



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 25, 2022

Administrator
Rushseba Assisted Living
700 West 14th Street
Rush City, MN 55069

RE: Project Number(s) SL36306015

Dear Administrator:

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

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

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

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

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

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

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

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

Free from Maltreatment reconsideration requests should addressed to:
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Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

Rushseba Assisted Living

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St. Paul, MN 55164-0970

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

Sincerely,

A handwritten signature in cursive script that reads "Jess Gallmeier". The signature is written in black ink and is positioned below the word "Sincerely,".

Jess Gallmeier, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-247-0268 Fax: 651-215-9697

PMB

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36306 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/30/2022 |
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| NAME OF PROVIDER OR SUPPLIER RUSHSEBA ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 700 WEST 14TH STREET RUSH CITY, MN 55069 |
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| 0 000 | <p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</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>INITIAL COMMENTS: SL36306015</p> <p>On March 28, 2022, through March 30, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were forty-six (46) residents, all of whom recieved services under the provider's Assisted Living with Dementia Care license.</p> | 0 000 | <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</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> | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements | 0 480 | | |

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

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| 0 480 | <p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(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:</p> <p>(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 and served according to the Minnesota Food Code. This had the potential to affect all residents in the Assisted Living 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 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated March 28, 2022, for the specific Minnesota</p> | 0 480 | | |

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| 0 480 | Continued From page 2 Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 480 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation | 0 810 | | |

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| 0 810 | <p>Continued From page 3</p> <p>drill.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the required fire safety training for residents and staff. This has the potential to directly affect all residents, staff, and visitors.</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 the potential to affect a large portion or all residents).</p> <p>The findings include:</p> <p>During interview on March 28, 2022, at 12:00 p.m., the assisted living director (ALD)-E stated they were not currently providing the required amount of training for life safety and evacuation to residents and staff. She stated they did not offer any training for residents and only provided training to staff upon hire and annually.</p> <p>Review of the Fire Policy showed the following:</p> <ol style="list-style-type: none"> 1. No schedule or records on the training of residents who are capable of assisting in their evacuation; on proper actions to take in the event of a fire or emergency for their safety including movement, evacuation, or relocation. 2. Training of employees on fire safety and evacuation is only scheduled upon hire and once | 0 810 | | |

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| 0 810 | Continued From page 4 per year. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 810 | | |
| 0 970 SS=F | 144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident for two of two residents (R1, R3) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: | 0 970 | | |

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| 0 970 | <p>Continued From page 5</p> <p>R1 was admitted for services on February 18, 2021, under the comprehensive home care license and began receiving assisted living services on August 1, 2021.</p> <p>R1's Residency Agreement was signed February 18, 2021.</p> <p>R3 was admitted for services on December 14, 2020, under the comprehensive home care license and began receiving assisted living services on August 1, 2021.</p> <p>R3's Residency Agreement was signed December 20, 2020.</p> <p>R1 and R3's Residency Agreements included a clause that indicated the licensee was not responsible for any damage or injury suffered by residents or to residents' property that was not caused by licensee. The agreements indicated the licensee strongly recommended that residents obtain renter's insurance at an appropriate level to insure against loss of personal property, as well as related incidental and consequential damages, or such other or additional insurance as resident considers necessary to protect against injuries and property damage. The agreements stated the licensee indicated their insurance may not cover the loss of personal property and the incidental and consequential damages arising from the loss of such property. The agreements indicated resident personal property included but was not limited to dentures, glasses, and hearing aids.</p> <p>On March 2, 2022, at approximately 10:50 a.m., interim licensed assisted living director (ILALD)-D stated all of the licensee's resident agreements contained liability wavier language as indicated</p> | 0 970 | | |

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| 0 970 | Continued From page 6 above. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 970 | | |
| 01620 SS=D | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse | 01620 | | |

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| 01620 | <p>Continued From page 7</p> <p>(RN) completed a timely comprehensive reassessment using the uniform assessment tool for two of three residents (R1, R3) as required with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients 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>R1 was admitted on July 27, 2021, and had diagnoses to include cerebral infarction.</p> <p>R1's record included documentation of a comprehensive nursing assessment completed on July 27, 2021. On October 13, 2021, another comprehensive assessment was completed. R1's record lacked a fourteen (14) day assessment.</p> <p>R3 was admitted on December 14, 2020 and had diagnoses to include type 2 diabetes and neuropathy.</p> <p>R3's medical record included documentation of a comprehensive nursing assessment completed on December 14, 2020, December 15, 2020, December 22, 2020, March 23, 2021, July 22, 2021, and February 2, 2022. R3's record indicated assessments had been conducted over ninety days from the previous assessment.</p> <p>During an interview on October 20, 2021, at 10:28</p> | 01620 | | |

