Electronically Delivered

August 19, 2022

Administrator
Care Age Country Home
18846 Eagle Bend Road
Arago, MN 56470

RE: Project Number(s) SL30408015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on August 10, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

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

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

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

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

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

The correction order documentation should include the following:

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

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

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

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:
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Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
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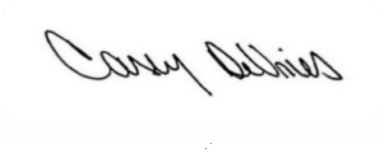
St. Paul, MN 55164-0970

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

Sincerely,



Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30408	A. BUILDING: _____ B. WING _____	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE AGE COUNTRY HOME	18846 EAGLE BEND ROAD ARAGO, MN 56470

(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 In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders have been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#30408015-0 On August 8, 2022, through August 10, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders were issued. At the time of the survey, there were 18 residents receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all 18 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 the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report	0 480		

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0 480	Continued From page 2 dated August 8, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This deficient condition had the ability to affect a limited number of 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 August 9, 2022, from approximately 1:30 p.m. to 3:10 p.m., survey staff toured the facility with	0 800		

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0 800	Continued From page 3 Maintenance (M)-F. During the facility tour, survey staff observed and verified the following maintenance issues: 1. Bathroom toilet for rooms #20 and #29 was leaking. 2. Ceiling in resident room #10 had a water stain from the toilet leaking upstairs. 3. Several of the resident rooms have windows with screws in them preventing the window from opening all the way. M-F verbally confirmed survey staff observations during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01750		

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01750	Continued From page 4	01750		

review, the registered nurse (RN) failed to specify, in writing, specific instructions for one of three residents (R1) for administration of medications. Additionally, unlicensed personnel (ULP)-D failed to prime the insulin pen prior to administration.

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
R1's record lacked evidence the RN specified, in writing, specific instructions for administration of Lantus insulin.

R1's service plan dated July 7, 2022, indicated R1 received services which included medication administration.

R1's prescriber's orders dated July 12, 2022, included; Eliquis 2.5 mg (milligrams) two times daily; atorvastatin 10 mg daily; bumetanide 1 mg daily; Calcium/Vit D 600-400 mg two tabs daily; Omnicef 300 mg two times daily for 10 days; diclofenac 1% gel applied four times daily; Lantus Solostar 100 units/milliliter (mL) 32 units every 12 hours; lisinopril 5 mg daily; loratadine 10 mg daily; Metformin extended-release (ER) 500 mg take two tabs daily; metoprolol succinate ER 25 mg daily; sertraline 100 mg daily; spironolactone 25 mg take 1/2 tab (12.5 mg) daily; Symbicort

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01750	Continued From page 5 160-4.5 micrograms (MCG/ACT) inhale two puffs daily; triamcinolone acetonide 0.5% apply topically twice daily; and Victoza 18 mg/ 3 ML inject 1.2 mg one time daily. R1's medication administration record (MAR) dated July 2022 instructed ULPs as follows: - Lantus Solostar 100/u (Daily) inject 32 units every 12 hours. ULP-D ULP-D was hired on March 26, 2002, under the prior licenses, and continued to provide direct care services to residents under the assisted living license effective August 1, 2021. On August 9, 2022, at approximately 7:47 a.m., ULP-D was observed to administer oral medications, insulin pen injections, and an inhaler to R1. During the verification process of medication administration, ULP-D requested a second ULP verify the dialed insulin dose, however, ULP-D failed to prime the Lantus insulin pen with 2 units of insulin prior to administration. ULP-D stated, " I normally do that." ULP-D's training record dated June 1, 2022, indicated ULP-D had completed insulin pen competency with clinical nurse supervisor (CNS)-B. On August 9, 2022, at approximately 9:47 a.m., CNS-B confirmed R1's record lacked instructions specific to administering R1's Lantus insulin medication and stated the expectation of staff who administer insulin would be to prime the insulin pen with 2 units of insulin prior to administration per manufacturers recommended instructions.	01750		

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01750	Continued From page 6 The licensee's Safety - Medication Administration Procedure policy, undated, indicated staff who administer insulin must request a co-signer to verify the dose prior to administration and the RN would provide any special written instructions in the medical administration record (MAR) for staff. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
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 services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and	01940		

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01940	Continued From page 7 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 develop an individual treatment therapy management plan with all required content for one of three residents (R3) who received ordered treatments. 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 August 8, 2022, at approximately 10:20 a.m., clinical nurse supervisor (CNS)-B confirmed the licensee provided treatment and therapy services to residents. R3's diagnosis included paraplegia. R3's service plan dated June 17, 2022, indicated R3 received services to include medication administration, assistance for dressing, grooming, bathing, transfers via a Hoyer lift, repositioning, behavior monitoring and treatment management	01940		

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01940	Continued From page 8 services. R3's record lacked prescriber orders for: TED's (compression stockings), Prevalon pressure relieving heel protectors, hand/wrist braces (to prevent contracture) and a standing frame used to prevent muscle atrophy in R3's legs. On August 9, 2022, at 9:02 a.m., the surveyor observed unlicensed personnel (ULP)-E and ULP-F assist R3 with preparing for the day. ULP-E and ULP-F provided assistance with peri-care, catheter cares to include draining R3's catheter bag, a brief change, dressing to include the removal of Prevalon pressure relieving heel protector boots, grooming, transfer from bed to tilt wheelchair via Hoyer lift, application of TED's (compression stockings) and weighted wrist bands. R3's record lacked an Individualized Treatment and Therapy plan to include the following : - a statement of the type of services that will be provided; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - documentation of specific resident instructions relating to the treatment or therapy administration; and - any resident-specific requirements related to documentation of treatment and therapy was received, verification all treatment and therapy was administered as prescribed, and monitoring occurred to prevent possible complications or adverse reactions. On August 9, 2022, at approximately 10:13 a.m., CNS-B confirmed R3's Individualized Treatment and Therapy Plan lacked the above noted requirements.	01940		

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01940	Continued From page 9 The licensee's Safety-Treatment and Therapy Management Plan policy, undated, indicated the registered nurse (RN) would develop and maintain a current individualized treatment and therapy plan that would include the above noted requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced	01950		

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01950	Continued From page 10 by: Based on observation, interview and record review, the licensee failed to ensure specific written instructions were documented in one of three resident record (R3) who received treatment and therapy services. 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: R3's diagnosis included paraplegia. R3's service plan dated June 17, 2022, indicated R3 received services to include medication administration, assistance for dressing, grooming, bathing, transfers via a Hoyer lift, repositioning, behavior monitoring and treatment management services. R3's record lacked prescriber orders for: TED's (compression stockings), Prevalon pressure relieving heel protectors, hand/wrist braces (to prevent contracture) and a standing frame used to prevent muscle atrophy in R3's legs. On August 9, 2022, at 9:02 a.m., the surveyor observed unlicensed personnel (ULP)-E and ULP-F assist R3 with preparing for the day. ULP-E and ULP-F provided assistance with peri-care, catheter cares included draining R3's catheter bag, a brief change, dressing included	01950		

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01950	Continued From page 11 the removal of Prevalon heel protectors, grooming, application of TED's (compression stockings), transfer from bed to tilt wheelchair via Hoyer lift, and application of weighted wrist bands. R3's July 2022, Treatment Administration Record (TAR) lacked the inclusion of provided treatments and specific written instructions for the following: TED's (compression stockings), Prevalon pressure relieving heel protectors, hand/wrist braces (to prevent contracture) and a standing frame treatment used to prevent muscle atrophy in R3's legs. On August 9, 2022, at approximately 10:13 a.m., clinical nurse supervisor (CNS)-B confirmed R3's record lacked inclusion of provided treatments and specific written instructions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by:	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30408	A. BUILDING: _____ B. WING _____	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE AGE COUNTRY HOME	18846 EAGLE BEND ROAD ARAGO, MN 56470

