Electronically Delivered

April 7, 2022

Administrator
The Lodge Of Winthrop LLC
204 South County Road 33
Winthrop, MN 55396

RE: Project Number(s) SL29861015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on March 18, 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 addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
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
	29861	A. BUILDING: _____ B. WING _____	03/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE OF WINTHROP LLC	204 SOUTH COUNTY ROAD 33 WINTHROP, MN 55396

(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: SL29861015 On March 14, 2022, through March 16, 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 16 residents receiving services under the provider's Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470		

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0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop a staffing plan to determine staffing levels to meet the needs of all residents. This had the potential to affect all 16 residents and staff. 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	0 470		

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0 470	Continued From page 2 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 held an assisted living facility license. The facility was licensed for a bed capacity of 17 and had a current census of 16 residents. On March 14, 2022, at approximately 12:40 p.m., during a tour of the facility, assisted living supervisor (SUP)-A pointed out the staffing plan to the surveyor which was displayed in a picture frame. The document indicated it was the approved staffing plan: it listed the shift times and noted there was one resident assistant/medication aide that worked each shift, including holidays; and listed the registered nurse (RN)-E name, and schedule (Tuesdays and Thursday 9:00 a.m. to 3:00 p.m.); the plan was approved and signed by RN-E, dated December 7, 2021. The document lacked indication as to how the staffing level was determined: -what were resident needs and how was resident acuity measured; -how the staff qualifications factored into determining staff level; and -what roles ancillary staff of the facility play in meeting residents' needs. The licensee failed to develop and implement a staffing plan for determining its staffing level that: - included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;	0 470		

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0 470	Continued From page 3 -ensured sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and -ensured that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility. On March 16, 2022, at approximately 1:12 p.m., SUP-A discussed the licensee's staffing plan with the surveyor. SUP-A stated they have always staffed the building with one aide and the nurse when scheduled. When asked should resident acuity level increase and more residents purchase additional services, would the staffing number change? SUP-A responded that she really did not know because the history for the facility has been low resident acuity, noting that residents were thoroughly screened before admission and needed to be quite independent. SUP-A acknowledged the staffing plan lacked how they determined the staff level, and did not document resident acuity, staff training and education. The licensee's Daily Staffing Schedule, Minnesota-Assisted Living policy, dated July 19, 2021, indicated the clinical nurse supervisor must approve the structure and framework for a written staffing plan that provides an adequate number of qualified direct-care staff to meet the resident's needs 24/7. The policy indicated staffing levels must address each resident's needs and acuity levels, ability of the staff to meeting timely those needs and foreseeable unscheduled needs and staff experience, training and competency. No further information was provided.	0 470		

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0 470	Continued From page 4 TIME PERIOD OF CORRECTION: Twenty-One (21) days	0 470		
0 650 SS=E	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. (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	0 650		

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0 650	Continued From page 5 by: Based on interview and record review, the licensee failed to ensure employee records contained all required content including current job descriptions for two of three employees (unlicensed personnel (ULP)-D, ULP-F) with employee 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 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: ULP-D ULP-D was hired April 27, 2011, to provide direct care and services to the licensee's residents, and began providing services under the assisted living licensure August 1, 2021. ULP-F ULP-F was hired September 17, 2020, to provide direct care and services to the licensee's residents, and began providing services under the assisted living licensure August 1, 2021. ULP-D's and ULP-F's employee files lacked a current job description, including qualifications, responsibilities, and identification of staff persons providing supervision. On March 16, 2022, at approximately 1:04 p.m., assisted living supervisor (SUP)-A verified the	0 650		

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0 650	Continued From page 6 ULPs files lacked current job descriptions and stated "I take ownership" on this. SUP-A mentioned there were too many checklists for employee file contents and it was an oversight. The licensee's State-Specific Senior Living Information-Minnesota policy, dated February 4, 2022, indicated the facility must maintain current records of each paid employee. The policy indicated the record would include a current job description, including qualifications, responsibilities, and identification of staff persons providing supervision. 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; (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	0 810		

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0 810	Continued From page 7 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 develop a fire safety and evacuation plan with required elements and failed to provide required employee training on fire safety and evacuation. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: A record review and interview were conducted on March 16, 2022, at approximately 1:30 p.m. with Licensed Assisted Living Director (LALD)-B,	0 810		

