Electronically Delivered

October 22, 2024

Licensee
Serenity Living Center Inc.
1125 Oakview Drive
Dilworth, MN 56529

RE: Project Number(s) SL30526015

Dear Licensee:

On October 8, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the July 23, 2024, survey were corrected. This follow-up survey verified that the facility is back in compliance.

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

Please feel free to call me with any questions.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

JMD

Electronically Delivered

August 22, 2024

Licensee
Serenity Living Center Inc.
1125 Oakview Drive
Dilworth, MN 56529

RE: Project Number(s) SL30526015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 23, 2024, 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.

INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Serenity Living Center Inc. Please contact Kelly Thorson at 320-223-7336 on or before Tuesday, August 27, 2024 to schedule the conference call.

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 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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

1290 - 144g.60 Subdivision 1 - Background Studies Required - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. 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.

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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30526	A. BUILDING: _____ B. WING _____	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING CENTER INC	1125 OAKVIEW DRIVE DILWORTH, MN 56529

(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: SL30526015-0 On July 22, 2024, through, July 23, 2024, 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 22 residents; 22 receiving services under the provider's Assisted Living Facility license. An immediate correction order was identified on July 23, 2024, issued for SL30526015-0, tag identification 1290. On July 23, 2024, at 11:25 a.m., the immediacy of correction order 1290 was lifted, however, non-compliance remained at a scope and level of G.	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.	
0 100 SS=F	144G.10 Subdivision 1 License required	0 100		

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0 100	Continued From page 1 (a)(1)Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted	0 100		

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0 100	Continued From page 2 living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to demonstrate legal responsibility for the control and operation of the facility when the licensee allowed use of the facility space to operate a preschool for children. This had the potential to affect all residents, staff, and visitors. 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 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 clients). The findings include: During the entrance conference on July 22, 2024, at 11:07 a.m., licensed assisted living director/ registered nurse (LALD/RN)-A and owner (O)/LALD-D stated the licensee was familiar with current minimum assisted living requirements. On July 22, 2024, at 12:06 p.m., the surveyor toured the facility with LALD/RN-A and housing manager (HM)-C, consisting of three hallways, all interconnected, and shaped like a U. At the East end of the hall was preschool rooms that could be accessed by two doors from the hallway. Directly across from the preschool rooms were occupied resident rooms. HM-C stated approximately 10 to 15 children attended preschool at the building, the	0 100		

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0 100	Continued From page 3 teachers hired for the preschool were not employed through the assisted living, and the preschool rooms were part of the licensee's building. From the outside of the building, the preschool room entrance doors were labeled number two, three, and the entrance door to access the hallway for the preschool rooms along with resident rooms was labeled number four. On July 23, 2024, at 10:53 a.m., Minnesota Department of Health engineer stated there was no separation or a two-hour fire wall between the preschool rooms and resident rooms at the assisted living facility. On July 23, 2024, from 11:23 a.m., through 11:37 a.m., O/LALD-D stated the preschool address was 1103 Oakview Drive, while the assisted living address was 1125 Oakview Drive per request of the State Fire Marshal to know which location of the building to go to incase of an emergency. O/LALD-D stated the courtyard space outside was shared for residents and preschoolers and the licensee offered multigenerational activities twice per day for preschoolers and residents to attend. O/LALD-D further stated one of the preschool rooms door was a two-hour door, however, the other preschool room door and walls were not a two-hour fire barrier. On July 23, 2024, at 11:38 a.m., and 11:58 a.m., respectively, O/LALD-D provided email (electronic mail) correspondence from the State Fire Marshal. The email correspondence dated October 17, 2022, indicated the State Fire Marshal approved a licensed childcare center that met the Minnesota State Fire Code requirements for the building required by the Minnesota Department of Human Services (DHS), however, was unable to provide documentation approved	0 100		

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0 100	Continued From page 4 by the Minnesota Department of Health (MDH) to operate the preschool in the assisted living facility. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 100		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents. This deficient condition had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic	0 800		

