Electronically Delivered

February 23, 2022

Administrator
Deer Crest Senior Living
470 Hewitt Boulevard
Red Wing, MN 55066

RE: Project Number(s) SL30636015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on January 27, 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 surveys. 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:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

St. Paul, MN 55164-0970 St. Paul, MN 55164-0970

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

Sincerely,

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-281-9796 / 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30636	A. BUILDING: _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER CREST SENIOR LIVING	470 HEWITT BOULEVARD RED WING, MN 55066

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: Project # SL30636015 On January 24, 2022, through January 27, 2022, the Minnesota Department of Health visited the above Assisted Living with Dementia Care licensed provider, and the following correction orders are issued. At the time of the survey, there were 77 residents receiving services under the assisted living with dementia care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated January 25, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		

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0 570 SS=C	144G.42 Subdivision 1 Display of license The original current license must be displayed at the main entrance of each assisted living facility. The facility must provide a copy of the license to any person who requests it. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to display the original, current license at the main entrance of the assisted living facility. This had the potential to affect all the licensee's 77 residents, staff, and visitors. 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). The findings include: On January 24, 2022, at approximately 11:05 a.m., upon entering the facility, the surveyor did not observe the facility's license posted at the main entrance as required. On January 24, 2022, at approximately 12:55 p.m., during the facility tour with the licensed assisted living director (LALD)-A, the surveyor observed the facility's license posted outside of LALD-A's office, in a hallway perpendicular to and behind the front receptionist desk. The license was not visible to the public with the normal flow of traffic.	0 570		

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0 570	Continued From page 3 On January 24, 2022, at approximately 3:50 p.m., LALD-A confirmed the license was not posted at the main entrance. A facility policy regarding required postings was requested, but none was provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 570		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel;	01730		

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01730	Continued From page 4 (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the medication management plan had all required content to include description of storage of medications based on resident needs and preferences, for 5 of 6 residents (R2, R3, R4, R5 and R7) who received medication management services 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: R2's, R3's, R4's, R5's and R7's individual	01730		

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01730	Continued From page 5	01730		

medication management plans lacked:
-a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions.

R2
R2's Service Plan Agreement dated December 14, 2021, identified services to include medication administration.

R2's prescriber's orders, dated December 13, 2021, included two medications for diabetes, one anti-depressant, one for constipation, one for cholesterol, one multivitamin and one muscle relaxant.

R2's medication management plan lacked the content described above.

R3
R3's Service Plan Agreement dated January 1, 2022, identified services to include medication administration.

R3's prescriber's orders, dated January 14, 2022, included an anti-depressant, two medications for enlarged prostate, a medication for confusion, a blood pressure medication, a sleep medication and a pain medication.

R3's medication management plan lacked the content described above.

R4
R4's Service Plan Agreement dated January 1, 2022, identified services to include medication administration.

R4's prescriber's orders, dated January 8, 2022,

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01730	Continued From page 6	01730		

included medications for high blood pressure, a vitamin B12 deficiency supplement, a pain medication, a thyroid replacement, a medication for anxiety, vitamins, a potassium supplement, medication for mood disorder and an anti-depressant.

R4's medication management plan lacked the content described above.

R5
R5's Service Plan Agreement dated December 8, 2021, identified services to include medication management.

On January 24, 2022, at approximately 7:26 a.m., unlicensed personnel (ULP)-E prepared and administered R5's morning medications.

R5's prescriber's orders, dated January 19, 2022, included a pain medication, a prophylactic daily aspirin, two antidepressants, a dietary supplement and two bowel medications.

R5's medication management plan lacked the content described above.

R7
R7's Service Plan Agreement, dated January 1, 2022, identified services to include medication management.

On January 24, 2022, at approximately 7:45 a.m., ULP-E administered morning medications to R7 in the dining area before breakfast.

R7's prescriber's orders, dated January 10, 2022, included a diuretic, a blood pressure medication, an antidepressant, an analgesic, an anti-fungal powder and a dietary supplement.

