Electronically Delivered

August 2, 2024

Licensee
Serenity Living Solutions of Remer
105 Spruce Street Nw
Remer, MN 56672

RE: Project Number(s) SL32495015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 9, 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.

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 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5), MDH may impose fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. MDH may impose a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

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

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

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.

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,

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32495	A. BUILDING: _____ B. WING _____	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LVG SOLUTIONS REMER	105 SPRUCE STREET NW REMER, MN 56672

(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: SL32495015 On July 8, 2024, through, July 9, 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 11 residents receiving services under the provider's Assisted Living Facility 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.	
0 450 SS=D	144G.41 Subdivision 1 Minimum requirements All assisted living facilities shall:	0 450		

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0 450	Continued From page 1 (1) distribute to residents the assisted living bill of rights; (2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285; (3) utilize a person-centered planning and service delivery process; (4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections 148.171 to 148.285; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide services in a person-centered manner for one of two residents (R3) during personal cares. 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: R3's diagnoses include diabetes, diabetic neuropathy (type of nerve damage that affects people with diabetes causing weakness, numbness, tingling, pain, or urinary problems.) R3's service plan dated May 22, 2024, indicated R3 received the following services: -dressing AM (morning)	0 450		

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0 450	Continued From page 2 -dressing PM (evening) -escort/mobility assistance, PRN (as desired or as needed) -escort/mobility assistance: breakfast, lunch, supper -grooming daily -toileting six times daily. On July 9, 2024, at 8:02 a.m., the surveyor observed R3 sitting on the edge of his bed without a shirt on. Unlicensed personnel (ULP)-G commented "I am wondering if you (R3) are going to do this on your own today (transfer from bed to wheelchair.) R3 asked ULP-G, "can I get a shirt please?" ULP-G replied, "yes, after we take your wet bottoms off." ULP-G removed a transfer belt/gait belt (T-belt/device used to provide support, comfort, and safety to both patients and caregivers during the transfer process) from around her waist and positioned the T-belt around R3's waist area and fastened the T-belt, securing it against R3's skin. ULP-G commented, "if you don't (transfer without assist) I will be pulling on this (T-belt.) ULP-G said, "ready, (name/R3) get up." ULP-G put a gloved hand on the back of the T-belt. On July 9, 2024, at 8:04 a.m., R3 said, "oh boy, I can't do it again" (stand/transfer.) ULP-G put both hands on the T-belt fastened around R3's waist area. ULP-G assisted R3 to a standing position and said, "turn, turn, turn" to R3. R3 stated, "I am afraid I'll fall." ULP-G asked R3 to focus, and assured R3 he would not fall. ULP-G commented, "we still need to get your clothes changed. Sit, sit, scoot over please." On July 9, 2024, at 8:06 a.m., R3 wheeled himself into the bathroom. ULP-G assisted R3 onto the toilet, changed R3's brief, and washed	0 450		

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0 450	Continued From page 3 R3's back. On July 9, 2024, at 8:14 a.m., ULP-G removed the T-belt around R3's waist and assisted R3 with a clean shirt. ULP-G applied the T-belt over R3's clean shirt. On July 9, 2024, at 10:01 a.m., clinical nurse supervisor (CNS)-C stated a T-belt should not be used on bare-skin. CNS-C added education would be done with ULP-G. The manufacturer's instructions for gait belts dated July 26, 2022, noted when wrapping the gait belt around the patient, ensure a layer of clothing is between the resident's skin and the belt to avoid abrasion. R3's Minnesota Bill of Rights for Assisted Living Residents authenticated on March 23, 2023, noted: -residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards -residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan -residents have the right to actively participate in the planning, modification, and evaluation of their care and services -residents have the right to be treated with courtesy and respect. No further information was provided.	0 450		

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0 450	Continued From page 4 TIME PERIOD FOR CORRECTION: Seven (7) days	0 450		
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 ensure infection control standards were followed by one of one unlicensed personnel (ULP)-B while providing wound care for R2. In addition, one of one ULP (ULP-G) failed to ensure reusable equipment was cleaned in-between resident use during personal cares. 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).	0 510		