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0 800	Continued From page 5 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On July 23, 2024, from approximately 10:10 a.m. to 11:30 a.m., survey staff toured the facility with licensed assisted living director /registered nurse (LALD/RN)-A, housing manager (HM)-C and maintenance (M)-C. The following was observed: The carpet throughout the resident's hallway was pulling up from the seams. Walking surfaces used by residents and visitors must be maintained and properly installed, secure, and not create possible tripping hazards. On July 23, 2024, at 10:30 a.m., LALD/RN-A, HM-C and M-C stated they understood the above-listed deficiencies. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
01290 SS=G	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction	01290		

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01290	Continued From page 6 does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current employee records contained all the required content to include a background study clearance letter for one of five employees (unlicensed personnel (ULP)-E). This had the potential to affect all residents living within the facility. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: This resulted in an immediate correction order on July 23, 2024. On July 22, 2024, at 11:19 a.m., owner / licensed assisted living director (O/LALD)-D stated the licensee was aware of required contents in an employee record. ULP-E was hired on August 17, 2021, to provide direct care services to the residents at the assisted living facility. On July 23, 2024, at 6:16 a.m., the surveyor observed ULP-E provide scheduled morning medication administration to R1. ULP-E was not	01290		

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01290	Continued From page 7 under direct supervision. ULP-E's employee record lacked a cleared background study. On July 23, 2024, at 8:15 a.m. through 8:19 a.m., the surveyor reviewed NETStudy 2.0 website and rosters with housing manager (HM)-C. HM-C completed a search for unlicensed personnel (ULP)-E on the NETStudy 2.0 website and the results indicated no matching criteria. HM-C was able to view ULP-E's previous NETStudy 2.0 during ULP-E's previous employment with the licensee, and the background study indicated the background study expired December 31, 2022. HM-C further stated ULP-E had a break in employment, returned to the licensee to work on October 20, 2023, and the licensee would not be notified if ULP-E were to become ineligible to work for other reasons determined by NETStudy 2.0. On July 23, 2024, at 8:23 a.m., O/LALD-D did a search of the NETStudy 2.0 roster on ULP-E and the results indicated no matching criteria. O/LALD-D stated ULP-E's background study must have been missed after ULP-E was rehired by the licensee. On July 23, 2024, at 8:24 a.m., LALD/registered nurse (LALD/RN)-A stated ULP-E was working independently and was not under direct supervision of any staff. The licensee's 4.02 Background Studies policy dated August 1, 2021, indicated no employee may provide direct services and have independent direct contact with any residents until acceptable result of the background study have been received. [The facility] will not employ	01290		

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01290	Continued From page 8 individuals whose results of the background study indicate disqualification for the position. Continuous Direct Supervision defined in NETStudy 2.0 System User Manual Updated July 7, 2023, page 7: Continuous, Direct Supervision - An individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program. Direct Contact Services - Providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the entity. Supervision defined in, NETStudy 2.0 System User Manual Updated July 7, 2023, page 53: Supervision Status Study subjects must be under continuous, direct supervision until the study subject is determined eligible of until the entity is notified by DHS that the study subject may provide unsupervised services while the background study is being completed. The supervision status is shown in the "Supervision Required" column for convenience. However, programs are instructed to rely on background study notices for supervision status and other background study determination information. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate Immediacy is removed as confirmed by surveyor supervisor on July 23, 2024, at 11:25 a.m., however, non-compliance remains at a scope and level of three, isolated (G).	01290		

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01710	Continued From page 9	01710		
01710 SS=D	144G.71 Subd. 3 Individualized medication monitoring and reas The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) reassessed residents for appropriate medication management services when resident status changed for one of three residents (R5) who received medication management services. 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: During the entrance conference on July 22, 2024, at 11:10 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. R5's diagnoses included end stage renal disease, diabetes, and glaucoma.	01710		

