

September 11, 2023

Licensee  
Glenn Buffalo  
415 8th Street Northwest  
Buffalo, MN 55313

RE: Project Number(s) SL20123015

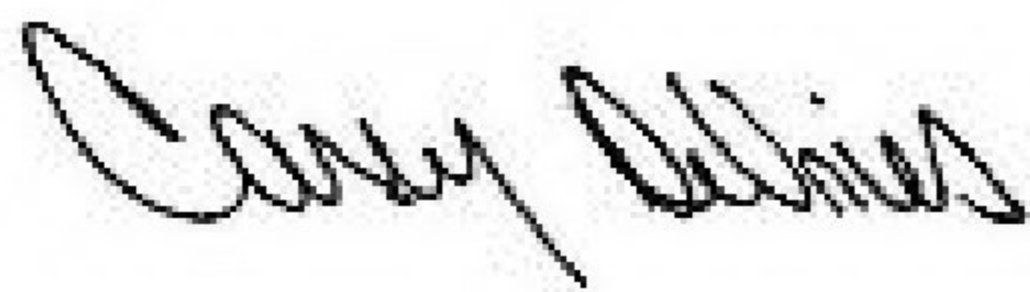
Dear Licensee:

On September 8, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the June 23, 2023, 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,



Casey DeVries, Supervisor  
State Evaluation Team  
Email: casey.devries@state.mn.us  
Telephone: 651-201-5917 Fax: 651-281-9796

HHH



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

July 17, 2023

Licensee  
Glenn Buffalo  
415 8th Street Northwest  
Buffalo, MN 55313

RE: Project Number(s) SL20123015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 23, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH 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.

#### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. The MDH 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 may be 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.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The MDH may impose 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 MDH

Glenn Buffalo

July 17, 2023

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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 (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 survey:

**St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00**

**St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$3,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

#### **DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted 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(s) 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 MDH within 15 calendar days of the correction order receipt date.

A state correction 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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and

Glenn Buffalo

July 17, 2023

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submit information supporting your position(s).

Please address your cover letter for 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

### **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 MDH within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. 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.

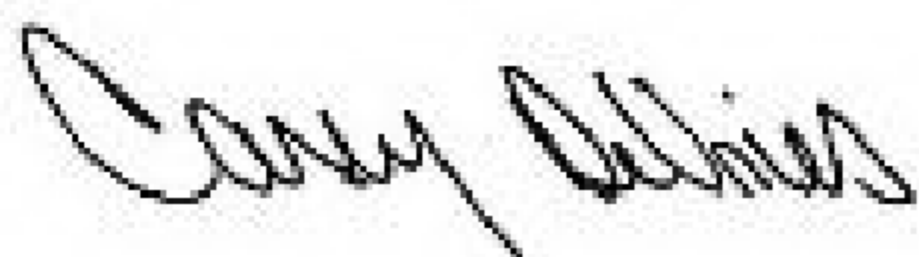
### **INFORMAL CONFERENCE**

In accordance with Minn. Stat. § 144A.475, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues.

The Department of Health staff would like to discuss the correction needed for the licensed address of Glenn Buffalo. **Please contact Rick Michals at 651-201-4181, on or before Thursday, July 20, 2023, to discuss this issue.**

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor

State Evaluation Team

Email: casey.devries@state.mn.us

Telephone: 651-201-5917 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GLENN BUFFALO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>415 8TH STREET NW BUFFALO, MN 55313</b>
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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
0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p><b>INITIAL COMMENTS:</b> SL20123015-0</p> <p>On June 20, 2023, through June 23, 2023, 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 46 active residents, all of whom were receiving services under the Assisted Living with Dementia Care license.</p> <p>An immediate correction order was identified on June 21, 2023, issued for SL20123015-0, tag identification 2310.</p> <p>On June 22, 2023, the immediacy of correction order 2310 was removed, however non-compliance remained at a level three isolated scope.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 100 SS=C	<p><b>144G.10 Subdivision 1 License required</b></p> <p><b>(a)(1)?Beginning August 1, 2021, no assisted</b></p>	0 100		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

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0 100	<p>Continued From page 1</p> <p>living facility may operate in Minnesota unless it is licensed under this chapter.?</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).? (b)?The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.?</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).?</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.?</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:?</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or?</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p>	0 100		

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0 100	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to obtain accurate licensure when they failed to include the street addresses for both buildings being utilized by the licensee under their health facility identification number (HFID) 20123. Further, the licensee failed to identify the additional street addresses associated with each building.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee held an Assisted Living with Dementia Care (ALFDC) license effective August 1, 2022, for a capacity of 48 residents.</p> <p>The licensee's initial (conversion) application dated May 25, 2021, indicated the licensee was licensing two building addresses of 407 8th Street NW and 415 8th Street NW.</p> <p>The licensee's renewal application dated May 19, 2022, indicated the licensee was licensing a single building address of 415 8th Street NW.</p> <p>During a facility tour with sales director (SD)-K on June 20, 2023, at 11:05 a.m., it was identified there were two buildings separated by a parking lot that were housing residents under one health</p>	0 100		

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0 100	<p>Continued From page 3</p> <p>facility identification number (HFID) 20123. Each building was comprised of four units. One building had units 407, 409, 411, and 413. The other building had units 415, 417, 419, 421. The buildings each had internal doors that the licensee could have shut to close off and make four individual units, however, the doors were generally left open to make one large, connected space within each building. The main entrance to the buildings were identified as units 413 and 415.</p> <p>SD-K stated, "We have the two buildings separated by the parking lot, so we do a lot of running back and forth across the parking lot."</p> <p>On June 20, 2023, at 11:27 a.m., the licensed assisted living director (LALD)-C stated they were licensed as a campus under HFID 20123 and that included the 413 and 415 buildings.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 100		
0 470 SS=F	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(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</p> <p>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster</p>	0 470		