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01730	Continued From page 7 R7's medication management plan lacked the content described above. On January 26, 2022, at 12:50 p.m., registered nurse (RN)-B stated the residents' medication management plans did not include all required content and lacked description of the type of medication storage for residents. RN-B stated their medications were stored in the locked "med" carts, which should have been indicated in the service plan and medication plan. RN-B indicated the licensee's medication form had recently been updated with the new licensing changes and said that part was accidentally removed and, "we didn't catch it." RN-B stated that would be the case for all residents who received medication management services. The licensee's Development of Individualized Medication Management Plan policy, revised August 1, 2021, indicated that based on nursing assessment, the RN would develop an individualized plan for each resident. The policy noted the plan would address a description of medications managed by the licensee and storage. The licensee's Storage of Medication and Key Security policy, revised September 27, 2021, noted the RN would identity where the medications would be stored in the resident's individualized medication management plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		

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01750	Continued From page 8	01750		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse documented resident-specific instructions for their medications for two of five residents (R2, R3) whose medication administration was delegated to unlicensed personnel. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R2 R2's record lacked specific, written instructions regarding the administration of a scheduled medication.	01750		

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01750	Continued From page 9 R2's diagnoses included constipation and Parkinson's disease (progressive movement disorder). R2's Service Plan Agreement dated December 14, 2021, identified services included medication administration. R2's prescriber's orders, dated December 13, 2021, included: -Miralax (used for constipation) twice a day by mouth, mix 1-2 capfuls of powder in 8 ounces of water until completely dissolved. The licensee failed to have resident-specific instructions regarding when 1 capful or 2 capfuls of Miralax would be given. R3 R3's record lacked specific, written instructions regarding the administration of an as needed (PRN) medication. R3's diagnosis included chronic obstructive pulmonary disease (breathlessness and cough). R3's Service Plan Agreement dated January 1, 2022, identified services included medication administration. R3's prescriber's orders dated January 14, 2022, included: -Proair (used for wheezing or shortness of breath) 90 microgram/actuation 1-2 puffs every 4 hours PRN; call nurse if 2 PRN doses are not effective or increased shortness of breath. The licensee failed to have resident-specific instructions regarding when 1 or 2 puffs of Proair	01750		

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01750	Continued From page 10 inhaler would be given. On January 26, 2022, at 1:50 p.m., registered nurse (RN)-B confirmed there were no specific instructions for R2's Miralax and R3's Proair inhaler. RN-B acknowledged staff need to know when to give the ordered dosages. The licensee's Medication Prescriptions and Treatment Content policy, revised August 1, 2021, indicated if the prescription is for a PRN medication or a medication with a variable dosage, the prescription must include specific parameters regarding when to administer the medication and what dosage to administer. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.	01760		

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01760	Continued From page 11 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were administered as prescribed for two of seven residents (R3, R8) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R3 R3's Service Plan Agreement dated January 1, 2022, identified services included medication administration. R3's prescriber's orders, dated January 14, 2022, included an oral blood pressure medication, an antidepressant and a medication for enlarged prostate. The order did not include direction to crush R3's medications. On January 25, 2022, at 8:05 a.m., the surveyor observed ULP-H prepare R3's medication for administration from a set up Medi box (pill organization and storage box with compartments for each day and time of day.) ULP-H placed R3's set up medications into a medication cup, crushed the medications, added a scoop of yogurt to the mixture and administered the medications to R3.	01760		

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01760	Continued From page 12 During interview on January 25, 2022, at 8:08 a.m., ULP-H verified there was no order to crush the medications, but indicated R3 had difficulty swallowing medications if she didn't crush them. R8 R8's Service Plan Agreement dated January 1, 2022, identified services included medication administration. R8's prescriber's orders, dated August 26, 2021, included Refresh drops (lubricating eye drop medication) and directed to instill one drop in each eye, twice daily and daily as needed for dry eyes. On January 25, 2022, at approximately 7:45 a.m., the surveyor observed unlicensed personnel (ULP)-G prepare R8's oral medications and obtain an individual Refresh eye drop vial from R8's labeled Refresh eye drop box. ULP-G entered R8's room and administered R8's oral medications. ULP-G then applied gloves and administered Refresh eye drops to R8, two drops into each eye. When interviewed on January 25, 2022, at approximately 7:50 a.m., ULP-G stated she administered two drops of the Refresh eye drops to R8 because R8 did not want to waste any of the eye drops from the vial. ULP-G verified the prescriber's order was not followed. On January 25, 2022, at 10:26 a.m., registered nurse (RN)-F stated staff should administer medications as prescribed. The licensee's Unlicensed Personnel - Medication Administration policy revised December 12, 2019, noted medications always	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30636	A. BUILDING: _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER CREST SENIOR LIVING	470 HEWITT BOULEVARD RED WING, MN 55066

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01760	Continued From page 13 need to be administered according to the "5 Rights": a. Right person b. Right medication c. Right time d. Right route (by mouth, eye drops, topical, etc.) e. Right dose (how many milligrams, drops, etc.) No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to conduct a hazard vulnerability or safety risk assessment on or around the facility property. This had the potential to directly affect all 77 current residents, staff, and visitors. This practice resulted in a level two violation (a	02040		

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02040	Continued From page 14 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 residents). The findings include: On January 25, 2022, from approximately 11:20 a.m. to 1:00 p.m., survey staff toured the facility with the director of maintenance (DM)-L. During the facility tour, survey staff observed an active, hot gas fireplace in the third-floor memory care unit, a large birdcage in the third-floor memory care unit, a potbelly store in the first-floor memory care unit, and a community kitchen in the first-floor memory care unit. All of the aforementioned items could be hazardous to the residents in those units. DM-L verbally confirmed survey staff observations during the facility tour. During the interview on January 25, 2022, at 1:40 p.m., DM-L stated they had not done a hazard vulnerability assessment that included local hazards. A review of the Hazard Vulnerability Assessment showed global issues such as fire, gas leak, epidemic, and active shooter had been identified. Local hazards that are site, building and population-specific had not been developed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30636	A. BUILDING: _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER CREST SENIOR LIVING	470 HEWITT BOULEVARD RED WING, MN 55066

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02170	Continued From page 15	02170		
02170 SS=E	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (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 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.	02170		

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	30636	A. BUILDING: _____ B. WING _____	01/27/2022

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02170	Continued From page 16 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure residents were evaluated for activities according to the licensing rules of the facility and, based on the activity evaluation, the licensee failed to develop individualized activity plans for 4 of 4 residents (R3, R4, R5, R7) who resided in locked, memory-care units with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: During the entrance conference on January 24, 2022, at approximately 11:20 a.m., licensed assisted living director (LALD)-A verified the licensee had an assisted living with dementia care license, effective August 1, 2021, and provided services in two locked dementia units. R3 R3's diagnoses included dementia (memory disorder) and osteoarthritis (joint disorder). On January 25, 2022, at 10:47 a.m., the surveyor observed R3 wandering around in locked memory care unit. Unlicensed personnel (ULP)-H directed R3 to sit down on a chair in dining room area.	02170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30636	A. BUILDING: _____ B. WING _____	01/27/2022

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02170	Continued From page 17 R3's record contained form titled Activities Assessment dated April 24, 2018, however, the document lacked evaluation of the following: - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. In addition, R3's record lacked the development of an individualized activity plan. R4 R4's diagnoses included dementia and anxiety (worry and fear about everyday situations). On January 25, 2022, at about 11:55 a.m., the surveyor observed R4 in her room, sitting in a recliner chair watching television. R4's record contained a form titled My Way-Basic Background Info, however, the document lacked evaluation of the following: - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. In addition, R4's record lacked the development of an individualized activity plan. R5 R5's diagnoses included Alzheimer's disease, adjustment disorder with depressive mood, mood disorder and unspecified dementia without behavioral disturbance.	02170		

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	30636	A. BUILDING: _____ B. WING _____	01/27/2022

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02170	Continued From page 18 On January 25, 2022, at approximately 7:26 a.m., the surveyor observed unlicensed personnel (ULP)-E prep and administer R5's morning medications, then complete a routine COVID symptoms check on the resident. Following breakfast, R5 independently ambulated from the dining area into her room, using a front-wheeled walker. Until the noon meal, R5 mostly spent time in her room watching television, but twice emerged from her room to walk up and down the hallway using the walker. R5's record contained a document dated November 15, 2021, "Dimensions: My Way", a planning tool to assist the licensee with activity planning for residents with dementia. The document included R5's basic background information; spiritual practices; stressors; sleep/wake cycle time; bathing preferences; some information about eating; past occupation; a checked marked list of activities that may interest R5 now; and notes about R5's expectations upon admission to memory care. On January 25, 2022, at approximately 5:26 p.m., family member (FM)-M stated there were supposed to be many activities going on. FM-M said one weekend he went with R5 to go to a movie that was planned, but there was no one around and the movie didn't happen. FM-M thought R5 would participate in events, if asked to do so. R5's record lacked: -evaluation of current abilities and skills; -emotional and social needs and patterns; -physical abilities and limitations; -adaptations necessary for resident to participate in activities; and -identification of activities for behavioral	02170		

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02170	Continued From page 19 interventions. In addition, R5's record lacked development of an individualized activity plan. R7 R7's diagnoses included major depressive disorder, unspecified pain and coronary artery disease. On January 25, 2022, at approximately 7:36 a.m., the surveyor observed R7 ambulate independently from his room to the dining area, with aid of a four-wheeled walker. Before transferring himself into a dining room chair, R7 took a puzzle book and pen off the seat of the walker and began to work at a word puzzle from the book while waiting for medications and later breakfast. R7's "Dimensions: My Way" planner, dated June 4, 2021, included background information about R7; past military experience and religious practice; stressors and what calmed R7 down; sleep patterns; eating preferences; past occupations; past, hobbies and interests; list of activities that may be of current interest; some current skills; music likes; disclosure R7 used a walker; and listed daily activities R7 enjoyed. R7's record lacked evaluation of the following: -emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. In addition, R7's record lacked the development of an individualized activity plan. R3's, R4's, R5's and R7's records lacked a	02170		

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02170	Continued From page 20 complete evaluation for activities as detailed above, development of an individual activity plan to identify for each resident; any occupation or chore-related task; scheduled/planned events or outing the resident would enjoy; spontaneous events or activities of interest; one-on-one activities of interest; spiritual, creative or intellectual activities; sensory activities; physical activities; outdoor activities; or any activities to address behavioral symptoms. On January 26, 2022, at approximately 2:53 p.m., registered nurse (RN)-B reviewed the activity evaluation requirements and said a lot of the assessments were included in various places within the record, and RN-B felt their 90- day assessments and "My Way"- basic background info document covered the requirements. However, RN-B stated there was no other activity assessment or written, documented activity plan with required components for the above-named residents. The licensee's Dimensions Program, Life Enrichment Programs policy, dated August 1, 2021, indicated: The Dimensions" My Way form is provided to resident and/or representative to gather information to aid in the development of a person-centered service plan. The information gathered would be used in many ways, including in the development of life enrichment programming. The policy did not address or mention requirements specific to the updated assisted living with dementia care requirements under 144G.84. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170		

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Minnesota Department of Health
Food Pools and Lodging Services Section
625 Robert St N
St. Paul
651-201-4500

Type: Full
Date: *01/25/22*
Time: 14:03:58
Report: 7962221016

Food and Beverage Establishment Inspection Report

Location:
Deer Crest Senior Living
470 Hewitt Boulevard
Red Wing, MN55066
Goodhue County, 25

Establishment Info:
ID #: 0038753
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6512675444
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.