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01710	Continued From page 10 R5's service plan dated June 20, 2024, indicated staff assistance for medication assistance, blood sugar checks, housekeeping, and laundry. R5's Med (medication) Admin (administration) Summary dated June 2024, and July 2024, respectively, indicated R5 self-administered one tablet of Tums Ultra (for heartburn) chewable tablet three times daily. R5's record lacked prescriber orders for Tums Ultra chewable tablets, however, the licensee's 7.12 Medications- Prescribed and Not Prescribed and OTC (over the counter) policy dated August 1, 2021, indicated a prescriber order did not need to be obtained for medications not administered or managed by the licensee staff. On July 23, 2024, at 7:04 a.m., the surveyor observed unlicensed personnel (ULP)-H provide scheduled morning medication administration for R5. R5's Medication Management Plan dated May 23, 2024, and May 30, 2024, respectively, indicated R5 was deemed incompetent to self-administer medications. R5's Assessments dated June 6, 2024, and June 20, 2024, respectively, indicated med (medication) self-administration was not applicable for R5. R5's record lacked evidence R5 was assessed for self-administration of Ultra Tums chewable tablets. On July 23, 2024, at 11:20 a.m., CNS-B stated R5 self-administers Ultra Tums chewable tablets. Licensed assisted living director/registered nurse	01710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30526	A. BUILDING: _____ B. WING _____	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING CENTER INC	1125 OAKVIEW DRIVE DILWORTH, MN 56529

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01710	Continued From page 11 (LALD/RN)-A stated R5 had begun self-administering Tums after the licensee was managing R5's medications and the medication management plan should have been updated to reflect R5 self-administering Tums. The licensee's 7.03 Medication Management Individualized Plan policy dated August 1, 2021, indicated the medication management record will be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710		
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, interview, and record review, the licensee failed to ensure medications were maintained bearing legible information including the opened-on date for time sensitive medication for three of four residents (R1, R2, R4). 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	01890		

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01890	Continued From page 12 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 the residents). The findings include: During the entrance conference on July 22, 2024, at 11:10 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. On July 23, 2024, at 6:32 a.m., the surveyor reviewed the medication refrigerator with unlicensed personnel (ULP)-E and observed the following: -R1's opened Toujeo Solostar pen (a multiple dose pen shaped injector device for insulin administration) was not labeled with an opened date or expiration date; -R2's opened Glargine-yfgn pen (a multiple dose pen shaped injector device for insulin administration) was not labeled with an opened date or expiration date; and -R4's opened Humalog pen (a multiple dose pen shaped injector device for insulin administration) was not labeled with an opened date or expiration date. On July 23, 2024, at 6:41 a.m., ULP-E stated ULP-E was aware that open dates needed to be written on all insulin labels. ULP-E stated that ULP-E received training from the registered nurse that included writing the open date and ULP's initial on the medication label. On July 23, 2024, at 8:09 a.m., licensed assisted living director / registered nurse (LALD/RN)-A	01890		

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01890	Continued From page 13 stated LALD/RN-A was aware of the need to label time sensitive medications and ULPs were trained to indicate the open date with the ULPs initials on all time sensitive medications. The manufacturer's instructions for Toujeo Solostar dated March 2018, indicated to discard unused medication 42 days from open date. The manufacturer's instructions for Glargine-yfgn dated July 2021, indicated to discard unused medication 28 days from open date. The manufacturer's instructions for Humalog dated March 2013, indicated to discard unused medication 28 days from open date. The licensee's Medication Management Individualized Plan policy dated August 1, 2021, indicated [the facility] will prepare and include in the service plan a written statement of the medication management services that will be provided including a description of storage of medications consistent with the manufacturer's directions and identification of medication management tasks that may be delegated to unlicensed personnel. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer	01910		

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01910	Continued From page 14 part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record all required content for disposition of the medications for one of one resident (R3) upon discharge. 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: During the entrance conference on July 22, 2024, at 11:10 a.m., clinical nurse supervisor (CNS)-B	01910		

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	30526	A. BUILDING: _____ B. WING _____	07/23/2024

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01910	Continued From page 15 stated the licensee provided medication management services to residents at the facility. The licensee's Discharge Resident/Client Roster dated July 22, 2024, indicated R3 was admitted to the facility on November 20, 2017, and discharged on February 6, 2024. R3 ' s diagnoses included diabetes and hypertension (HTN-high blood pressure). R3's service plan dated January 1, 2023, indicated R3 received medication assistance five times per day. R3's Med (medication) Admin (administration) Summary dated January 2024, indicated R3 received the following medications: -levothyroxine sodium (for thyroid hormone replacement) 50 micrograms (mcg) daily -acetaminophen es (extra strength) (for pain) 1000 milligrams (mg) three times daily -aspirin (for heart health maintenance) 81 mg daily -Diclofenac Sodium (for pain) 1% gel two grams twice daily -docusate sodium (for constipation)100 mg daily -fluticasone (for allergies) 50 mcg spray daily -furosemide (for edema)20 mg daily -Jardiance (for blood sugar) 25 mg daily -losartan (for high blood pressure) 50 mg daily -metoprolol succinate er (extended release) (for high blood pressure) daily -nystatin (for yeast infection) 100,000 unit daily -flaxseed oil (supplement)1000 mg twice daily -vitamin A (supplement) 10,000 units daily -vitamin B-12 (supplement) 1000 mcg daily -vitamin C (supplement) 500 mg daily -vitamin D3 (supplement) 1000 international unit daily	01910		