Minnesota Department of Health

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0 470	<p>Continued From page 4</p> <p>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:</p> <ul style="list-style-type: none"> <li>(i) awake;</li> <li>(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;</li> <li>(iii) capable of communicating with residents;</li> <li>(iv) capable of providing or summoning the appropriate assistance; and</li> <li>(v) capable of following directions;</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the required staffing plan was posted in a central location, potentially affecting the licensee's 46 residents, staff, and any visitors of the licensee.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On June 20, 2023, at 11:05 a.m., the surveyor observed the common areas of the facility shared by residents, staff and visitors lacked the required posting of a daily staffing schedule.</p>	0 470		
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Minnesota Department of Health

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0 470	<p>Continued From page 5</p> <p>On June 20, 2023, at 2:00 p.m., staffing coordinator (SC)-J verified the licensee lacked a posting of the daily staffing schedule. SC-J stated the licensee's staff schedule was located on the mobile phone application and within the binder behind locked doors for staff only. The surveyor observed the binder that contained the staff schedule behind locked doors accessible to staff only.</p> <p>The licensee's Staffing, Direct-Care Staffing Plan &amp; Daily Schedule policy, dated August 1, 2021, indicated the licensee would post a staff schedule in a central location accessible to staff, residents, volunteers, and the public.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 470		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared according to the Minnesota Food Code. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a</p>	0 480		

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0 480	<p>Continued From page 6</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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).</p> <p>The findings include:</p> <p>Please refer to the additional documentation included in the Food and Beverage Establishment Inspection Reports, dated June 20, 2023.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 485 SS=C	<p>144G.41 Subd 1. (13) (i) (A) and (C) Minimum Requirements</p> <p>(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: (A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and (C) the facility cannot require a resident to include and pay for meals in their contract; (ii) weekly housekeeping;</p>	0 485		

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0 485	<p>Continued From page 7</p> <p>(iii) weekly laundry service;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to offer at least three nutritious meals daily, according to the recommended dietary allowances in the United Stated Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables and failed to ensure a breakfast menu was prepared a week in advance and provided to the residents. This had the potential to affect all memory care residents.</p> <p>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 the residents).</p> <p>The findings include:</p> <p>On June 20, 2023, at 10:00 a.m., during entrance conference, clinical nurse supervisor (CNS)-D stated the licensee provided three meals per day, served per Minnesota (MN) Food Code.</p> <p>On June 20, 2023, at 11:18 a.m., the surveyor was provided the meal menu titled June 8 - July 4. The menus lacked at least three nutritious meals daily according to the recommended dietary allowances in the USDA guidelines. The meal menu did not include breakfast meals to be provided to the residents.</p> <p>On June 21, 2023, from approximately 7:00 a.m.</p>	0 485		

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0 485	<p>Continued From page 8</p> <p>through 9:00 a.m., the surveyor observed peanut butter toast, eggs, sausage, or instant oatmeal as the only options for breakfast to all memory care residents. No fruit was offered or served to residents for breakfast.</p> <p>On June 20, 2023, at 11:18 a.m., sales director (SD)-J stated, "we do not make an actual breakfast menu, they just have a la carte items and the staff give items of each person's preference."</p> <p>On June 21, 2023, at 8:25 a.m., unlicensed professional (ULP-E) stated, "We just make them [residents] toast or oatmeal or whatever they request every morning for breakfast. Sometimes they want eggs but most of them all they want is toast or oatmeal. We know what they eat so we just make it for them." When asked about serving fruit ULP-E replied, "No, we don't really give them fruit for breakfast."</p> <p>On June 22, 2023, at 12:10 p.m., licensed assisted living director (LALD)-C stated, "Breakfasts we do a la carte, and they pick what they want to eat."</p> <p>The USDA My Plate: A Guide dated September 1, 2022, indicated half of food plates should include fruits and vegetables.</p> <p>The licensee's Food Service &amp; Menu planning policy dated July 25, 2021, indicated the licensee will offer to provide or make available three meals daily with snacks available seven days per week according to the recommended dietary allowances in the USDA guidelines, including seasonal fruit and fresh vegetables.</p> <p>No further information provided.</p>	0 485		

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0 485	Continued From page 9	0 485		
0 510 SS=F	<p><b>144G.41 Subd. 3 Infection control program</b></p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control related to gloving, hand hygiene, blood glucose, and wound care for four of four staff, (unlicensed personnel ((ULP)-E, ULP-G, ULP-H) and (licensed practical nurse (LPN)-A).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the</p>	0 510		

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0 510	<p>Continued From page 10 residents).</p> <p>The findings include:</p> <p><b>ULP-E</b> On June 21, 2023, from 6:40 a.m. through 7:03 a.m., the surveyor observed ULP-E complete morning cares for R5. ULP-E removed the blankets and linens from R5's bed and placed them all directly on the floor. ULP-E undressed R5 and removed his feces soiled incontinent brief, provided perineal (peri) care and applied a clean brief. ULP-E then removed gloves and without performing hand hygiene, applied new gloves. ULP-E proceeded to get R5 dressed and with the help of ULP-B, assisted R5 into a wheelchair. ULP-E then took the blankets and linens from the floor and re-made the bed with them.</p> <p>On June 21, 2023, at 7:02 a.m., ULP-E stated, "We always just set them on the floor, so they are out of the way." ULP-E acknowledged that she had been trained on infection control during orientation.</p> <p>On June 21, 2023, at 7:16 a.m., clinical nurse supervisor (CNS)-D stated, "The staff is trained that if bedding is soiled, they should remove it from the room and get it washed, if not soiled keep them clean and re-use them and they know the bedding gets washed once a week. They shouldn't be putting clean or soiled linens on the floor."</p> <p><b>ULP-G</b> On June 21, 2023, at 7:21 a.m., the surveyor observed ULP-G complete a blood glucose on R3. ULP-G applied gloves and performed the blood glucose check. Without removing gloves</p>	0 510		