5-200B Plumbing: cross connections

5-203.14A ***** Priority 1 *****

MN Rule 4626.1085A Water used under pressure in equipment in food and beverage establishments must be drained to a sanitary sewer through an air gap. Examples: refrigeration cooling water, water softener, and drained steam jacketed kettles.

WATER SOFTENER DISCHARGE LINES DO NOT HAVE AN AIR GAP

Comply By: 02/01/22

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 ppm at Degrees Fahrenheit
Location: sanitizer bucket
Violation Issued: No

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: sanitizer from three compartment sink dispenser
Violation Issued: No

Hot Water: = at 171 Degrees Fahrenheit
Location: dish washing machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 39.9 Degrees Fahrenheit - Location: double door cooler premade salads 1/25
Violation Issued: No

Type: Full
Date: *01/25/22*
Time: 14:03:58
Report: 7962221016
Deer Crest Senior Living

Food and Beverage Establishment Inspection Report

Process/Item: Prep Cooler
Temperature: 35 Degrees Fahrenheit - Location: top sliced tomato 1/24
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 35 Degrees Fahrenheit - Location: bottom sliced turkey 1/24
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 34 Degrees Fahrenheit - Location: diced tomato 1/25
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 34 Degrees Fahrenheit - Location: fiesta chicken pasta salad 1/24
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 34 Degrees Fahrenheit - Location: sauce 1/24
Violation Issued: No

Process/Item: Cooking
Temperature: 116 Degrees Fahrenheit - Location: sausage and vegetables
Violation Issued: No

Process/Item: Cooking
Temperature: 150 Degrees Fahrenheit - Location: rice
Violation Issued: No

Process/Item: Merchandiser
Temperature: 39 Degrees Fahrenheit - Location: convenience food and beverage area on main floor salad packaged for individual sale
Violation Issued: No

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

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 7962221016 of 01/25/22.

Certified Food Protection Manager: Lauren Moore

Certification Number: FM87983 Expires: 03/04/23

Inspection report reviewed with person in charge and emailed.

Signed: _____
Lauren Moore
Food Service Director

Signed: Heather Flueger
Heather Flueger
Public Health Sanitarian
Rochester District Office
507-208-3096

heather.flueger@state.mn.us

Report #: 7962221016

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food Pools and Lodging Services Section
625 Robert St N
St. Paul

No. of RF/PHI Categories Out	0	Date	01/25/22
No. of Repeat RF/PHI Categories Out	0	Time In	14:03:58
Legal Authority MN Rules Chapter 4626		Time Out	

Deer Crest Senior Living	Address: 470 Hewitt Boulevard	City/State: Red Wing, MN	Zip Code: 55066	Telephone: 6512675444
License/Permit #: 0038753	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
	Supervision			
1	IN OUT	PIC knowledgeable; duties & oversight		
2	IN OUT N/A	Certified food protection manager, duties		
	Employee Health			
3	IN OUT	Mgmt/Staff;knowledge,responsibilities&reporting		
4	IN OUT	Proper use of reporting, restriction & exclusion		
5	IN OUT	Procedures for responding to vomiting & diarrheal events		
	Good Hygenic Practices			
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7	IN OUT N/O	No discharge from eyes, nose, & mouth		
	Preventing Contamination by Hands			
8	IN OUT N/O	Hands clean & properly washed		
9	IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10	IN OUT	Adequate handwashing sinks supplied/accessible		
	Approved Source			
11	IN OUT	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available; shellstock tags, parasite destruction		
	Protection from Contamination			
15	IN OUT N/A N/O	Food separated and protected		
16	IN OUT N/A	Food contact surfaces: cleaned & sanitized		
17	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

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

Risk factors (RF) are improper practices or proceedures 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

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

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

Food Recalls:

Person in Charge (Signature) **Date:** 01/26/22

Inspector (Signature) Hunt Flueg