(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
01970	Continued From page 12 Based on observation, interview and record review, the licensee failed to ensure up-to-date written or an electronically recorded order was maintained for one of three residents (R3) who received a treatment managed by the provider. 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 August 8, 2022, at approximately 11:15 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services to residents in the facility. R3's diagnosis included paraplegia. R3's service plan dated June 17, 2022, indicated R3 received treatment services to include compression stockings (TEDs), wrist weights, hand splints to prevent contracture and Prevalon pressure reducing boots to prevent heel ulcers and a standing frame (used to stand daily by mechanical means and maintain leg strength). On August 9, 2022, at 9:02 a.m., the surveyor observed unlicensed personnel (ULP)-E and ULP-F assist R3 with preparing for the day. ULP-E and ULP-F provided assistance with peri-care, catheter cares included draining R3's catheter bag, a brief change, dressing included	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30408	A. BUILDING: _____ B. WING _____	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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
01970	Continued From page 13 the removal of Prevalon heel protectors, grooming, application of TED's (compression stockings), transfer from bed to tilt wheelchair via Hoyer lift, and application of weighted wrist bands. R3's July 2022, Treatment Administration Record (TAR) lacked provider's orders for the following: TED's (compression stockings), Prevalon pressure relieving heel protectors, hand/wrist braces (to prevent contracture) and a standing frame treatment used to prevent muscle atrophy in R3's legs. On August 9, 2022, at approximately 10:13 a.m., clinical nurse supervisor (CNS)-B confirmed R3's record lacked the required treatment orders and she would need to request a copy of orders from the provider. The licensee's Safety - Medication & Treatment - Administration & Delegation policy dated August 1, 2021, indicated orders must be obtained for medications, treatment or therapies from an authorized provider before the services are provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

DEPARTMENT OF HEALTH

Type: Full
Date: *08/08/22*
Time: 12:46:36
Report: 8045221089

Food and Beverage Establishment Inspection Report

Location:
Care Age Country Home
18846 Eagle Bend Road
Park Rapids, MN56470
Hubbard County, 29

Establishment Info:
ID #: 0007237
Risk: High
Announced Inspection: No

License Categories:

Expires on: / /

Operator:
Care Age Country Home Inc.

Phone #: 2187323721
ID #: 46456

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

2-300 Personal Cleanliness

2-301.14A ** Priority 1 **

MN Rule 4626.0075A Food employees must wash their hands before: food preparation activities, including working with exposed food; touching clean equipment and utensils; touching unwrapped single-service and single-use articles.

OBSERVED EMPLOYEES ENTERING KITCHEN AND RETURNING TO PREPARATION ACTIVITIES WITHOUT HAND WASHING.

Corrected on Site

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.15A ** Priority 1 **

MN Rule 4626.0287A Single-use gloves must be used for only one task and be discarded when damaged or soiled, or when interruptions occur in the operation.

OBSERVED FOOD EMPLOYEES EXIT AND RE-ENTER KITCHEN WITH THE SAME PAIR OF GLOVES.

Corrected on Site

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

NOT PROVIDED AT TIME OF INSPECTION. CLASS COMPLETED 8/4/22. APPLICATION TO BE MAILED 8/8/22.

Comply By: 09/08/22

Surface and Equipment Sanitizers

Chlorine: = 50 at Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 37 Degrees Fahrenheit - Location: MILK
Violation Issued: No

Process/Item: Cooking
Temperature: 198 Degrees Fahrenheit - Location: CHICKEN LEGS
Violation Issued: No

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

ALL FOODS COOKED FOR IMMEDIATE SERVICE.

ITEMS DISCUSSED:

-PROPER HAND WASHING
-BARE HAND CONTACT
-EMPLOYEE ILLNESS

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

I acknowledge receipt of the inspection report number 8045221089 of 08/08/22.

Certified Food Protection Manager: PENDING

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: Adam J. Bommersbach

Adam Bommersbach
Public Health Sanitarian
705 5th Street NW, Suite A
(218) 308-21
adam.bommersbach@state.mn.us