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| 01620 | <p>Continued From page 8</p> <p>a.m., RN-A verified R1's and R3's assessment dates and stated that she was not employed at the time these assessments were conducted. RN-A stated the assessments were not completed in a timely manner.</p> <p>The licensee's Resident's Assessments: Initial Evaluations, Admissions, and Discharges policy, dated July 27, 2021, indicated resident re-assessment and monitoring must be conducted no more than fourteen (14) calendar days after initiation of services. The policy also indicated resident monitoring and review must be conducted as needed, based on changes in the needs of the resident, and cannot exceed ninety (90) days.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01620 | | |
| 01650 SS=F | <p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided;</p> | 01650 | | |

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| 01650 | <p>Continued From page 9</p> <p>(ii) information and a method to contact the facility;</p> <p>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure service plans included all the required content for three of three residents (R1, R2, R3) 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 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>R1's service plan, dated July 27, 2021, lacked the following: -method of supervision and monitoring of staff. -R1's service plan agreement indicated a name and phone number for an emergency contact but lacked any information in regards to who had the</p> | 01650 | | |

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| NAME OF PROVIDER OR SUPPLIER RUSHSEBA ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 700 WEST 14TH STREET RUSH CITY, MN 55069 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| 01650 | <p>Continued From page 10</p> <p>authority to sign for the resident in an emergency situation.</p> <p>R2's service plan, dated December 20, 2020, lacked the following: -method of supervision and monitoring of staff. -R2's service plan agreement indicated a name and phone number for an emergency contact but lacked any information in regards to who had the authority to sign for the resident in an emergency situation.</p> <p>R3's service plan, dated January 27, 2021, plan lacked the following: -method of supervision and monitoring of staff. -R3's service plan agreement indicated a name and phone number for an emergency contact but lacked any information in regards to who had the authority to sign for the resident in an emergency situation.</p> <p>On March 29, 2022, at approximately 10:55 a.m., interim licensed assisted living director (ILALD)-C verified the service plans for R1, R2, and R3 lacked the method of supervision and monitoring as well as information of who would have the authority to sign for the resident in an emergency situation. ILALD-C indicated she was not aware this information was not included in the service plan and explained that she recently began employment with the licensee and was in the process of reviewing resident records for accuracy.</p> <p>The licensee's Service Plan policy was requested but not received.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION:</p> | 01650 | | |

Minnesota Department of Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36306 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/30/2022 |
|--|--|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER RUSHSEBA ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 700 WEST 14TH STREET RUSH CITY, MN 55069 |
|---|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| 01650 | Continued From page 11 Twenty-One (21) days | 01650 | | |

Type: Full
Date: 03/28/22
Time: 11:30:00
Report: 1025221063

Food and Beverage Establishment Inspection Report

Page 1

Location:

Rushseba Assisted Living
700 West 14th Street
Rush City, MN55069
Chisago County, 13

Establishment Info:

ID #: 0037586
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3203182720
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.

3-500A Microbial Control: cooling

3-501.14A **** Priority 1 ****

MN Rule 4626.0385A Cool cooked TCS food: 1. within 2 hours from 135 degrees F (57 degrees C) to 70 degrees F (21 degrees C); and 2. within a total of 6 hours from 135 degrees F (57 degrees C) to 41 degrees F (5 degrees C) or less.

Pork roast at 50 deg F after overnight cooler. Pulled for discard. Cool foods as above; separate large roasts when cool enough to handle to speed cooling.

Corrected on Site

2-100 Supervision

2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

Post a copy of the certified food protection manager at the establishment.