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0 510	<p>Continued From page 11</p> <p>and performing hand hygiene; ULP-G gathered the lancet and blood glucometer, exited R3's room and walked through the hallway and dining area to the medication cart. ULP-G placed the blood glucometer on the medication cart and searched for the medication cart's keys in their pocket. ULP-G opened the medication cart with the keys, opened the bottom drawer to dispose of the lancet in the sharps container and placed the blood glucometer back into the medication cart drawer, then removed gloves. Without performing hand hygiene, ULP-G located another resident's medication in the medication cart.</p> <p>On June 21, 2023, at 7:29 a.m., ULP-G stated they were trained by the licensed practical nurse (LPN)-A to perform hand hygiene with each resident service.</p> <p>ULP-G's Care Skills Competency dated November 17, 2022, indicated CNS-D signed off completion infection control competency that included hand hygiene, personal protective equipment, and sharps safety.</p> <p>ULP-H On June 21, 2023, at 7:36 a.m., the surveyor observed ULP-H assist R2 with morning cares. ULP-H assisted R2 from R2's bedroom to the restroom transferring to the toilet. Without applying gloves, ULP-H removed R2's soiled incontinent product then placed in the garbage. ULP-H obtained a dry washcloth, then applied gloves before wetting the washcloth for R2 to wash their hands and face. ULP-H took the washcloth from R2 and as ULP-H tossed the used washcloth to the counter, hit the mirror in the process. ULP-H applied R2's socks, clean incontinent product, bottoms, and shoes. ULP-H applied soap and warm water to the same</p>	0 510		

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0 510	<p>Continued From page 12</p> <p>washcloth that R2 used for face and hands. ULP-H washed R2's back and dried with a dry cloth. Without removing gloves or performing hand hygiene, ULP-H applied Aspercreme to R2's back. ULP-H dressed R2's upper half of body including R2's hearing aids and glasses and combed R2's hair. ULP-H removed gloves, discarded gloves in the garbage, and assisted R2 to the dining room table. Without hand hygiene, ULP-H obtained a cup of coffee, entered the refrigerator for cream, poured the cream, placed the cream back in the refrigerator and brought the cup of coffee to R2 at the dining room table.</p> <p>On June 21, 2023, at 8:15 a.m., ULP-H stated a lead ULP had educated ULP-H on hand hygiene, and they may have received training for hand hygiene, gloving, and infection control during orientation. ULP-H stated, "I always wash my hands but [surveyor] are here and I wanted to get your questions answered and get [surveyor] moving on."</p> <p>ULP-H's Hand Hygiene &amp; PPE Compliance Observation dated December 12, 2022, indicated ULP-H completed hand hygiene observed by LPN-A.</p> <p>LPN-A On June 21, 2023, at 8:39 a.m., the surveyor observed LPN-A complete wound care on R6's right foot in the common area at a table.</p> <p>On June 21, 2023, at 8:42 a.m., LPN-A stated that wound care is "typically performed in R6's room but R6 had requested not to be moved because R6 felt nauseous from the chemo medication."</p> <p>LPN-A's Care Skills Competency dated May 15,</p>	0 510		

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0 510	<p>Continued From page 13</p> <p>2023, indicated CNS-D signed off completing infection control that included hand hygiene, personal protective equipment, and sharps safety.</p> <p>On June 21, 2023, at 11:59 a.m., CNS-D stated staff were trained to perform hand hygiene before glove application, after glove removal, after completion of a dirty task, after exiting a resident room, before and after break, and "all the time." In addition, CNS-D stated wound care procedures should be performed in resident's room or the nurse office.</p> <p>The licensee's Handwashing- Hand Hygiene policy dated July 23, 2021, indicated handwashing shall be performed between clients and use of gloves do not replace hand washing.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		
0 650 SS=D	<p>144G.42 Subd. 8 Employee records</p> <p>(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:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including</p>	0 650		

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0 650	<p>Continued From page 14</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained the required content for one of three employees (unlicensed personnel (ULP)-B) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-B was hired on December 7, 2020, to perform direct care services to the licensee's residents.</p> <p>On June 21, 2023, at 7:21 a.m., surveyor observed ULP-B provide blood glucose monitoring to R4.</p>	0 650		

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0 650	<p>Continued From page 15</p> <p>ULP-B's employee record lacked the following documentation of required competency training completed by a registered nurse (RN):</p> <ul style="list-style-type: none"> <li>- hair care and bathing;</li> <li>- care of teeth, gums, and oral prosthetic devices;</li> <li>- care and use of hearing aids;</li> <li>- dressing and assisting with toileting;</li> <li>- training on the prevention of falls for providers working with the elderly or individuals at risk of falls;</li> <li>- procedures to utilize in handling various emergency situations;</li> <li>- awareness of commonly used health technology equipment and assistive devices;</li> <li>- observation, reporting, and documenting of client status;</li> <li>- basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</li> <li>- recognizing physical, emotional, cognitive, and developmental needs of the client; and</li> <li>- 30-day supervision of performing delegated tasks, completed by a registered nurse (RN).</li> </ul> <p>On June 21, 2023, ULP-B stated, " I was trained when I was hired by going through training and shadowing and the nurse signed me off."</p> <p>On June 21, 2023, clinical nurse supervisor (CNS)-D stated, "They [new hired staff] come we do the training, it is book training and paper training, then I have them shadow an experienced lead [ULP] for a couple of days, then the licensed practical nurse (LPN) will shadow them for a bit maybe a shift and then I will do competencies on them."</p> <p>The licensee's Supervision of Licensed and Unlicensed Personnel, dated August 1, 2021,</p>	0 650		

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0 650	Continued From page 16  indicates, "The RN will supervise staff who perform delegated nursing, treatment, or therapy services. Supervision of ULPs by an RN will be direct supervision of the staff performing a delegated task(s) within 30 calendar days after the staff member begins working and first performs the delegated resident tasks."  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness  (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.	0 680		

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0 680	<p>Continued From page 17</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents receiving services under the assisted living with dementia license.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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).</p> <p>The findings include:</p> <p>The licensee's emergency disaster preparedness plan lacked evidence of the following required content:</p> <ul style="list-style-type: none"> <li>- review and update annually;</li> <li>- identify at risk population needs like maintaining independence, communication, transportation, supervision and medical care.</li> <li>- identify which staff would assume specific roles in another's absence through succession planning and delegation of authority;</li> <li>- procedures for tracking of staff and patients;</li> <li>- system of medical documentation that preserves resident information, protects confidentiality, and secures/maintains availability of records;</li> <li>- arrangements with other facilities;</li> </ul>	0 680		