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0 510	Continued From page 5 The findings include: WOUND CARE ULP-B was hired on August 2, 2016, to provide direct care services to the facility's residents. ULP-B's employee record indicated ULP-B had received annual competency training to include infection control on January 9, 2024. R2's diagnoses include diabetes, depressive disorder and anxiety with family stressors, and PTSD (post-traumatic stress disorder/mental health disorder that develops following a traumatic event characterized by intrusive thoughts about the incident, recurrent distress/anxiety, flashback, and avoidance of similar situations.) R2's service plan dated May 15, 2024, indicated R2 received wound/skin care daily. R2's Individualized Treatment and Therapy plan effective date May 3, 2024, included: -HHA/RA (home health aide/resident assistant (ULP) wash hands, put on gloves, remove old dressing. Remove gloves, sanitize hands put on a new pair of gloves. Cleanse burns with saline (wound cleaner) (left thigh and right thigh) apply thin layer of Silvadene cream (prevent infection in serious wounds or burns) cover with non-stick dressing wrap with gauze roll tape gauze roll then put on net stocking. R2's medication administration record (MAR) dated July 1, 2024, through July 8, 2024, included: -Silvadene: apply thin layer of cream to open areas of burns with daily dressing change. (Avoid	0 510		

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0 510	Continued From page 6 contact with healthy skin when applying cream.) R2's prescriber's order dated June 11, 2024, included the above medication. On July 8, 2024, at 10:36 a.m. ULP-B applied saline spray to R3's inside right thigh and left thigh to clean the area. ULP-B padded dry R2's inside right thigh and left thigh with the same gauze. The surveyor did not observe ULP-B perform hand hygiene and change gloves after cleaning the wound areas. ULP-B applied Silvadene 1% ointment to R2's right and left inside thigh area using different fingers of gloved hand. ULP-B removed the gloves worn and applied new gloves. The surveyor did not observe ULP-B perform hand hygiene in-between glove changes. On July 8, 2024, at 10:46 a.m., ULP-B stated she should have changed gloves after cleaning R2's wounds and before cream application. ULP-B said she should have performed hand hygiene between glove use. ULP-B added that was her normal process however she was thrown off since R2's wounds did not have dressing on when the process was started, and that R2's bathroom did not have towels in it. ULP-B also stated she just got off of her long weekend. On June 8, 2024, at 2:43 p.m., the surveyor reviewed R2's wound care instructions with clinical nurse supervisor (CNS)-C. CNS-C stated hand hygiene/ glove changes should be done between dirty and clean tasks. In addition, CNS-C said hands should be washed in between glove changes. CNS-C added ULP-B was nervous, adding ULP-B was nervous when she (CNS-C) observed ULP-B also.	0 510		

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0 510	Continued From page 7 The licensee's Infection Control policy dated October 6, 2022, noted facility infection control program would be consistent with current guidelines from CDC (Center for Disease Control and Prevention) for prevention control in long-term care facilities, where applicable in assisted living facilities. The facility registered nurse was responsible to verify infection control practices were being followed and would meet with the Assisted Living (AL) director periodically or upon discovery of poor practice to review what actions were taken to correct the situation. REUSABLE EQUIPMENT ULP-G was hired on July 24, 2023, to provide direct care services to the facility's residents. On July 9, 2024, at 8:02 a.m., R3 was sitting on the edge of his bed without a shirt on. ULP-G commented "I am wondering if you (R3) are going to do this on your own today (transfer from bed to wheelchair.) R3 asked ULP-G, "can I get a shirt please?" ULP-G replied, "yes, after we take your wet bottoms off." ULP-G removed a transfer belt (T-belt) from around her waist and positioned the T-belt around R3's waist area and fastened the T-belt, securing it against R3's skin. On July 9, 2024, at 8:06 a.m., R3 wheeled himself into the bathroom. ULP-G assisted R3 onto the toilet, changed R3's brief, and washed R3's back. On July 9, 2024, at 8:14 a.m., ULP-G removed the T-belt around R3's waist and assisted R3 with a clean shirt. On July 9. 2024, at 8:16 a.m., ULP-G fastened the T-belt around R3's waist over R3's shirt.	0 510		

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0 510	Continued From page 8 On July 9, 2024, at 8:20 a.m., ULP-G removed the T-belt around R3's waist and attached the T-belt around her waist. On July 9, 2024, at 8:22 a.m., ULP-G stated if there was a request or a page from room 13 or 3 she would/may assist with T-belt as needed. ULP-G stated she mainly used the T-belt on R3. ULP-G stated ULP-B trained her to wear a T-belt, adding "it is handy." ULP-G said she does use Lysol spray or peroxide spray on it if not in-between residents at the end of the day. ULP-G added no one had talked to her about cleaning the T-belt. ULP-G stated she is aware of "some" of the laws as she was a cosmetologist (the study and application of beauty treatments/ hairstyling, skin care, manicures/pedicures.) On July 9, 2024, at 10:01 a.m., CNS-C stated ULP-G "probably did not think to clean the T-belt before putting it back on herself. CNS-C said T-belts should be wiped down if/ when used on more than one "person." CNS-C added education was needed. The licensee's undated Safety-Cleaning of Shared Medical Equipment policy noted in accordance with existing infection prevention and control policies and procedures, facility would implement and maintain processes to ensure all reusable resident care equipment was routinely cleaned, and when appropriate, disinfected, before and after reused. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		

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0 650	Continued From page 9	0 650		
0 650 SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records contained required content for one of one employee, (unlicensed personnel (ULP)-E). 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	0 650		

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0 650	Continued From page 10 or has the potential to affect a large portion or all of the residents). The findings include: ULP-E was hired on August 29, 2023, to provide direct care and services to the licensee's residents. On July 9, 2024, at approximately 6:30 a.m., the surveyor observed ULP-E get a cup of coffee for an unidentified resident. On July 9, 2024, at 6:44 a.m., ULP-E stated she was trained on diets, diabetic. ULP-E's employee record did not include documentation of all required training to include: -diabetic diet. On July 9, 2024, at 10:00 a.m., the surveyor reviewed ULP-E's record with clinical nurse supervisor (CNS)-C. CNS-C was unable to locate diabetic diet training in ULP-E's employee record. On July 9, 2024, at 10:35 a.m.., licensed assisted living director in residency/licensed practical nurse (LALDR/LPN)-A stated staff were trained on diets/diabetic, but said the training was not in any of the employee's records as required. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0190, Subp. 6, effective October 2022, the licensee must maintain a record of staff training and competency required under this part and Minnesota Statutes, chapter 144G, that documents the following information for each competency evaluation, training, retraining, and orientation topic: (1) facility name, location, and license number;	0 650		

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	32495	A. BUILDING: _____ B. WING _____	07/09/2024

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0 650	Continued From page 11 (2) name of the training topic or training program, and the training methodology, such as classroom style, web-based training, video, or one-to-one training; (3) date of the training and competency evaluation, and the total amount of time of the training and competency evaluation; (4) name and title of the instructor and the instructor's signature, and the name and title of the competency evaluator, if different from the instructor, and the evaluator's signature with a statement attesting that the employee successfully completed the training and competency evaluation; and (5) name and title of the staff person completing the training, and the staff person's signature with statement attesting that the staff person successfully completed the training as described in the training documentation. The licensee's Employee Records policy dated August 1, 2021, noted employee records for each person would include: -records of all training and in-service education required and/or provided including record of competency testing as required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
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	0 800		

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0 800	Continued From page 12 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 facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, 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 failure that has affected or has potential to affect a large portion or all of the residents). Findings include: On a facility tour on July 9, 2024, at 9:40 a.m., with director of maintenance (DM)-H, the surveyor made the following observations of facility disrepair: There was no documentation provided indicating the commercial kitchen hood and duct system was cleaned as required. Commercial kitchen hood and duct system equipment is required to be inspected and cleaned at intervals in accordance with National Fire Protection Association (NFPA)-96. During a facility tour on July 10, 2024, at 9:45	0 800		

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0 800	Continued From page 13 a.m., DM-H, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system	0 810		

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0 810	Continued From page 14 activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content, make the plan readily available, provide required training and drills. This had the potential to directly affect all residents, staff, 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) 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: On July 9, 2024, at 9:15 a.m., director of maintenance (DM)-H, provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN The licensee provided FSEP, failed to include the following: The FSEP did not identify specific fire protection actions for residents as evident by not providing procedures for residents in writing in the FSEP. The FSEP included standard resident evacuation	0 810		

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0 810	Continued From page 15 procedures, but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan failed to include evacuation status/ unique needs of each resident in writing and available for reference in the event of a fire or similar emergency. During an interview on July 9, 2024, at 9:25 a.m., DM-H, stated the procedures for residents during a fire or similar emergency were not available in writing and the resident evacuation status/ unique needs for evacuation for each resident was not available in writing. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01740 SS=D	144G.71 Subd. 6 Administration of medication Medications may be administered by a nurse, physician, or other licensed health practitioner authorized to administer medications or by unlicensed personnel who have been delegated medication administration tasks by a registered nurse. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure unlicensed personnel (ULP) were trained and competency tested prior to a registered nurse (RN) delegating medication administration to one of two employees (ULP-G). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01740		

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01740	Continued From page 16 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: ULP-G was hired on July 24, 2023, to provide direct care services to the facility's residents. On July 9, 2024, at 7:32 a.m., ULP-B stated she would be administering medication this shift/day as ULP-G was not medication trained. On July 9, 2024, at 7:50 a.m., ULP-G notified the surveyor that she was going to do R3's foot cream. ULP-G went to a room labeled meds (medication)/nurse station and got a small plastic container labeled with R3's name. ULP-G took the container to R3's room and washed her hands and put gloves on. ULP-G removed a measurement stick and applied diclofenac sodium 1% (diabetic/pain) topical ointment onto the stick. ULP-G used approximately half of the measured medication and applied it to R3's right foot and the other half onto R3's left foot. ULP-G then rubbed R3's hands. ULP-G said R3 tells "us" (ULPs) he had neuropathy (type of nerve damage that affects people with diabetes causing weakness, numbness, tingling, pain, or urinary problems,) and added this was the morning routine. ULP-G told the surveyor she was not medication trained, but stated she was "partially" trained, by a "couple of RNs in and out." ULP-G said she would need a refresher on administering medication.	01740		

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01740	Continued From page 17 R3's Medication Administration Record (MAR) dated June 1, 2024, through June 30, 2024, included: -diclofenac sodium 1%, apply two grams to hands and feet twice daily. Use strip supplied for proper dosing. ULP-G documented application of diclofenac sodium 1% June 1, 2, 4, 5, 6, 10, 11, 14, 15, 16, 18, 19, 20, 24, 25, 28, 29, 30. On July 9, 2024, at 10:13 a.m., clinical nurse supervisor (CNS)-C stated she was not aware "they (ULP/facility) did it (medication administration) that way," adding in the other building the medication passer does "it" all (administers all medication.) CNS-C looked in ULP-G's record and was not able to find documentation that ULP-G had been trained and was competent to apply topical medication. On July 9, 2024, at approximately 10:15 a.m., director of operations/licensed practical nurse (DO/LPN)-D stated ULP-G had been trained prior to do medications and showed the surveyor a computer screen "in-Service training details, RN medication pass." The surveyor and CNS-C reviewed the in-Service training details form dated September 15, 2023. The form noted, "medication pass- performed blood glucose check and administered oral medication. Needs more training at this time for medication administration." CNS-C further reviewed ULP-G's record and did not find any documentation that ULP-G had been trained to administer topical medication. ULP-G's record lacked documentation a RN trained, and competency tested ULP-G prior to delegating the task of medication administration of topical medication.	01740		

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01740	Continued From page 18 The licensee's Medication & Treatment-Administration & Delegation policy dated August 1, 2021, noted: -the facility would ensure that the RN had, instructed the ULP in the proper methods with respect to each resident to administer the medications or perform treatment/therapy, and the ULP had demonstrated the ability to competently follow the procedures -the ULP must demonstrate their ability to competently follow the delegated medication administration or treatment/therapy to a RN -written records, signed by a RN, shall be maintained regarding ULP training and competency testing of delegated medication administration and treatment/therapy. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01740		
01750 SS=F	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.	01750		

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01750	Continued From page 19 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) prepared in writing specific instructions for each resident and documented those instructions in the record for one of one resident (R3) with injectable medication. 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: R3's diagnoses include diabetes, diabetic neuropathy (type of nerve damage that affects people with diabetes causing weakness, numbness, tingling, pain, or urinary problems,) and adult failure to thrive (syndrome of decline). R3's service plan dated May 22, 2024, indicated R3 received the following services: -medication administration seven times per day. R3's medication administration record (MAR) dated June 1, 2024, through June 30, 2024, included: -Humalog (short-acting insulin/diabetes) 100 units/milliliter (ml) Kwik (pen), inject five units subcutaneous (SQ/under skin, in fatty tissue) at breakfast (ends June 20, 2024) -Humalog 100 units/ml Kwik, inject four units SQ at breakfast (starts June 20, 2024) -Lantus Solostar (long-acting insulin)100 units,	01750		