Comply By: 03/28/22

Surface and Equipment Sanitizers

Hot Water: = at 177 Degrees Fahrenheit

Location: Dish machine

Violation Issued: No

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit

Location: Quat ammonia

Violation Issued: No

Food and Equipment Temperatures

Type: Full
Date: 03/28/22
Time: 11:30:00
Report: 1025221063
Rushseba Assisted Living

Food and Beverage Establishment Inspection Report

Process/Item: Soup
Temperature: 155 Degrees Fahrenheit - Location: Hot holding
Violation Issued: No

Process/Item: Ham, deli
Temperature: 41 Degrees Fahrenheit - Location: Prep line
Violation Issued: No

Process/Item: HB egg
Temperature: 40 Degrees Fahrenheit - Location: Undercounter prep cooler
Violation Issued: No

Process/Item: Ground beef
Temperature: 40 Degrees Fahrenheit - Location: "
Violation Issued: No

Process/Item: Pork
Temperature: 50 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: Yes

Process/Item: Half and half
Temperature: 41 Degrees Fahrenheit - Location: Upright cooler
Violation Issued: No

Process/Item: Deli meat, pkg
Temperature: 40 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

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

Discussed employee health and hygiene, illness reporting and exclusion, suppliers, final cook temperatures, egg type and use (unpasteurized eggs reported for baking), equipment maintenance, internal dish machine temperature testing (irreversible strips reported used), menu, cooling, non-reservice of items.

Type: Full
Date: 03/28/22
Time: 11:30:00
Report: 1025221063
Rushseba Assisted Living

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1025221063 of 03/28/22.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Signed: _____

J Wuollet

Signed:  _____

Casey Kipping
Public Health Sanitarian II
Freeman Building St Paul
651-201-4513
casey.kipping@state.mn.us

Report #: 1025221063

Food Establishment Inspection Report



Minnesota Department of Health
 Division of Environmental Health, FPLS
 P.O. Box 64975
 St. Paul, MN 55164-0975

| | | | |
|---------------------------------------|---|----------|----------|
| No. of RF/PHI Categories Out | 2 | Date | 03/28/22 |
| No. of Repeat RF/PHI Categories Out | 0 | Time In | 11:30:00 |
| Legal Authority MN Rules Chapter 4626 | | | |
| | | Time Out | |

| | | | | |
|-----------------------------|---------------------------------|-------------------------------|-------------------|-------------------------|
| Rushseba Assisted Living | Address 700 West 14th Street | City/State Rush City, MN | Zip Code 55069 | Telephone 3203182720 |
| License/Permit # 0037586 | 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 | Description | COS | R |
|--|---|-----|---|
| Supervision | | | |
| 1 <input checked="" type="radio"/> IN <input type="radio"/> OUT | PIC knowledgeable; duties & oversight | | |
| 2 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT N/A | Certified food protection manager, duties | | |
| Employee Health | | | |
| 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 | | |
| Good Hygienic Practices | | | |
| 6 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O | Proper eating, tasting, drinking, or tobacco use | | |
| 7 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O | No discharge from eyes, nose, & mouth | | |
| Preventing Contamination by Hands | | | |
| 8 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O | Hands clean & properly washed | | |
| 9 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A 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 | | |
| Approved Source | | | |
| 11 <input checked="" type="radio"/> IN <input type="radio"/> OUT | Food obtained from approved source | | |
| 12 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A 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 checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O | Required records available; shellstock tags, parasite destruction | | |
| Protection from Contamination | | | |
| 15 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O | Food separated and protected | | |
| 16 <input checked="" type="radio"/> IN <input type="radio"/> OUT 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 | Description | COS | R |
|---|---|-----|---|
| Time/Temperature Control for Safety | | | |
| 18 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O | Proper cooking time & temperature | | |
| 19 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O | Proper reheating procedures for hot holding | | |
| 20 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT N/A N/O | Proper cooling time & temperature | | X |
| 21 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O | Proper hot holding temperatures | | |
| 22 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A | Proper cold holding temperatures | | |
| 23 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O | Proper date marking & disposition | | |
| 24 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O | Time as a public health control: procedures & records | | |
| Consumer Advisory | | | |
| 25 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A | Consumer advisory provided for raw/undercooked food | | |
| Highly Susceptible Populations | | | |
| 26 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A | Pasteurized foods used; prohibited foods not offered | | |
| Food and Color Additives and Toxic Substances | | | |
| 27 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A | Food additives: approved & properly used | | |
| 28 <input checked="" type="radio"/> IN <input type="radio"/> OUT | Toxic substances properly identified, stored, & used | | |
| Conformance with Approved Procedures | | | |
| 29 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A | Compliance with variance/specialized process/HACCP | | |

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

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS= corrected on-site during inspection R= repeat violation

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

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

Food Recalls:

Person in Charge (Signature)

Date: 03/29/22

Inspector (Signature)