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0 680	<p>Continued From page 18</p> <ul style="list-style-type: none"> <li>- method for sharing information from the emergency plan, that the facility has determined appropriate, with residents and their families/representatives;</li> <li>- policies and procedures addressing the use of volunteers, including the process/role for integration;</li> <li>- development of arrangements with other facilities/providers to receive residents in the event of limitations/cessation of operations to maintain the continuity of services to residents;</li> <li>- develop a written communication plan;</li> <li>- Communication plan must include all the following names/contact information: staff, entities providing services under agreement, residents' physicians, other facilities, volunteers;</li> <li>- Communication plan must include contact information for the MN Office of Ombudsman for LTC;</li> <li>- Communication plan must include: primary and alternate means of communicating with: facility staff and Federal, State, tribal, regional &amp; local emergency management agencies;</li> <li>- Method for sharing information and medical documentation for residents under the facility's care, as necessary, with other HCPs to maintain continuity of care;</li> <li>- means to providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee;</li> <li>- method for sharing information from the emergency plan, that the facility has determined appropriate, with residents and their families/representatives;</li> <li>- develop and maintain EP training and testing program;</li> <li>- participate in an annual full-scale exercise that is community based OR conduct an annual,</li> </ul>	0 680		

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0 680	<p>Continued From page 19</p> <p>individual, facility-based functional exercise OR if the facility experiences an actual emergency requiring activation of plan, facility is exempt from engaging in its next required full-scale exercise; - conduct an additional annual exercise that may include: a second full-scale exercise that is community-based or an individual, facility based functional exercise OR mock disaster drill OR table-top exercise; and -analyze the facility's response to and maintain documentation of all drills, tabletop exercises and emergency events &amp; revise plan as needed.</p> <p>On June 20, 2023, at 1:25 p.m., Licensed assisted living director (LALD)-C stated, "I'm guessing you won't find those items and we do not have a generator. You won't find any of those items in writing, we have a plan, but it hasn't been put into writing."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
01290 SS=D	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith</p>	01290		

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01290	<p>Continued From page 20</p> <p>reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study (BGS) was submitted and a clearance received in affiliation with the assisted living with dementia care licensee's current health facility identification (HFID) for one of four employees (clinical nurse supervisor (CNS)-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>CNS-D was hired on May 23, 2017, to perform direct care services to the licensee's residents.</p> <p>On June 20, 2023, at 10:00 a.m., surveyor observed CNS-D working for the licensee during the entrance conference.</p> <p>CNS-D's employee record contained a background study dated May 24, 2017, affiliated with a separate location operated by the licensee's owner under HFID license 29353. CNS-D's employee record lacked evidence of current, cleared background study affiliated with</p>	01290		

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01290	<p>Continued From page 21</p> <p>the licensee's current assisted living with dementia care HFID license 20123.</p> <p>On June 21, 2023, the surveyor compared the licensee's NetStudy2.0 roster with the licensee's employee roster and identified 35 additional employees who lacked evidence of current, cleared background study affiliated with the licensee's current assisted living with dementia care HFID license 20123.</p> <p>The licensee's Screening of Home Care Job Applicants policy dated October 1, 2014, and revised January 1, 2020, read, "All job applicants will be screened to assure compliance with applicable state laws and our agency's requirement's, including background checks and screening for TB. No new employee will have unsupervised direct contact with clients until all required screenings have been satisfactorily completed and any applicable licenses, registrations, or certifications have been verified."</p> <p>No further information was provided.</p> <p>TIME PERIOD OF CORRECTION: Two (2) days</p>	01290		
01370 SS=D	<p>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</p> <p>(a) Training and competency evaluations for all unlicensed personnel must include the following:</p> <ul style="list-style-type: none"> <li>(1) documentation requirements for all services provided;</li> <li>(2) reports of changes in the resident's condition to the supervisor designated by the facility;</li> <li>(3) basic infection control, including blood-borne pathogens;</li> <li>(4) maintenance of a clean and safe</li> </ul>	01370		

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01370	<p>Continued From page 22</p> <p>environment;</p> <p>(5) appropriate and safe techniques in personal hygiene and grooming, including:</p> <p>(i) hair care and bathing;</p> <p>(ii) care of teeth, gums, and oral prosthetic devices;</p> <p>(iii) care and use of hearing aids; and</p> <p>(iv) dressing and assisting with toileting;</p> <p>(6) training on the prevention of falls;</p> <p>(7) standby assistance techniques and how to perform them;</p> <p>(8) medication, exercise, and treatment reminders;</p> <p>(9) basic nutrition, meal preparation, food safety, and assistance with eating;</p> <p>(10) preparation of modified diets as ordered by a licensed health professional;</p> <p>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</p> <p>(12) awareness of confidentiality and privacy;</p> <p>(13) understanding appropriate boundaries between staff and residents and the resident's family;</p> <p>(14) procedures to use in handling various emergency situations; and</p> <p>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of one unlicensed personnel ((ULP)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	01370		

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01370	<p>Continued From page 23</p> <p>safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-B was hired on December 7, 2020, to perform direct care services to the licensee's residents.</p> <p>On June 21, 2023, from 6:55 a.m. through 7:03 a.m., surveyor observed ULP-B assist with dressing, grooming, and personal hygiene for R5.</p> <p>ULP-B's record lacked the following training and competency evaluations</p> <ul style="list-style-type: none"> <li>- appropriate and safe techniques in personal hygiene and grooming, including:               <ul style="list-style-type: none"> <li>(i) hair care and bathing</li> <li>(ii) care of teeth, gums, and oral prosthetic devices</li> <li>(iii) care and use of hearing aids</li> <li>(iv) dressing and assisting with toileting;</li> </ul> </li> <li>- procedures to utilize in handling various emergency situations; and</li> <li>- awareness of commonly used health technology equipment and assistive devices.</li> </ul> <p>On June 21, 2023, ULP-B stated, " I was trained when I was hired by going through training and shadowing and the nurse signed me off."</p> <p>On June 21, 2023, clinical nurse supervisor (CNS)-D stated, "They [new hired staff] come we do the training, it is book training and paper training, then I have them shadow an</p>	01370		