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	30526	A. BUILDING: _____ B. WING _____	07/23/2024

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01910	Continued From page 16 -calcium 600 mg, vitamin D3 (supplement) five mcg daily -metformin er (for blood sugar) 2,000 mg daily -simvastatin (for high cholesterol) 40 mg daily -duloxetine (for depression) 20 mg daily R3's prescriber orders dated November 16, 2023, included the above noted medications. R3's Discharge/Transfer form dated February 6, 2024, indicated R3 was transferred to a skilled nursing facility and all medications were sent with family to be given to the current facility. R3's s record lacked documentation of each medication name, strength, prescription number is applicable, quantity, to whom the medications were given, date of disposition, and names of staff involved in disposition. On July 23, 2024, at 10:13 a.m., CNS-B stated R3's record lacked a medication disposition document. CNS-B stated CNS-B was aware of the required documentation for medication disposition, however, CNS-B had an oversight (unintentional failure to do something), and did not complete the medication disposition form for R3. The licensee's Medication Disposal policy dated October 11, 2022, indicated a licensed nurse will send all current prescriptions with resident or resident representative upon discharge. Documentation must include medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff involved in the disposition. No further information provided.	01910		

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01910	Continued From page 17 TIME PERIOD FOR CORRECTION: Seven (7) days	01910		

MN Department of Health
Food Pools and Lodging Services
PO Box 64975
St. Paul, MN, 55164
218-332-5150

Type: Full
Date: *07/23/24*
Time: 11:38:34
Report: 1042241100

Food and Beverage Establishment Inspection Report

Location:
Serenity Assisted Living & Mem
1251 3rd Avenue Nw
Dilworth, MN56529
Clay County, 14

Establishment Info:
ID #: 0038829
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2184777254
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200ppm at Degrees Fahrenheit
Location: Sink Sanitizer
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 167.5 Degrees Fahrenheit - Location: Chicken
Violation Issued: No

Process/Item: Hot Holding
Temperature: 171.2 Degrees Fahrenheit - Location: Potato Wedges
Violation Issued: No

Process/Item: Upright Freezer
Temperature: -7 Degrees Fahrenheit - Location: Frozen Berries
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 39.1 Degrees Fahrenheit - Location: Cheese- Sliced
Violation Issued: No

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

No Orders.

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.

2. Educate employees on the importance of reporting to management any illness they have or have had

recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.

4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

FOR THIS ESTABLISHMENT: Baked goods with dairy and eggs must be consumed within 24 hours if not organized, labeled, dated and kept in temperatures below 40 degrees for the maximum allowed 7 days.

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

I acknowledge receipt of the MN Department of Health inspection report number 1042241100 of 07/23/24.

Certified Food Protection Manager: Tyson B Schulz

Certification Number: FM77810 Expires: 04/01/27

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: _____
Tyler Pyle
Environmental Health Specialist
Fergus Falls Area Office
tyler.pyle@state.mn.us

Report #: 1042241100

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

MN Department of Health
Food Pools and Lodging Services
PO Box 64975
St. Paul, MN, 55164

No. of RF/PHI Categories Out	0
No. of Repeat RF/PHI Categories Out	0
Legal Authority MN Rules Chapter 4626	

Date 07/23/24
Time In 11:38:34
Time Out

Serenity Assisted Living & Mem	Address: 1251 3rd Avenue Nw	City/State: Dilworth, MN	Zip Code: 56529	Telephone: 2184777254
License/Permit #: 0038829	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		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:** 07/24/24

Inspector (Signature)