



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 6, 2025

Licensee

Ecumen Hutchinson the Pines
1015 Century Avenue Southwest
Hutchinson, MN 55350

RE: Project Number(s) SL23788016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 4, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. 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 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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 Department of Health 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.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

Ecumen Hutchinson the Pines

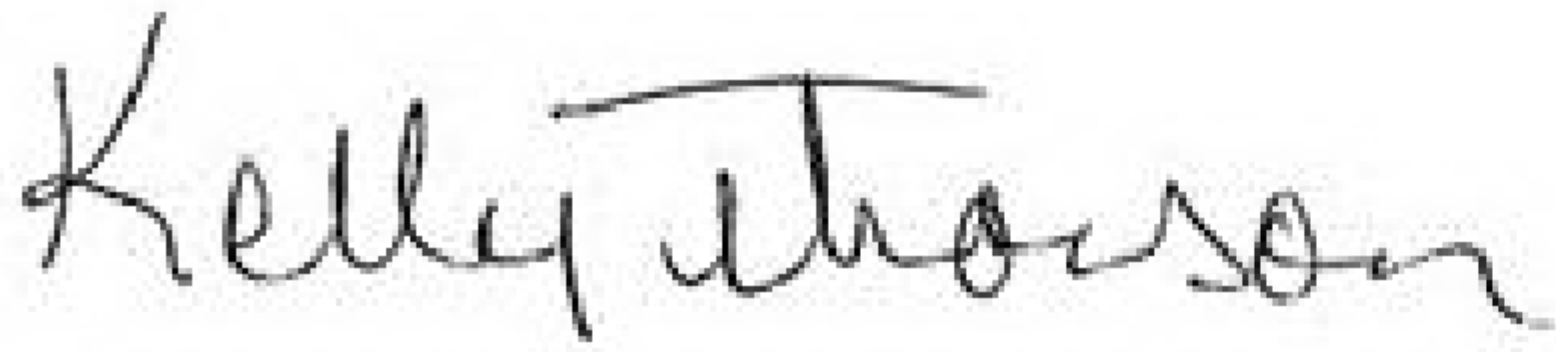
August 6, 2025

Page 3

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Kelly Thorson". The signature is written in dark ink and is positioned below the word "Sincerely,".

Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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 ***ATTENTION*** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL23788016-0 On June 2, 2025, through June 4, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 93 residents; 78 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	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 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 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 evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350			
(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
0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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, 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated, June 4, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
0 480	Continued From page 3	0 480			
0 510 SS=F	144G.41 Subd. 3 Infection control program (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. (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. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain an effective infection control program to comply with acceptable health care, medical, and nursing standards for infection control by one of three employees (unlicensed personnel (ULP)-F). 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:	0 510			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
0 510	Continued From page 4 On June 3, 2025, at 7:50 a.m., surveyor observed ULP-F apply gloves and assist R12 with removing soiled brief, completed anterior and posterior peri cares, followed by applying barrier cream to R12's coccyx and Bio Freeze (pain gel) to the left hip and back before removing gloves. ULP-F then assisted R12 to get dressed, provided a clean washcloth for washing R12's face and applied toothpaste to the toothbrush for R12. ULP-F then applied lotion to R12's back and upper extremities and removed the trash before completing hand hygiene. On June 3, 2025, at 8:29 a.m., surveyor observed ULP-F and ULP-H complete hand hygiene, apply gloves, and ULP-F washed R13's face. Both ULP-F and ULP-H assisted with removing R13's soiled brief and ULP-F completed anterior and posterior peri cares. ULP-H removed gloves and did hand hygiene before putting on new gloves, ULP-F did not. ULP-F and ULP-H then assisted R13 with putting on a new brief and clean pants before using the Hoyer lift to transfer R13 into a Broda chair (high back specialty wheelchair). ULP-H removed gloves, performed hand hygiene, and exited the room. ULP-F, wearing original gloves, dressed R13's upper body, brushed hair, and completed oral cares. ULP-F then removed gloves, took out trash, and completed hand hygiene. On June 3, 2025, at 9:40 a.m., ULP-F stated they were trained to completed hand hygiene before and after medication passes and before and after resident cares. ULP-F also stated gloves are to be worn when completing medication pass, during resident cares, and when serving food. In addition, gloves are to be changed between residents.	0 510			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
0 510	Continued From page 5 On June 3, 2025, at 10:21 a.m., clinical nurse supervisor (CNS)-B stated hand hygiene is to be completed when staff go into and out of resident rooms, between cares, and with glove changes. CNS-B also stated, gloves are to be worn when doing medication administration, assisting residents with bathroom needs, wound care, and feeding assistance. In addition, gloves are to be changed when moving from a dirty task to a clean task with the same resident. The licensee's Procedure for Using Gloves policy, dated August 1, 2021, indicated, "If gloves become torn or heavily soiled and additional tasks must be performed for the client, change gloves. Wash hands and apply clean gloves before starting the next task." The licensee's Hand Hygiene policy, dated August 1, 2021, indicated, "When Hands should be washed. Hand washing shall be performed between client cares and whenever direct physical contact with a client takes place. Use of gloves does not replace hand washing. Hands should be washed or decontaminated: a. Before and after direct contact with a client b. If moving from a contaminated body site to a clean body site during client care c. After contact with environmental surfaces or equipment in the immediate vicinity of the client d. After removing gloves or gowns e. Before eating and after using a restroom." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
0 680	Continued From page 6	0 680			
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. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents receiving services under the assisted living with dementia license. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 680			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
0 680	Continued From page 7 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). The findings include: The licensee's EPP lacked evidence of quarterly review of the missing resident policy. On June 3, 2025, at 4:30 p.m., licensed assisted living director (LALD)-A stated, "I will be honest, I know we review the missing resident policy but I don't have it documented." The licensee's Missing Client policy, dated August 1, 2021, did not address the need for quarterly policy review. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility;	0 910			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
0 910	Continued From page 8 (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for five of five residents (R3, R4, R5, R6, R7). 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: R3's Assisted Living Contract was signed on February 7, 2025. R4's Assisted Living Contract was signed on January 30, 2025. R5's Assisted Living Contract was signed on February 3, 2025. R6's Assisted Living Contract was signed on February 11, 2025. R7's Assisted Living Contract was signed on March 11, 2025. All contracts did not include the health facility identification (HFID) of the facility.	0 910			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
0 910	Continued From page 9 On June 4, 2025, at 10:25 a.m., licensed assisted living director (LALD)-A stated the licensee's HFID was missing from the contract dated January 1, 2025, after changes were made to the contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 910			
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide	0 920			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
0 920	Continued From page 10 specialized diets. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for five of five residents (R3, R4, R5, R6, R7). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R3's Assisted Living Contract was signed on February 7, 2025. R4's Assisted Living Contract was signed on January 30, 2025. R5's Assisted Living Contract was signed on February 3, 2025. R6's Assisted Living Contract was signed on February 11, 2025. R7's Assisted Living Contract was signed on March 11, 2025. All contracts did not include the category of assisted living facility license held by the facility. On June 4, 2025, at 10:25 a.m., licensed assisted living director (LALD)-A stated the licensee's	0 920			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
0 920	Continued From page 11 designation as an assisted living with dementia care (ALFDC) was missing from the contract dated January 1, 2025, after changes were made to the contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 920			
01890 SS=F	144G.71 Subd. 20 Prescription drugs 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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure to discard expired medication from four out of five medication carts observed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On June 3, 2025, at 9:11 a.m., surveyor observed the memory care medication cart in the	01890			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
01890	Continued From page 12 presence of unlicensed personnel (ULP)-F. The medication cart contained R11's open bottle of acetaminophen 500 milligrams (mg), approximately one-third of the tablets remaining, which expired April 2025. On June 4, 2025, at 2:07 p.m., surveyor observed the 'Pines one' medication cart in the presence of clinical quality coordinator (CQC)-I. The medication cart contained R9's open bottle of acetaminophen 500 mg, approximately three-quarters of the tablets remaining, which expired April 2025. On June 4, 2025, at 2:28 p.m., surveyor observed the 'Pines two' medication cart in the presence of CQC-I. The medication cart contained R8's open bottle of Tension Headache, approximately half of the caplets remaining, which expired April 2025. On June 4, 2025, at 2:50 p.m., surveyor observed the 'Oaks two' medication cart in the presence of CQC-I. The medication cart contained R10's open bottle of Lisinopril (blood pressure management) 2.5 mg, approximately two-thirds of the tablets remaining, which expired January 22, 2025. On June 3, 2025, at 9:22 a.m., ULP-F stated medication carts are audited for expiration dates and labels by night shift staff. On June 3, 2025, at 10:26 a.m., clinical nurse supervisor (CNS)-B stated the licensee's licensed practical nurse (LPN) completed medication storage audits two times per month and resident assistant (RA) coaches assisted with additional audits.	01890			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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
01890	Continued From page 13 The licensee's Storage of Medications policy dated August 1, 2021, indicated "Medications will be handled and stored per acceptable standards." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890			