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01370	<p>Continued From page 24</p> <p>experienced lead [ULP] for a couple of days, then the licensed practical nurse (LPN) will shadow them for a bit maybe a shift and then I will do competencies on them."</p> <p>The licensee's Supervision of Licensed and Unlicensed Personnel, dated August 1, 2021, indicates, "The RN will supervise staff who perform delegated nursing, treatment, or therapy services. Supervision of ULPs by an RN will be direct supervision of the staff performing a delegated task(s) within 30 calendar days after the staff member begins working and first performs the delegated resident tasks."</p> <p>The licensee's Personnel Records policy, dated October 1, 2014, and revised July 29, 2021 indicated a record of all required training for ULP's and competency determination would be kept in the employees personnel file.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01370		
01380 SS=D	<p>144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn</p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p> <p>(1) observing, reporting, and documenting resident status;</p> <p>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</p> <p>(3) reading and recording temperature, pulse,</p>	01380		

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01380	<p>Continued From page 25</p> <p>and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of one unlicensed personnel ((ULP)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-B ULP-B was hired on December 7, 2020, to perform direct care services to the licensee's residents.</p> <p>On June 21, 2023, from 6:55 a.m. through 7:03 a.m., surveyor observed ULP-B assist with dressing, grooming, and personal hygiene for R5.</p> <p>ULP-B's record lacked the following training and competency evaluations - observation, reporting, and documenting of</p>	01380		

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01380	<p>Continued From page 26</p> <p>client status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; and - recognizing physical, emotional, cognitive, and developmental needs of the client.</p> <p>On June 21, 2023, ULP-B stated, " I was trained when I was hired by going through training and shadowing and the nurse signed me off."</p> <p>On June 21, 2023, clinical nurse supervisor (CNS)-D stated, "They [new hired staff] come we do the training, it is book training and paper training, then I have them shadow an experienced lead [ULP] for a couple of days, then the licensed practical nurse (LPN) will shadow them for a bit maybe a shift and then I will do competencies on them."</p> <p>The licensee's Supervision of Licensed and Unlicensed Personnel, dated August 1, 2021, indicates, "The RN will supervise staff who perform delegated nursing, treatment, or therapy services. Supervision of ULPs by an RN will be direct supervision of the staff performing a delegated task(s) within 30 calendar days after the staff member begins working and first performs the delegated resident tasks."</p> <p>The licensee's Personnel Records policy, dated October 1, 2014, and revised July 29, 2021 indicated a record of all required training for ULP's and competency determination would be kept in the employees personnel file.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One</p>	01380		

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01380	Continued From page 27  (21) days	01380		
01470 SS=D	<p><b>144G.63 Subd. 2 Content of required orientation</b></p> <p>(a) The orientation must contain the following topics:</p> <ul style="list-style-type: none"> <li>(1) an overview of this chapter;</li> <li>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</li> <li>(3) handling of emergencies and use of emergency services;</li> <li>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</li> <li>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li> <li>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</li> <li>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</li> <li>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</li> <li>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</li> </ul> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing</p>	01470		

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01470	<p>Continued From page 28</p> <p>services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff providing services completed an orientation to assisted living facility licensing requirements and regulations before providing services for one of three employees unlicensed personnel (ULP)-B) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p>	01470		

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01470	<p>Continued From page 29</p> <p>The findings include:</p> <p>ULP-B was hired on December 7, 2020, to perform direct care services to the licensee's residents.</p> <p>On June 21, 2023, at 7:21 a.m., surveyor observed ULP-B provide blood glucose monitoring to R4.</p> <p>ULP-B's employee records lacked evidence of orientation to assisted living regulations (144G.63, Sub. 2) effective August 1, 2021, for the following:</p> <ul style="list-style-type: none"> <li>-overview of assisted living statutes;</li> <li>-handling emergencies and using emergency services;</li> <li>-reporting maltreatment of vulnerable adults or minors;</li> <li>-assisted Living bill of rights;</li> <li>-handing of resident complaints, reporting of complaints, where to report;</li> <li>-consumer advocacy services;</li> <li>-review of types of assisted living services the employee will provide and provider's scope of license;</li> <li>-principles of person-centered planning/service delivery; and</li> <li>-initial 8 hours of dementia care training.</li> </ul> <p>On June 21, 2023, ULP-B stated, " I was trained when I was hired by going through training and shadowing and the nurse signed me off."</p> <p>On June 21, 2023, clinical nurse supervisor (CNS)-D stated, "They [new hired staff] come we do the training, it is book training and paper training, then I have them shadow an experienced lead [ULP] for a couple of days, then the licensed practical nurse (LPN) will shadow</p>	01470		

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01470	<p>Continued From page 30</p> <p>them for a bit maybe a shift and then I will do competencies on them."</p> <p>The licensee's Assisted Living With Memory Care Orientation - All Staff policy dated August 1, 2021, read "All assisted living employees must complete an orientation to assisted living facility licensing requirements and regulations before providing services to residents."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01470		
01750 SS=D	<p><b>144G.71 Subd. 7 Delegation of medication administration</b></p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and</li> <li>(3) communicated with the unlicensed personnel about the individual needs of the resident.</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training was completed in all required areas for one of two employees (unlicensed personnel (ULP)-H).</p> <p>This practice resulted in a level two violation (a</p>	01750		