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0 810	Continued From page 8 Assisted Living Supervisor (SUP)-A, and Environmental Service Director (ESD)-G on the fire safety and evacuation plan and fire safety and evacuation training for the facility. Record review indicated the fire safety and evacuation plan did not include the identification of unique or unusual resident needs for movement or evacuation in the procedures for resident movement, evacuation or relocation during a fire or similar emergency. During interview, SUP-A stated the fire safety and evacuation plan did not have provisions for this requirement due to the facility not having residents with unique or unusual needs. A policy was provided showing that residents had to be ambulatory and capable of independent evacuation. State statute still requires the fire safety and evacuation plan to have these provisions, regardless of the level of capability of the residents and this policy would not be an exception to this provision. Record review indicated the licensee did not have documentation indicating that evacuation drills had been conducted every other month as required. During interview, SUP-A stated that the last drill conducted was a fire drill conducted on November 20, 2021, and did not encompass evacuation as required by statute. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 930 SS=C	144G.50 Subd. 2 Contract information (d) The contract must include a description of the facility's complaint resolution process available to	0 930		

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0 930	Continued From page 9 residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with all required content for two of two residents (R1 and R2) 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's and R2's assisted living contracts lacked the	0 930		

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0 930	Continued From page 10 following content: -the right under section 144G.54 to appeal the termination of an assisted living contract. R1 R1's care plan, revised February 9, 2022, indicated services included: medication management, assistance with bathing and foot care, encouragement to complete activities of daily living (ADL) and home management services including light housekeeping and laundry. On March 12, 2022, at approximately 4:21 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's evening medications. R1's Senior Living Occupancy Agreement, The Lodge of Winthrop - Assisted Living contract effective August 1, 2021, and signed by R1's representative June 28, 2021, lacked content listed above. R2 R2's Service Agreement, dated December 22, 2022, indicated services included Health Care Level of Service -1: medication administration, inviting to daily activities, bathtub set up, reminders for changing clothing and grooming, housekeeping and laundry services. On February 28, 2022, at approximately 4:13 p.m., the surveyor observed ULP-D administer medications to R2. R2's Senior Living Occupancy Agreement, The Lodge of Winthrop - Assisted Living contract, signed by R2 on July 1, 2021, lacked the content listed above.	0 930		

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0 930	Continued From page 11 On March 16, 2022, at approximately 1:22 p.m., the assisted living supervisor (SUP)-A stated most residents received new contracts before her employment began with the licensee. SUP-A said she had been in contact with the company's consultants regarding the contract and acknowledged the missing components, stating "they're not there." The licensee's State-Specific Senior Living Information - Minnesota policy, revised February 4, 2022, included a section regarding assisted living contracts, but it did not address the above-described content noted as missing. The licensee provided no additional policy information regarding the assisted living contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 930		
0 940 SS=C	144G.50 Subd. 2 Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29861	A. BUILDING: _____ B. WING _____	03/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE OF WINTHROP LLC	204 SOUTH COUNTY ROAD 33 WINTHROP, MN 55396

(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
0 940	Continued From page 12 so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with all required content for two of two residents (R1 and R2) 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:	0 940		

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0 940	Continued From page 13 R1's and R2's assisted living contracts lacked the following content: -a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: -whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; -whether the facility has agreement to provide housing support under section 256I.04 subd. 2, paragraph (b) - statement the MA waivers provide payment for services but do not cover the cost of rent; -statement that residents may be eligible for assistance with rent through the housing support program; and -description of the rent requirements for people who are eligible for MA waivers but who are not eligible for assistance through housing support program. R1 R1's care plan, revised February 9, 2022, indicated services included: medication management, assistance with bathing and foot care, encouragement to complete activities of daily living (ADL) and home management services including light housekeeping and laundry. On March 12, 2022, at approximately 4:21 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's evening medications. R1's Senior Living Occupancy Agreement, The Lodge of Winthrop - Assisted Living contract effective August 1, 2021, and signed by R1's representative June 28, 2021, lacked content	0 940		

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0 940	Continued From page 14 listed above. R2 R2's Service Agreement, dated December 22, 2022, indicated services included Health Care Level of Service -1: medication administration, inviting to daily activities, bathtub set up, reminders for changing clothing and grooming, housekeeping and laundry services. On February 28, 2022, at approximately 4:13 p.m., the surveyor observed ULP-D administer medications to R2. R2's Senior Living Occupancy Agreement, The Lodge of Winthrop - Assisted Living contract, signed by R2 on July 1, 2021, lacked the content listed above. On March 16, 2022, at approximately 1:22 p.m., the assisted living supervisor (SUP)-A stated most residents received new contracts before her employment began with the licensee. SUP-A said she had been in contact with the company's consultants regarding the contract and acknowledged the missing components, stating "they're not there." The licensee's State-Specific Senior Living Information - Minnesota policy, revised February 4, 2022, included a section regarding assisted living contracts, but it did not address the above-described content noted as missing. The licensee provided no additional policy information regarding the assisted living contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 940		

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01730 SS=E	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 changes.	01730		

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01730	Continued From page 16 (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 ensure medication management plans included all required content for two of two residents (R1, R2) 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 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: R1s' and R2's medication management plans lacked a description of storage of medications based on the resident's needs and preferences. R1 R1's care plan, revised February 9, 2022, indicated services included: medication management, assistance with bathing and foot care, encouragement to complete activities of daily living (ADL) and home management services including light housekeeping and laundry. R1's prescriber's orders, dated November 9,	01730		

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01730	Continued From page 17 2021, indicated R1's prescriptions included medications for: diabetes management, including insulin; osteoporosis; depression, hypercholesterolemia; blood pressure; pain management; and dietary supplements. On March 14, 2022, at approximately 4:21 p.m., the surveyor observed unlicensed personnel (ULP)-D prepare and subsequently administer medications to R1. R1's medications, including insulin, were stored in a locked cupboard in the resident's room. R2 R2's Service Agreement, dated December 22, 2022, indicated services included Health Care Level of Service -1: medication administration, inviting to daily activities, bathtub set up, reminders for changing clothing and grooming, housekeeping and laundry services. R2's prescriber's orders, dated June 7, 2021, indicated R2's prescriptions included medications for diabetes, pain management and an iron supplement. On March 14, 2022, at approximately 4:13 p.m., the surveyor observed ULP-D retrieve R2's medications from a locked cupboard in the resident's room. A few minutes later, ULP-D administered medications to R2. On March 14, 2022, at approximately 4:39 p.m. ULP-D stated each resident who gets medications has a locked compartment in their room for the storage of medications. ULP-D said if a resident has narcotics, those were stored in the medication room under double lock, adding those meds were counted daily at the begin of every shift, with two staff present.	01730		

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01730	Continued From page 18 On March 16, 2022, at approximately 2:33 p.m., registered nurse (RN)-E verified R1's and R2's medication plans lacked description of medication storage. RN-E stated they were going through resident care plans and would need to make sure the storage of medications was specified. RN-E later provided a policy indicating resident medications were locked and stored in residents' rooms. The licensee's State-Specific Senior Living Information - Minnesota policy, revised February 4, 2022, indicated Minnesota regulation have warranted a number of state-specific procedures and forms, which included Resident medical record documentation requirements. The licensee's Medication Administration and supporting processes - Winthrop AL (assisted living) policy, revised October 6, 2021, identified state-specific requirements. Neither policy addressed development of a medication management plan or its required content. The latter policy indicated each resident's medications are stored separately in their locked cubby in apartments and narcotics are stored in a double locked med room. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must	01760		

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01760	Continued From page 19 include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the pharmacy label matched the medication administration record (MAR) for one of one resident (R1) who received insulin. 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 care plan, revised February 9, 2022, indicated services included: medication management, assistance with bathing and foot care, encouragement to complete activities of daily living (ADL) and home management services including light housekeeping and laundry.	01760		

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01760	Continued From page 20 R1's prescriber's orders, dated November 9, 2021, indicated R1's prescriptions included medications for: diabetes management, including insulin; osteoporosis; depression, hypercholesterolemia; blood pressure; pain management; and dietary supplements. On March 15, 2022, at approximately 6:52 a.m., the surveyor observed unlicensed personnel (ULP)-F prepare and subsequently administer medications to R1. R1's medications included Basaglar (brand name of long-acting) insulin. ULP-F reviewed the medication administration record (MAR) then dialed up 20 units. The pharmacy label on the insulin indicated 32 units were to be administered. ULP-F verified the insulin units on the MAR and pharmacy label did not match and said R1's dosage had been changed a number of times recently. ULP-F handed the pen to R1 who self-administered the insulin; ULP-F then documented the administration. On March 16, 2022, at approximately 3:21 p.m., registered nurse (RN)-E confirmed the pharmacy label on R1's Basaglar insulin did not match the current prescriber's order and acknowledged there "should be" something on the label to alert staff the dosage had changed. The licensee's Medication Administration and Supporting Processes - Winthrop AL, The Lodge, policy, revised October 6, 2021, indicated medications are to be given as ordered and any medication dosage changes will be noted on the MAR. With medication order changes, the pharmacy is notified, and labels are to be checked against the current order and should read exactly the same as the order.	01760		

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01760	Continued From page 21 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

Minnesota Dept. of Health

Mankato

Type: Full
Date: *03/15/22*
Time: 11:38:48
Report: 1028221049

Food and Beverage Establishment Inspection Report

Location:
The Lodge Of Winthrop Llc
204 South County Road 33
Winthrop, MN55396
Sibley County, 72

Establishment Info:
ID #: 0039383
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5076473980
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.

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: Ambient
Violation Issued: No

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

This Inspection was conducted in conjunction with HRD.

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

I acknowledge receipt of the Minnesota Dept. of Health inspection report number 1028221049 of 03/15/22.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____
Establishment Representative

Signed:_____
Ryan Miller
Environmental Health Spec. II
Mankato
Ryan.Miller@state.mn.us