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

Ecumen Hutchinson The Pines
1015 Century Avenue SW
Hutchinson, MN 55350
McLeod County
Parcel:

Phone:

License Info

License: HFID 23788

Risk:
License:
Expires on:
CFPM: Lisa Janiak
CFPM #: 117411; Exp: 6/22/2026

Inspection Info

Report Number: F7990251008
Inspection Type: Full - Single
Date: 6/4/2025 Time: 11:00:37 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery: Emailed

New Order: 4-500 Equipment Maintenance and Operation

4-501.11AB Priority Level: Priority 3 CFP#: 47

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

COMMENT: REPLACE TORN DOOR GASKET ON THE PINES REACH IN COOLER.

Comply By: 6/25/2025 Originally Issued On: 6/4/2025

! New Order: 4-600 Cleaning Equipment and Utensils

4-602.11C Priority Level: Priority 1 CFP#: 16

MN Rule 4626.0845C Clean food-contact surfaces of equipment and utensils used for TCS foods, at least every 4 hours.

COMMENT: CLEAN AND MAINTAIN CLEAN THE CAN OPENERS IN BOTH KITCHENS.

Comply By: 6/4/2025 Originally Issued On: 6/4/2025

New Order: 6-300 Physical Facility Numbers and Capacities

6-303.11B Priority Level: Priority 3 CFP#: 56

MN Rule 4626.1470B Provide at least 20 foot candles (215 LUX) of light intensity at a distance of 30 inches from the floor for areas where food is provided for consumer self-service, including buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption, inside equipment including reach-in and under counter refrigerators, in utensil storage areas, warewashing areas, and in toilet rooms.

COMMENT: REPLACE BURNT OUT LIGHT BULB IN THE PINES REACH IN COOLER.

Comply By: 6/25/2025 Originally Issued On: 6/4/2025

Food & Beverage General Comment

WE DISCUSSED EMPLOYEE ILLNESS, NOROVIRUS PREVENTION, BAREHAND CONTACT PREVENTION, AND HANDWASHING. AN EMPLOYEE ILLNESS LOG WAS ONSITE.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Mankato District Office inspection report number F7990251008 from 6/4/2025

Benjamin D. Ische

Lisa Janiak

Ben Ische,

CFPM

Public Health Sanitarian Supervisor
507-344-2710
ben.ische@state.mn.us



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Page: 1

Establishment Info

Ecumen Hutchinson The Pines
Hutchinson
County/Group: McLeod County

Inspection Info

Report Number: F7990251008
Inspection Type: Full
Date: 6/4/2025
Time: 11:00:37 AM

Equipment Temperature: Product/Item/Unit: PINES REACH IN COOLER; Temperature Process: Cold-Holding

Location: Cooler at 40 Degrees F.

Comment: CHEESE

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: PINES JUICE COOLER; Temperature Process: Cold-Holding

Location: Reach-in Undercounter Cooler at 36 Degrees F.

Comment: AMBIENT

Violation Issued?: No

Food Temperature: Product/Item/Unit: PINES STEAM TABLE; Temperature Process: Hot-Holding

Location: Steam Table at 194 Degrees F.

Comment: HAMBURGER PATTY

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: OAKS REACH IN COOLER; Temperature Process: Cold-Holding

Location: Cooler at 40 Degrees F.

Comment: CHEESE

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: OAKS JUICE COOLER; Temperature Process: Cold-Holding

Location: Reach-in Undercounter Cooler at 39 Degrees F.