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01750	<p>Continued From page 31</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-H started employment on July 20, 2022, and began providing assisted living with dementia services.</p> <p>On June 21, 2023, at 7:36 a.m., surveyor observed ULP-H provide morning cares for R2. ULP-H obtained a clear zip lock bag that was in the unlocked laundry room attached to the central resident bathroom. The bag was labeled for R2. ULP-H removed the Aspercreme from the zip lock bag and applied the cream to R2's back.</p> <p>On June 21, 2022, at approximately 7:26 a.m., ULP-H stated that they had not been trained by the nurse on medication administration. ULP-H stated another staff member that had been trained by a nurse on medication administration had told them how to apply the cream to R2's back. ULP-H verified that she does not perform medication administration as they were not trained as a medication resident assistant.</p> <p>On June 21, 2023, at approximately 8:00 a.m., the surveyor received multiple documents on ULP-H's trainings. The documents lacked training on medication administration.</p> <p>On June 21, 2023, at 11:59 a.m., clinical nurse supervisor (CNS)-D stated ULP-H was a resident assistant and not a medication resident assistant</p>	01750		

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01750	<p>Continued From page 32</p> <p>stating only medication resident assistant are trained to provide medication administration services.</p> <p>The licensee's Administration of Medication, Treatment and therapy By Unlicensed Personnel dated August 1, 2021, indicated unlicensed personnel that would assist with medication, treatment and therapy administer would be trained and competency tested by the registered nurse.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01750		
01880 SS=F	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescription medications were securely locked in a substantially constructed compartment and permitted only authorized personnel to have access. This had the potential to affect all residents in the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a</p>	01880		

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01880	<p>Continued From page 33</p> <p>widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On June 21, 2023, at 6:30 a.m., surveyor observed unlicensed personnel (ULP)-B bring powders, creams, and ointments for five residents that included hydrocortisone cream, nystatin powder, Calmoseptine ointment, nystatin cream, Aspercreme max strength with lidocaine, and ammonium lactate cream into the unlocked laundry room attached to community resident bathroom. This was observed in the 415 building.</p> <p>On June 21, 2023, at 7:36 a.m., the surveyor observed Aspercreme in the unlocked laundry room attached to community resident bathroom. This was observed in the 413 building.</p> <p>On June 21, 2023, at 11:56 a.m., CNS-D acknowledged that all resident service agreements would indicate that medications/treatments that are outside the residents private living spaces waiting for delivery must be kept in a securely locked and substantially constructed compartment and permit only authorized personnel access. This may include a medication room, medication cart, or similar setup. CNS-D stated, "The medications shouldn't be kept anywhere other than the med carts, they should not be bringing them into rooms or bathrooms and leaving them unattended."</p> <p>On June 21, 2023, at 7:36 a.m., unlicensed personnel (ULP)-H stated all resident cream, ointment and powder were left in the laundry</p>	01880		

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01880	<p>Continued From page 34</p> <p>room each morning. The cream, ointment and powders are removed from the morning shift medication resident assistant and placed in the laundry room for the resident so it could be applied when cares were performed.</p> <p>The licensee's Storage of Medications dated July 28, 2021, indicated the registered nurse (RN) would develop an individualized medication plan for the resident that would address the storage of the resident's medication.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		
01890 SS=E	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information for two of two residents (R6, R7) and failed to ensure time sensitive medications were labeled with the date opened for one of three residents (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a</p>	01890		

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01890	<p>Continued From page 35</p> <p>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).</p> <p>The findings include:</p> <p><b>PRESCRIPTION LABEL</b> On June 21, 2023, at 7:26 a.m., the surveyor observed the medication cart and observed the following unlabeled medications: - R6 NovoLog FlexPen; and - R7 Tresiba 200unit/ml and NovoLog FlexPen.</p> <p>On June 23, 2022, at approximately 7:26 a.m., the unlicensed personnel (ULP)-G verified the unlabeled medications in the medication cart and stated they know which medication belonged to which resident from the labeled slots in the medication cart. ULP-G stated they would notify the nurse for a label for each unlabeled medication.</p> <p><b>TIME SENSITIVE MEDICATIONS</b> On June 21, 2023, at approximately 7:26 a.m., the surveyor observed the medication cart, and the following time sensitive medications were opened without a date opened label: - R3 NovoLog FlexPen and Lantus Solostar 100 unit/ml.</p> <p>On June 21, 2023, at approximately 7:26 a.m., ULP-G verified R3's medications were not labeled with a date opened. ULP-G stated they date insulin pens when opened and they were unsure why R3's medication was not dated with the opened date.</p> <p>The licensee's Storage of Medications policy</p>	01890		

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01890	Continued From page 36  dated July 28, 2021, indicated an over-the-counter drug must be kept in the original labeled container from the pharmacy and manufacture. In addition, medication would be kept in its original container bearing the original prescription label with legible information.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
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	<p>Continued From page 37</p> <p>therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a treatment management plan to include all required content for one of one resident (R3) who received treatments.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 was admitted to the licensee on July 5, 2022.</p> <p>R3 had diagnoses to include restless leg syndrome, arthritis (joint pain, swelling), and chronic obstructive pulmonary disease (inflammation of lung disease).</p> <p>R3's Service Agreement, dated, July 5, 2022, indicated R3 received services for one-person physical assist with bathing, stand by assist for toileting, behavior redirection, one-person physical assist with dressing in the morning and evening, oral hygiene, grooming, safety checks,</p>	01940		
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01940	<p>Continued From page 38</p> <p>housekeeping, laundry assistance, medication assistance, one-person physical assist for mobility, one-person physical assist for transferring, and fall intervention due to resident is impulsive and moves quickly without regard for her safety with interventions to keep in common areas for closer observation when restless. Engage in an activity to keep her busy.</p> <p>R3's provider orders signed May 30, 2023, included TED knee high (compression stockings) twice daily.</p> <p>R3's record lacked a treatment management plan for TED knee high to include: -a developed treatment plan; -written statement of treatment provided; -documentation of specific resident instructions relating to the treatments or therapy administration; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - 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.</p> <p>On June 21, 2023, at approximately 12:59 p.m., clinical nurse supervisor (CNS)-D stated R3's record lacked an individualized treatment plan for resident's TED knee high.</p> <p>The licensee's Development of The Individuated Therapy/Treatment Plan dated July 28, 2021, indicated the clinical nurse specialist/Registered Nurse will develop and maintain a current</p>	01940		

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01940	Continued From page 39  individualized treatment and therapy management record.  No further information provided  TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
02170 SS=F	<b>144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA</b>  (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive	02170		

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02170	<p>Continued From page 40</p> <p>relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written individualized activity evaluation that addressed all provisions for two of two residents with a diagnosis of dementia (R2, R5).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 R2's diagnosis included memory loss, dementing neurological disease, hypertension (high blood pressure), heart failure, and emphysema (shortness of breath).</p> <p>R2's record lacked evidence that the resident had been evaluated for activities according to the licensing rules of the facility, to include the following: - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations;</p>	02170		

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02170	<p>Continued From page 41</p> <ul style="list-style-type: none"> <li>- adaptations necessary for the resident to participate; and</li> <li>- identification of activities for behavioral interventions.</li> </ul> <p><b>R5</b> R5's diagnosis included unspecified dementia with behavioral disturbances, essential hypertension, and type 2 diabetes mellitus with diabetic neuropathy.</p> <p>R5's record lacked evidence that the resident had been evaluated for activities according to the licensing rules of the facility, to include the following:</p> <ul style="list-style-type: none"> <li>- current abilities and skills;</li> <li>- emotional and social needs and patterns;</li> <li>- physical abilities and limitations;</li> <li>- adaptations necessary for the resident to participate; and</li> <li>- identification of activities for behavioral interventions.</li> </ul> <p>On June 22, 2023, at 9:43 a.m., activities director (AD)-I stated the Person-Centered Care Questionnaire is the licensee's individual written activity evaluation/plan. AD-I verified the lack of required contents noted above and stated a new form would be created to meet the requirements.</p> <p>No further information was provided.</p> <p><b>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</b></p>	02170		
02310 SS=G	<p><b>144G.91 Subd. 4 (a) Appropriate care and services</b></p> <p>(a) Residents have the right to care and assisted</p>	02310		

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02310	<p>Continued From page 42</p> <p>living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for one of five residents (R3) with consumer bed rails.</p> <p>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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 was admitted to the licensee on July 5, 2022.</p> <p>R3 had diagnoses to include restless leg syndrome, arthritis (joint pain, swelling), and chronic obstructive pulmonary disease (inflammation of lung disease).</p> <p>R3's Service Agreement, dated, July 5, 2022, indicated R3 received services for one-person physical assist with bathing, stand by assist for toileting, behavior redirection, one-person physical assist with dressing in the morning and evening, oral hygiene, grooming, safety checks, housekeeping, laundry assistance, medication assistance, one-person physical assist for</p>	02310	On June 22, 2023, the immediacy of correction order 2310 was removed, however non-compliance remained at a level three isolated scope.	

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02310	<p>Continued From page 43</p> <p>mobility, one-person physical assist for transferring, and fall intervention due to resident is impulsive and moves quickly without regard for her safety with interventions to keep in common areas for closer observation when restless. Engage in an activity to keep her busy.</p> <p>On June 21, 2023, at 6:42 a.m., upon morning care observation the surveyor observed R3's bed had two Halo Safety Ring bed rails (consumer bed rail) on each side of the bed that were firmly attached to the bed. R3 stated they used of both bed rails for positioning in bed and for getting in and out of bed. Unlicensed personnel (ULP)-G stated R3 utilized bilateral bed rails for reposition while in bed and for transferring in and out of bed.</p> <p>R3's Uniform Assessment tool dated March 26, 2023, indicated R3 did not use any sort of bed assist device and lacked resident specific information and assessment for the consumer bed rail to include:</p> <ul style="list-style-type: none"> <li>- Purpose and intention of the bed rail;</li> <li>- Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail;</li> <li>- The resident's bed rail use/need assessment;</li> <li>- Risk vs. benefits discussion (individualized to each resident's risks);</li> <li>- The resident's preferences;</li> <li>- Installation and use according to manufacturer's guidelines;</li> <li>- Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and</li> <li>- Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements.</li> </ul> <p>R3's Uniform Assessment Tool, completed during</p>	02310		

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02310	<p>Continued From page 44</p> <p>the survey, dated June 20, 2023, indicated R3 did not use any sort of bed assist device.</p> <p>On June 21, 2023, at 11:59 a.m., clinical nurse supervisor (CNS)-D stated they were unaware of R3's bilateral bed rails. CNS-D had oversight of resident's assessments.</p> <p>On June 21, 2023, at 12:59 CNS-D stated that when they completed assessments, they would only do face-to-face assessments in the resident's room as needed. CNS-D also indicated she had relied on staff for updating her with changes. CNS-D stated occupational therapy would sometimes install bed rails and notify CNS-D once completed. CNS-D stated was unaware of how long the bed rails were in place.</p> <p>The FDA, A Guide to Bed Safety, dated 2000, and revised April 2010, indicated following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources &amp; Frequently Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GLENN BUFFALO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>415 8TH STREET NW BUFFALO, MN 55313</b>
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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
02310	<p>Continued From page 45</p> <p>the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." The MDH website indicated for consumer bed rails, the licensee must include in their documentation:</p> <ul style="list-style-type: none"> <li>- Purpose and intention of the bed rail;</li> <li>- Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail;</li> <li>- The resident's bed rail use/need assessment;</li> <li>- Risk vs. benefits discussion (individualized to each resident's risks);</li> <li>- The resident's preferences;</li> <li>- Installation and use according to manufacturer's guidelines;</li> <li>- Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and</li> <li>- Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements".</li> </ul> <p>The licensee's Assessing the Safety Of Side Rails, dated, January 2014, indicated staff would alert the Registered Nurse (RN) if a resident had any type of bed rail or similar equipment and the RN would evaluate whether the bed rail appeared to be safe for the resident. The RN would educate the resident, their representative and/or family members about the risks related to bed rails, and if the resident's bed rails appeared not to meet FDA standards, the RN would recommend to the resident, the resident representative, or the resident's family involved.</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GLENN BUFFALO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>415 8TH STREET NW BUFFALO, MN 55313</b>
--	---

(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
02310	Continued From page 46  TIME PERIOD FOR CORRECTION: IMMEDIATE	02310		



Minnesota Department of Health  
Environmental Health Division  
3333 W. Division #212  
St. Cloud  
320-223-7300

Type: Full  
Date: 06/20/23  
Time: 11:00:01  
Report: 1041231027

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Glenn Buffalo  
415 8th Street Nw  
Buffalo, MN55313  
Wright County, 86

**Establishment Info:**

ID #: 0039079  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 7636829366  
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.

