On September 26, 2022, at approximately 11:20 a.m. a copy of the licensee's contract was requested. The contract included a clause that indicated the "to the extent permitted by law, Tenant uses the common facilities solely at Tenant's risk, and neither the [licensee name] not its agents shall be liable for any damage, injury or loss of property occurring in the common facilities unless caused by [licensee name]'s gross negligence or willful act. To the extent permitted by law, neither the [licensee name] nor its agents shall be liable for any damage resulting from breakage, leakage, obstruction or other defects or malfunctions in [licensee name] or its systems, or resulting from any other cause, unless due to [licensee name] or its systems, or resulting from any other cause, unless due to [licensee name]'s gross negligence or willful act. Neither the [licensee name] nor its agents shall be liable for the act of other Tenants or for the acts of employees or third parties during	0 970		

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0 970	Continued From page 9 the course of services such third parties may be providing the Tenant. [Licensee name] or its agents shall not be liable for the theft or damage for personal payments or vehicles left on [licensee name] premises. Tenants are encouraged to maintain comprehensive insurance coverage for his/her personal vehicle." On September 27, 2022, at approximately 2:55 p.m. licensed assisted living director/registered nurse (LALD/RN)-A confirmed the licensee's assisted living contract contained a waiver of liability as stated above. LALD-A further confirmed the same assisted living contract was used for all residents residing in the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01650 SS=C	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (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; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the	01650		

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01650	Continued From page 10 facility; (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 (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for four of four residents (R1, R2, R3, R4) with records reviewed. 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 R1 began receiving services under the assisted living licensure on November 29, 2021. R1's Service Plan effective November 29, 2021, indicated R1's services included assistance with bathing, toileting, dressing and medication administration.	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	Continued From page 11 R1's service plan incorrectly indicated the schedule and methods of monitoring assessments of the resident to include the initial assessment would be completed within the first five days after start of care. R2 R2 began receiving services under the assisted living licensure on August 1, 2021. R2's Service Plan dated March 1, 2022, indicated R2's services included assistance with bathing, oxygen management, and medication administration. R2's service plan incorrectly indicated the schedule and methods of monitoring assessments of the resident to include the initial assessment would be completed within the first five days after start of care. R3 R3 began receiving services under the assisted living licensure on August 1, 2021. R3's Service Plan dated July 30, 2021, indicated R3's services included assistance with bathing, and medication administration. R3's service plan incorrectly indicated the schedule and methods of monitoring assessments of the resident to include the initial assessment would be completed within the first five days after start of care. R4 R4 began receiving services under the assisted living licensure on August 1, 2021.	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31473	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA CITY ASSISTED LIVING	200 EAST WACHTLER AVENUE CLARA CITY, MN 56222

(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	Continued From page 12 R4's Service Plan dated July 8, 2022, indicated R4's services included assistance with bathing, dressing, and medication administration. R4's service plan incorrectly indicated the schedule and methods of monitoring assessments of the resident to include the initial assessment would be completed within the first five days after start of care. On September 28, 2022, at approximately 11:40 a.m. licensed assisted living director/registered nurse (LALD/RN)-A confirmed the service plan contained the language from the old comprehensive licensure, regarding the schedule and methods of monitoring assessments of residents. In addition, the LALD/RN-A stated the same service plan was used for all residents. The licensee's Contents of a Service Plan policy dated August 1, 2022, indicated the service plan will include the schedule and methods of monitoring assessments. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01730 SS=F	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	01730		

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	31473	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA CITY ASSISTED LIVING	200 EAST WACHTLER AVENUE CLARA CITY, MN 56222

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01730	Continued From page 13 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 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 observation, interview and record review, the licensee failed to develop an individualized medication management record	01730		

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	31473	A. BUILDING: _____ B. WING _____	09/28/2022

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01730	Continued From page 14 with the required content for four of four residents (R1, R2, R3, R4). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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 On September 27, 2022, at approximately 7:10 a.m. unlicensed personnel (ULP)-C was observed to assist R1 eat breakfast. R1's service plan dated November 29, 2021, indicated medication administration was assigned to ULP. R1's Medication Review dated September 8, 2022, lacked: -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services R2 On September 27, 2022, at approximately 7:55 a.m. ULP-D was observed to apply R2's knee-high compression socks. R2's service plan dated March 2, 2022, indicated medication administration was assigned to ULP. R2's Medication Review dated September 21,	01730		

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	31473	A. BUILDING: _____ B. WING _____	09/28/2022

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CLARA CITY ASSISTED LIVING	200 EAST WACHTLER AVENUE CLARA CITY, MN 56222

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01730	Continued From page 15 2022, lacked: -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services R3 On September 27, 2022, at approximately 9:10 a.m. ULP-D was observed to administer medications to R3. R3's service plan dated July 30, 2021, indicated medication administration was assigned to ULP. R3's Medication Review dated August 26, 2022, lacked: -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services R4 R4's August 1, 2022-August 16, 2022 "General Admission History" indicated that R4 received medication administration. R4's Medication Review dated July 7, 2022, lacked: -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services R4's service plan dated July 8, 2022, indicated medication administration was assigned to ULP. On September 28, 2022, at 9:50 a.m. licensed assisted living director/registered nurse (LALD/RN)-A confirmed R1, R2, R3 and R4's medication management plan lacked the content	01730		

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	31473	A. BUILDING: _____ B. WING _____	09/28/2022

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CLARA CITY ASSISTED LIVING	200 EAST WACHTLER AVENUE CLARA CITY, MN 56222

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01730	Continued From page 16 listed above, and further indicated they used the same form for all residents. The licensee's Medication Management Services policy reviewed July 25, 2022, indicated the RN will develop an individualized medication management plan for each resident receiving any type of medication management services, consistent with current practice standards and guidelines. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen 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 must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy	01940		

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01940	Continued From page 17 services; and (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. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to include in the service plan a written statement of the treatment or therapy services that will be provided for one of three residents (R2) for compression socks. In addition, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of three residents (R2). 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: During the entrance conference on September 26, 2022, at approximately 10:15 a.m. licensed assisted living director/registered nurse (LALD/RN)-A stated the licensee provided treatment management services to residents,	01940		

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01940	Continued From page 18 including compression socks and oxygen management. R2's record lacked a treatment management plan to include the following required content: - identification of treatment or therapy tasks that would be delegated to unlicensed personnel; and - procedures for notifying a registered nurse when a problem arose with treatments or therapy services R2's Service Plan dated March 1, 2022, did not reflect the current treatments the resident was receiving. The service plan indicated the resident received treatments daily, oxygen management. The service plan failed to include the treatment of compression socks. On September 27, 2022, at approximately 7:55 a.m. unlicensed personnel (ULP)-D was observed to apply knee-high compression socks to R2. R2's prescriber orders dated March 21, 2022, instructed staff to apply knee high compression socks in the morning and remove at night, and oxygen 2 liters per minute (LPM) continuous at rest and 4 LPM with activities. On September 28, 2022, at approximately 12:42 p.m. LALD/RN-A verified a treatment management plan with the required content had not been developed for R2. The licensee's Resident Record policy reviewed July 25, 2022, indicated the resident record would contain an individualized treatment and/or therapy management plan, if applicable. No further information was provided.	01940		

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01940	Continued From page 19 TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
02070 SS=I	144G.81 Subd. 4 Awake staff requirement An assisted living facility with dementia care providing services in a secured dementia care unit must have an awake person who is physically present in the secured dementia care unit 24 hours per day, seven days per week, who is responsible for responding to the requests of residents for assistance with health and safety needs, and who meets the requirements of section 144G.41, subdivision 1, clause (12). This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an awake person was physically present in a secured unit 24 hours a day, seven days a week who were responsible for responding to requests of residents for assistance in a secured area. This resulted in an immediate correction order on September 27, 2022, at approximately 11:25 a.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: The licensee held an assisted living with	02070		

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02070	Continued From page 20 dementia care license and was licensed for a bed capacity of 32 residents, with a current census of 23 residents. The licensee did not ensure staff were always physically present in a secured unit. The staff schedule from September 19, 2022, to October 2, 2022, indicated one AL (assisted living) unlicensed personnel (ULP) 6:00 a.m.- 6:00 p.m., and one memory care ULP 6:00 a.m.- 6:00 p.m.; one AL ULP 6:00 p.m.- 6:00 a.m., and one memory care ULP 6:00 p.m.- 6:00 a.m. On September 26, 2022, at approximately 11:25 a.m. during the initial tour of the facility with licensed assisted living director/registered nurse (LALD/RN)-A, it was observed the facility consisted of a secured memory care community, which was located on the first floor. There was a green button to press to enter the secured area and a keypad to enter a code to open the door to leave the secured area. The secured area had eight total apartments, with eight current residents. On September 27, 2022, at approximately 7:05 a.m. ULP-C left the secured memory care community (MCC) to prepare R1's meal. ULP-C returned and assisted R1 to eat at the breakfast counter. On September 27, 2022, at approximately 8:10 a.m. ULP-C left the MCC to use the public bathroom, located outside of the secured area. ULP-C returned to the MCC about 8:14 a.m. On September 27, 2022, at approximately 10:35 a.m. the surveyor asked ULP-D when working in the MCC, if she left MCC to use the public	02070		

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02070	Continued From page 21 bathroom. ULP-D stated if she would need to use the bathroom, she would leave MCC and use the public bathroom. ULP-D stated the bathroom in the MCC was used for the MCC residents only. On September 27, 2022, at approximately 10:45 a.m. ULP-C stated when she works in MCC, her breaks were covered by the AL staff and MCC staff will cover the AL during their break. The MCC staff is the only staff in the building to respond to emergencies during that time. ULP-C also stated that she leaves the MCC to bathe the MCC residents according to the bathing schedule, and she uses the public bathroom for bathroom breaks, leaving the MCC unattended. On September 27, 2022, at approximately 10:25 a.m. LALD/RN-A confirmed there was not always back up staff for the MCC for when staff need to leave. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate Immediacy is removed as confirmed by review of the surveyor and evaluation supervisor on September 27, 2022; however, noncompliance remains at a level 3, widespread (l). TIME PERIOD FOR CORRECTION: Two (2) days	02070		
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee	02110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02110	Continued From page 22 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 licensee failed to ensure the required policies and procedures were provided to each resident and/or the resident's legal and designated representative	02110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02110	Continued From page 23 at the time of move-in. 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: The licensee lacked evidence the required policies and procedures related to the dementia care were provided to each resident and/or the resident's legal and designated representative. On September 28, 2022, at 11:48 a.m., licensed assisted living director/registered nurse (LALD/RN)-A indicated the policies were available to the resident's and/or representatives, which were located in a binder, but the policies were not provided to each resident and/or representative at the time of move-in. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		

Minnesota Department of Health

PO Box 64495
St Paul, Minnesota
651-201-4500

Type: Full
Date: *09/27/22*
Time: 10:30:24
Report: 1008221049

Food and Beverage Establishment Inspection Report

Location:
Clara City Assisted Living
200 East Wachtler Avenue
Clara City, MN56222
Chippewa County, 12

Establishment Info:
ID #: 0038697
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3208477208
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.

2-200 Employee Health

2-201.11C ***** Priority 1 *****

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

Discussed with CFPM how they handle sick employees. Sick employees are being excluded from work, however a sick employee log is currently not being kept. I discussed with CFPM to start a sick employee log.

Comply By: 09/27/22

4-500 Equipment Maintenance and Operation

4-501.114C1 ***** Priority 1 *****

MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.

tested the spray bottle that is used for non food contact surfaces. Concentration was 25 ppm. Discussed with CFPM the approved concentration of 50 - 100 ppm of chlorine. Worked with CFPM to remake the spray bottle to correct concentration of 50 ppm.

Corrected on Site

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

The service kitchen has one hand sink. This hand sink does not have a hand washing sign. Talked with CFPM about the requirements of a hand washing sign.

Comply By: 09/29/22

Surface and Equipment Sanitizers

Hot Water: = at 172 Degrees Fahrenheit
Location: Dish machine
Violation Issued: No

Chlorine: = 25 at Degrees Fahrenheit
Location: Bleach and water spray bottle
Violation Issued: Yes

Chlorine: = 50 at Degrees Fahrenheit
Location: Bleach and water spray bottle
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler - 2 Door
Temperature: 41 Degrees Fahrenheit - Location: Hard Boiled Eggs
Violation Issued: No

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

THINGS TO REMEMBER:

1 THE CERTIFIED FOOD PROTECTION MANAGER SHOULD BE ROUTINELY CONDUCTING SELF INSPECTIONS TO ENSURE THAT EMPLOYEES ARE FOLLOWING PROPER FOOD HANDLING PRACTICE.

2 EDUCATE EMPLOYEES ON THE IMPORTANCE OF REPORTING TO MANAGEMENT ANY ILLNESS THEY HAVE OR HAVE HAD RECENTLY. MANAGEMENT SHOULD EXCLUDE ANY WORKERS ILL WITH VOMITING OR DIARRHEA FROM HANDLING FOOD, AND THEY SHOULD KEEP AN UP TO DATE EMPLOYEE ILLNESS LOG.

3 THERE SHOULD BE A PERSON IN CHARGE A THE ESTABLISHMENT DURING ALL HOURS OF OPERATION. THIS PERSON SHOULD ENSURE THAT EMPLOYEES ARE PRACTICING GOOD HAND WASHING PROCEDURES, INCLUDING BEING KNOWLEDGEABLE ABOUT WHEN HAND WASHING SHOULD BE DONE AND HOW TO PROPERLY WASH HANDS.

4. EMPLOYEES SHOULD USE SPATULA, TONGS, DELI TISSUE, GLOVES OR SOME OTHER APPROVED MEANS TO PREVENT ANY DIRECT BARE HAND CONTACT WITH READY TO EAT FOODS.

Type: Full
Date: *09/27/22*
Time: 10:30:24
Report: 1008221049
Clara City Assisted Living

Food and Beverage Establishment Inspection Report

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 1008221049 of 09/27/22.

Certified Food Protection Manager: Jessica K Hirman

Certification Number: FM108864 Expires: 11/18/24

Signed: emailed to HRD
Establishment Representative

Signed: Inspector ID# 1008
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