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01750	Continued From page 20 inject 11 units under the skin twice daily, once in the AM (morning) and once at HS (hour of sleep) -Humalog 100 units Kwik, inject four units SQ at lunch (ends June 20, 2024) -Humalog 100 units Kwik, inject three units SQ at lunch (starts June 20, 2024) -Humalog 100 units ml Kwik inject nine units SQ at dinner (ends June 20, 2024) -Humalog 100 units ml Kwik inject eight units SQ at dinner (starts June 20, 2024) -Trulicity (diabetes) 0.75 milligrams (mg)/0.5 ml pen, inject 0.5 ml (0.75 mg) once every seven days. R3's prescriber's order dated June 20, 2024, included the above medications. On July 8, 2024, at 11:52 a.m., the surveyor observed unlicensed personnel (ULP)-B prepare R3's Humalog insulin pen using correct technique. ULP-B asked R3 where he would like the insulin administered. R3 replied, stomach. ULP-B commented "we did the middle upper last time," and mentioned "lower, upper right, ok." ULP-B administered R3's Humalog using correct technique. R3's record did not include specific instructions in R3's record for insulin administration, to include the rotation instructions and the documentation of injections sites used. On July 9, 2024, at approximately 11:45 a.m., clinical nurse supervisor (CNS)-C reviewed R3's MAR with the surveyor. CNS-C stated R3's record did not include specific instructions for R3's injectable medication. CNS-C then reviewed an unidentified resident's record and stated that record did not include specific instructions for injectable medication "either." CNS-C confirmed	01750		

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01750	Continued From page 21 resident records did not contain specific instructions for injectable medication to include the location of the injection. The manufacturer's instructions for Humalog dated April 2020, noted change (rotate) injection sites within the area you choose for each dose to reduce your risk of getting to avoid lipohypertrophy (pitted or thickened skin), or localized cutaneous amyloidosis (skin with lumps) at the injection sites. The manufacturer's instructions for Lantus dated August 2022, noted it is important to rotate injection sites to avoid lipohypertrophy, and localized cutaneous amyloidosis at the injection sites. Do not use the same spot for each injection or inject where the skin is pitted, thickened lumpy, tender, bruised, scaly, hard, scarred, or damaged. The manufacturer's instructions for Trulicity dated April 2023, noted change your injection site each week. You may use the same area of your body but be sure to choose a different injection site in that area. The licensee's Medication & Treatment-Administration & Delegation policy dated August 1, 2021, noted: -the facility would ensure that the RN (registered nurse) had specified, in writing, specific instructions for each resident and documented those instructions in the resident's records. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		

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01760	Continued From page 22	01760		
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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure the steps of the medication administration process was followed for one of two employees, unlicensed personnel (ULP)-G. 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's diagnoses include diabetes, diabetic	01760		

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01760	Continued From page 23 neuropathy (type of nerve damage that affects people with diabetes causing weakness, numbness, tingling, pain, or urinary problems,) and adult failure to thrive (syndrome of decline). R3's service plan dated May 22, 2024, indicated R3 received the following services: -medication administration seven times per day. R3's medication administration record (MAR) dated June 1, 2024, through June 30, 2024, included: -diclofenac sodium 1% (diabetic/pain), apply two grams to hands and feet twice daily. Use strip supplied for proper dosing. ULP-G documented application of diclofenac sodium 1% June 1, 2, 4, 5, 6, 10, 11, 14, 15, 16, 18, 19, 20, 24, 25, 28, 29, 30. On July 9, 2024, at 7:50 a.m., ULP-G notified the surveyor that she was going to do R3's foot cream. ULP-G went to a room labeled meds (medication)/nurse station and got a small plastic container labeled with R3's name. The surveyor did not observe ULP-G review R3's MAR. ULP-G took the container to R3's room and washed her hands and put gloves on. ULP-G removed a measurement stick and applied diclofenac sodium 1% topical ointment onto the stick. ULP-G used approximately half of the measured medication and applied it to R3's right foot and the other half onto R3's left foot. ULP-G then rubbed R3's hands. ULP-G said R3 tells "us" (ULPs) he had neuropathy and said this was R3's morning routine. The surveyor did not observe ULP-G document medication administration. On July 9, 2024, at 8:30 a.m., ULP-B stated ULP-G would document the diclofecac sodium 1% application for R3 on "her" (ULP-G) computer,	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32495	A. BUILDING: _____ B. WING _____	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LVG SOLUTIONS REMER	105 SPRUCE STREET NW REMER, MN 56672

(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
01760	Continued From page 24 while ULP-B motioned to a laptop computer positioned on a desk. On July 9, 2024, at 8:55 a.m., the surveyor observed ULP-G documented on R3's MAR application of diclofecac sodium 1%. ULP-G stated she was not able to review or document in R3's MAR until after ULP-B opened R3's MAR. ULP-G added she had an hour to document for R3. On July 9, 2024, at 10:13 a.m., clinical nurse supervisor (CNS)-C stated she was not aware "they (ULP/facility) did it that way" (medication administration) adding in the other building the medication passer does "it" all (administers all medication.) On July 9, 2024, at 10:29 a.m., CNS-C stated MARs should be checked/ reviewed prior to medication administration and documentation should be done right after administration of medication. On July 9, 2024, at approximately 10:30 a.m., director of operations/licensed practical nurse (DO/LPN)-D stated R3's MAR could be "opened" and available to ULP. Licensed assisted living director in residency/LPN (LALDR/LPN)-A stated the times on R3's medication should be changed by one minute. DO/LPN and LALDR/LPN stated medications could be given one hour before or after the scheduled time. The licensee's Medication & Treatment-Administration & Delegation policy dated August 1, 2021, noted: -the facility would ensure that the RN (registered nurse) had, instructed the ULP in the proper methods with respect to each resident to	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32495	A. BUILDING: _____ B. WING _____	07/09/2024

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01760	Continued From page 25 administer the medications or perform treatment/therapy, and the ULP had demonstrated the ability to competently follow the procedures -A RN must instruct the ULP on the following medication administration tasks before delegating the task to them: a) the complete procedure of checking a resident's medication administration record b) the preparation of medication for administration c) the administration of the medication to the resident d) the reminder to self-administer medications e) the documentation after assistance with medication reminder or medication administration, of the date, time, dosage, and method. The licensee's Medication & Treatment Record-Documentation & Refusal policy dated August 1, 2021, noted, the following must be documented in the resident's medication and/or treatment/therapy records after providing medication assistance or administration: a. the date b. the time c. the quantity of dosage d. the method of administration of all prescribed legend and over-the counter medications and/or treatments/therapy e. signature and title of the authorized person who provided that assistance and/or administration of medications/treatment/therapy documenting of medication/treatment/therapy reminders, medication/treatment/therapy assistance or medication/treatment/therapy administration would be completed by the person who performed the task immediately after the medication assistance/administration was	01760		

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	32495	A. BUILDING: _____ B. WING _____	07/09/2024

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SERENITY LVG SOLUTIONS REMER	105 SPRUCE STREET NW REMER, MN 56672

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01760	Continued From page 26 completed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01940	Continued From page 27 changes. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of two residents (R2, R3) who had treatments managed by the facility. 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: During the entrance conference on June 8, 2024, at approximately 9:45 a.m., clinical nurse supervisor (CNS)-C, licensed assisted living director in residency/licensed practical nurse (LALDR/LPN)-A, and director of operations/LPN (DO/LPN)-D stated the licensee offered only modified diets: mechanical/texture. R2 R2's Uniform Disclosure of Assisted Living Services & Amenities (UDALSA) dated May 2, 2024, included: -therapeutic diets: diabetic or calorie controlled: low sugar or sugar free options. R2's diagnoses include diabetes. R2's service plan dated May 15, 2024, indicated	01940		

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	32495	A. BUILDING: _____ B. WING _____	07/09/2024

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01940	Continued From page 28 R2 received the following services: blood glucose (BG/sugar) monitoring four times daily, record intakes of meals (breakfast, lunch, supper), escorts to breakfast, lunch, dinner, snacks two times daily, offer water two times daily. R2's prescriber's order dated June 11, 2024, included: -diet: diabetic R2's Individualized Treatment and Therapy plan included: -effective May 2, 2024, record BG four times daily -effective May 3, 2024, wound care daily -effective May 3, 2024, RN (registered nurse) to evaluate and document skin concerns every Thursday. R2's medication administration record (MAR) included: - PRN (as needed or desired) Accu-checks (daily/BG) trained staff may obtain accu-checks as needed for symptomatic blood sugar concerns. Notify nurse if change in condition and abnormal results. R2's Master Care Plan dated June 27, 2024, included: diet, diabetic. On June 9, 2024, at 11:47 a.m., the surveyor observed unlicensed personal (ULP)-B check R2's blood glucose using correct technique. R3 R3's diagnoses include diabetes, diabetic neuropathy (type of nerve damage that affects people with diabetes causing weakness, numbness, tingling, pain, or urinary problems.) R3's service plan dated May 22, 2024, indicated	01940		

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01940	Continued From page 29 R3 received the following services: -continuous glucose monitoring, four times daily -meal preparation- breakfast, lunch, snack (two times daily), supper -record intake of meals-breakfast, lunch, supper -supervision of meal preparation every 80 days by RN (registered nurse). R3's prescriber's order dated June 20, 2024, included: -diabetic diet. R3's MAR dated June 1, 2024, through June 30, 2024, included: -Humalog (short-acting insulin) 100 units/milliliter (ml), inject four units subcutaneous (under the skin in fatty tissue) at breakfast -Lantus (long-acting insulin) 110 units/ml, inject 11 units under the skin twice daily, once in the AM (morning) and once at HS (hour of sleep) -PRN glucose (sugar) four grams tablets chew, give four tablets by mouth as needed for blood glucose less than 70. On June 8, 2024, at 11:52 a.m., the surveyor observed ULP-B check R3's blood glucose using correct technique. On July 8, 2024, at 1:46 p.m., DO/LPN-D stated they do offer low sugar and sugar free options, adding the facility gets low sugared fruits (canned) and only has sugar free syrup available. On July 8, 2024, at 2:52 p.m., DO/LPN-D stated diabetic diet was "put in" (entered in record) and it (diabetic diet) should not have been. CNS-C said diabetic diet was not on R2's original prescriber's order. CNS-C stated the licensee was working on removing diabetic diets from prescriber's orders. CNS-C said there was "just a flag" on the screen	01940		

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01940	Continued From page 30 to indicate the diagnoses of diabetes in a resident's record. CNS-C stated there were no other entries in R2 and R3's record or any of the licensee's resident records for staff (ULPs) to follow for diabetic diets. On July 9, 2024, at 6:44 a.m., ULP-E said she was trained on diets. ULP-E stated, "let me think'" and opened the computer and logged into the system used, "I think we have three or four (residents) with the diagnoses of diabetes." ULP-E pulled up an unidentified resident and pointed out the diagnoses of diabetics in red. ULP-E said, I don't think any are on a diabetic diet, if low blood sugar we give them a "PBJ" (peanut butter and jelly sandwich) and "lots of water" if high. ULP-E said "we" (staff) know "their" residents and the range (blood sugar) they "tend" to stay in. ULP-E added a behavioral plan would be added when a resident would sneak sweets into their rooms. ULP-E stated "we" (staff) watch what R3 eats, we check blood sugar before each meal, "so we can see what he needs." On July 9, 2024, at 7:00 a.m., cook (C)-F stated she was aware of a resident's diet by the "little red bar" on the top of the screen for each resident and that the head HHA (home health aide/ULP) (name/ ULP-B) tells her. C-F stated they have low sugar "stuff" and mentioned "Sweet and Low, and low sugar hot chocolate" for those residents on a diabetic diet. C-F said they (facility) use low sugar fruits/canned, and sugar free syrup. C-F stated she was trained on diets, had a "whole" training on it (diabetic). On July 9, 2024, at 10:34 a.m., CNS-C stated the licensee received new orders for R3 yesterday and R3's diet was now "diet as tolerated". CNS-C added the licensee was working on updating diets	01940		

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01940	Continued From page 31 for their diabetic residents. The licensee's Treatment & Therapy Management Plan policy dated August 1, 2021, noted the facility would develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services -any resident-specific requirements relating to documentation of treatment and therapy received -monitoring of treatment or therapy to prevent possible complications or adverse reactions. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and	01950		

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01950	Continued From page 32 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 record; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure instructions, specified in writing for each resident, and documented those instructions in the resident's record for one of two residents (R2) receiving treatments. 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: R2's diagnoses include diabetes, depressive disorder and anxiety with family stressors, and PTSD (post-traumatic stress disorder/mental health disorder that develops following a traumatic event characterized by intrusive thoughts about the incident, recurrent distress/anxiety, flashback, and avoidance of similar situations.) R2's service plan dated May 15, 2024, indicated R2 received wound/skin care daily. R2's Individualized Treatment and Therapy plan	01950		

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01950	Continued From page 33 effective date May 3, 2024, included: -HHA/RA (home health aide/resident assistant (unlicensed personnel/ULP) wash hands, put on gloves, remove old dressing. Remove gloves, sanitize hands put on a new pair of gloves. Cleanse burns with saline (left thigh and right thigh) apply thin layer of Silvadene cream (prevent infection in serious wounds or burns) cover with non-stick dressing wrap with gauze roll tape gauze roll then put on net stocking -RN (registered nurse) evaluate and document skin concern location, dimension, tissue type, exudates, odor, peri-wound skin factors, stage (if pressure related), and monitor for pain and document what pain relieving methods are being used. R2's medication administration record (MAR) dated July 1, 2024, through July 8, 2024, included: -Silvadene: apply thin layer of cream to open areas of burns with daily dressing change. (Avoid contact with healthy skin when applying cream.) R2's prescriber's order dated June 11, 2024, included the above medication. R2's Treatment Recap Summary dated July 1, 2024, through July 8, 2024, included: -wound/skin care daily, completed daily. On July 8, 2024, at 10:36 a.m., the surveyor observed ULP-B apply saline spray to inside of R2's right thigh and left thigh. ULP-B patted R2's inside right thigh and left side dry with gauze. ULP-B applied Silvadene 1% ointment to the inside of R2's right and left thigh area. ULP-B applied non-stick dressings over the Silvadene ointment on R2's thighs and secured the dressings with tape.	01950		

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01950	Continued From page 34 On July 8, 2024, at 2:45 p.m., director of operations/licensed practical nurse (DO/LPN)-D stated the facility had a general policy of when and what to report to nursing that included wound care issues. R2's record was reviewed with clinical nurse supervisor (CNS)-C. CNS-C said she "missed it" (to include what and when to report concerns to nursing) in R2's record for wound care. CNS-C stated specific information was not in R2's record as required. The licensee's Treatment & Therapy Management Plan policy dated August 1, 2021, noted the facility would develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services -any resident-specific requirements relating to documentation of treatment and therapy received -monitoring of treatment or therapy to prevent possible complications or adverse reactions. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		

MINNESOTA DEPARTMENT OF HEALTH
Food, Pool,& lodging Services
PO Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *07/08/24*
Time: 11:41:09
Report: 7939241111

Food and Beverage Establishment Inspection Report

Location:
Serenity Lvg Solutions Remer
105 Spruce Street Nw
Remer, MN56672
Cass County, 11

Establishment Info:
ID #: 0037678
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2185667100
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: SPRAY BOTTLE
Violation Issued: No

Hot Water: = at >160F Degrees Fahrenheit
Location: WARE WASH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: COOL WHIP
Temperature: 39 Degrees Fahrenheit - Location: 2 DOOR FRIDGE
Violation Issued: No

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

DISCUSSION
ESTABLISHMENT HAS DEDICATED STAFF IN THE KITCHEN FOR ALL THE MEAL PREP AND SERVICE, NO NIGHT SHIFT COOKING

BARE HAND CONTACT AND GLOVE USE WITH READY TO EAT FOODS

Type: Full
Date: *07/08/24*
Time: 11:41:09
Report: 7939241111
Serenity Lvg Solutions Remer

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the MINNESOTA DEPARTMENT OF HEALTH inspection report number 7939241111 of 07/08/24.

Certified Food Protection Manager:_____

Certification Number: FM108036 Expires: 08/16/24

Signed:_____
SAM BENDER
MANAGER/VFPM

Signed:_____
RYAN TRENBERTH
SAN III
BEMIDJI DISTRICT OFFICE
218-308-2133
ryan.trenberth@state.mn.us