### 4-100 Equipment Construction Materials

#### 4-101.17

MN Rule 4626.0490 Discontinue using wood and wood wicker as a food contact surface.

WICKER BASKETS HOLDING FRUIT WERE OBSERVED IN COTTAGE 1 AND COTTAGE 2 KITCHENS. REMOVE WICKER BASKETS.

*Comply By: 06/20/23*

### 4-200 Equipment Design and Construction

#### 4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

CROCKPOTS WERE OBSERVED IN COTTAGE 1 AND COTTAGE 2 KITCHENS. THEY ARE NOT APPROVED EQUIPMENT. REMOVE CROCKPOTS.

*Comply By: 06/20/23*

### Food and Equipment Temperatures

Process/Item: Hot Holding

Temperature: 165 Degrees Fahrenheit - Location: PASTA RAVIOLI-COTTAGE 2

Violation Issued: No

Process/Item: Cold Holding

Temperature: 42 Degrees Fahrenheit - Location: BEEF AND RICE HOTDISH-COTTAGE 1

Violation Issued: No

Type: Full  
Date: 06/20/23  
Time: 11:00:01  
Report: 1041231027  
Glenn Buffalo

# Food and Beverage Establishment Inspection Report

---

Process/Item: Cold Holding  
Temperature: 41 Degrees Fahrenheit - Location: BEEF AND RICE HOTDISH-COTTAGE 2  
Violation Issued: No

---

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

**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 1041231027 of 06/20/23.

Certified Food Protection Manager: SARAH ZIMMERMAN

Certification Number: 102649 Expires: 02/05/26

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_  
Establishment Representative

Signed: Linda Heinen  
Linda Heinen  
Public Health Sanitarian  
St. Cloud  
320-223-7306  
Linda.Heinen@state.mn.us

Report #: 1041231027

# Food Establishment Inspection Report



Minnesota Department of Health  
Environmental Health Division  
3333 W. Division #212  
St. Cloud

No. of RF/PHI Categories Out

0

Date 06/20/23

No. of Repeat RF/PHI Categories Out

0

Time In 11:00:01

Legal Authority MN Rules Chapter 4626

Time Out

Glenn Buffalo

Address

415 8th Street Nw

City/State

Buffalo, MN

Zip Code

55313

Telephone

7636829366

License/Permit #

0039079

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS=corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
<b>Supervision</b>			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	PIC knowledgeable; duties & oversight		
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Certified food protection manager, duties		
<b>Employee Health</b>			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Mgmt/Staff; knowledge, responsibilities & reporting		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Proper use of reporting, restriction & exclusion		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Procedures for responding to vomiting & diarrheal events		
<b>Good Hygienic Practices</b>			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
	Proper eating, tasting, drinking, or tobacco use		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
	No discharge from eyes, nose, & mouth		
<b>Preventing Contamination by Hands</b>			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
	Hands clean & properly washed		
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Adequate handwashing sinks supplied/accessible		
<b>Approved Source</b>			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Food obtained from approved source		
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Food received at proper temperature		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Food in good condition, safe, & unadulterated		
14	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
	Required records available; shellstock tags, parasite destruction		
<b>Protection from Contamination</b>			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Food separated and protected		
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Food contact surfaces: cleaned & sanitized		
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status		COS	R
<b>Time/Temperature Control for Safety</b>			
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Proper cooking time & temperature		
19	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Proper reheating procedures for hot holding		
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Proper cooling time & temperature		
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper hot holding temperatures		
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Proper cold holding temperatures		
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper date marking & disposition		
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
	Time as a public health control: procedures & records		
<b>Consumer Advisory</b>			
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>			
26	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Pasteurized foods used; prohibited foods not offered		
<b>Food and Color Additives and Toxic Substances</b>			
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Food additives: approved & properly used		
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>			
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Compliance with variance/specialized process/HACCP		

**Risk factors (RF)** are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

## GOOD RETAIL PRACTICES

**Good Retail Practices** are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
<b>Safe Food and Water</b>			
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Pasteurized eggs used where required		
31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Water & ice obtained from an approved source		
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper cooling methods used; adequate equipment for temperature control		
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Plant food properly cooked for hot holding		
35	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Approved thawing methods used		
36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Thermometers provided & accurate		
<b>Food Identification</b>			
37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
38	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Insects, rodents, & animals not present		
39	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Contamination prevented during food prep, storage & display		
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Personal cleanliness		
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Wiping cloths: properly used & stored		
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Washing fruits & vegetables		

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
43	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	In-use utensils: properly stored		
44	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Utensils, equipment & linens: properly stored, dried, & handled		
45	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Single-use/single service articles: properly stored & used		
46	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Gloves used properly		
<b>Utensil Equipment and Vending</b>			
47	<input checked="" type="radio"/> X <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Warewashing facilities: installed, maintained, & used; test strips		
49	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Non-food contact surfaces clean		
<b>Physical Facilities</b>			
50	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Hot & cold water available; adequate pressure		
51	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Plumbing installed; proper backflow devices		
52	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Sewage & waste water properly disposed		
53	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Toilet facilities: properly constructed, supplied, & cleaned		
54	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Garbage & refuse properly disposed; facilities maintained		
55	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Physical facilities installed, maintained, & clean		
56	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Adequate ventilation & lighting; designated areas used		
57	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Compliance with MCIAA		
58	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 06/20/23

Inspector (Signature)

Linda Zinen