Comment: AMBIENT

Violation Issued?: No



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Ecumen Hutchinson The Pines
Hutchinson
County/Group: McLeod County

Inspection Info

Report Number: F7990251008
Inspection Type: Full
Date: 6/4/2025
Time: 11:00:37 AM

Sanitizing Equipment: **Product:** Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 163 Degrees F.

Comment: OAKS HIGH TEMP DISH MACHINE

Violation Issued?: No

Sanitizing Equipment: **Product:** Chlorine; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Greater Than** 50 Degrees F.

Comment: 50 PPM PINES CHEMICAL DISH MACHINE

Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

Location: Dishwashing Area **Greater Than** 300 PPM

Comment:

Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

Location: Dishwashing Area **Greater Than** 200 PPM

Comment:

Violation Issued?: No

Minnesota (MDH) Version EH Manager; RPT: F7990251008		Food Establishment Inspection Report		Page 1 of 1	
 Mankato District Office Minnesota Department of Health 12 Civic Center Plaza, Suite 2105 Mankato, MN 56001		No. of Risk Factor/Intervention/Violations		1	Date: 6/4/2025
		No. of Repeat Risk Factor/Intervention/Violations			Time: 11:00:37 AM
		Score (optional)			Dur: min
Establishment: Ecumen Hutchinson The Pines		Address: 1015 Century Avenue SW		City/State: Hutchinson, MN	Zip: 55350
License/Permit #: HFID 23788		Permit Holder:		Purpose of Inspection: Full	Est. Type: Risk Category:
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
Designated compliance status (IN, OUT, N/O, N/A) for each numbered item					
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable					
Mark "X" in appropriate box for COS and/or R					
COS=corrected on-site during inspection R=repeat violation					
Compliance Status				COS	R
Supervision					
1	IN	Person in charge present, demonstrate knowledge and performs duties			
2	IN	Certified Food Protection Manager			
Employee Health					
3	IN	knowledge, responsibilities, and reporting			
4	IN	Proper use of restriction and exclusion			
5	IN	Response to vomiting, diarrheal events			
Good Hygienic Practices					
6	IN	Proper eating, tasting, drinking, tobacco use			
7	IN	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN	Hands clean and properly washed			
9	IN	No bare hand contact with RTE foods, alternatives			
10	IN	Adequate handwashing sinks supplied and access			
Approved Source					
11	IN	Food obtained from approved source			
12	N/O	Food Received at proper temperature			
13	IN	Food in good condition, safe & unadulterated			
14	N/A	Records available: shellstock tags, parasite dest.			
Protection From Contamination					
15	IN	Food separated and protected			
16	OUT	Food-contact surfaces; cleaned & sanitized			
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food			
GOOD RETAIL PRACTICES					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Mark "X" or OUT 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
Safe Food and Water					
30	IN	Pasteurized eggs used where required			
31		Water & ice from approved source			
32	N/A	Variance obtained for specialized processing methods			
Food Temperature Control					
33		Proper cooling methods used; adequate equipment for temperature control			
34	N/O	Plant food properly cooked for hot holding			
35	N/O	Approved thawing methods used			
36		Thermometers provided & accurate			
Food Identification					
37		Food properly labeled; original container			
Prevention of Food Contamination					
38		Insects, rodents, & animals not present; no unauthorized person			
39		Contamination prevented during food prep, storage, & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruits & vegetables			
Person in Charge (signature)					
Inspector (signature) Benjamin D. Ische					
Follow-up: Follow-up Date:					
Time/Temperature Control for Safety					
18	N/O	Proper cooking time & temperatures			
19	N/O	Proper reheating procedures for hot holding			
20	N/O	Proper cooling time and temperature			
21	IN	Proper hot holding temperatures			
22	IN	Proper cold holding temperatures			
23	IN	Proper date marking & disposition			
24	N/A	Time as public health control; procedures & record			
Consumer Advisory					
25	N/A	Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
26	IN	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	IN	Food additives; approved & properly used			
28	IN	Toxic substances properly identified; stored; used			
Conformance with Approved Procedures					
29	N/A	Compliance with variance, specialized processes & HACCP plan			
Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury					