Electronically Delivered

January 27, 2025

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

RE: Project Number(s) SL30636016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 11, 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 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
	30636	A. BUILDING: _____ B. WING _____	12/11/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments 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: SL30636016-0 On December 9, 2024, through December 11, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 77 residents; 58 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated December 10, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been	0 730		

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0 730	Continued From page 4 provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident record included a discharge summary with the required content for one of one discharged resident (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 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: R4's diagnoses included Alzheimer's disease, confusion, and dementia. R4's Service Plan Agreement signed January 29, 2024, indicated R4 received assistance with bathing, dressing, grooming, toileting, housekeeping, laundry, and medication administration. The licensee's Discharged or Deceased Resident	0 730		

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0 730	Continued From page 5 Roster: State Evaluations form dated December 9, 2024, identified R4 was admitted to the licensee on November 20, 2023, and discharged to another facility on August 5, 2024. R4's record lacked a discharge summary. On December 10, 2024, at 9:46 a.m., clinical nurse supervisor (CNS)-B stated R4's record lacked a discharge summary. CNS-B further stated a discharge summary should have been completed but had been missed because he originally was transferred to the hospital and then discharged instead of returning to the facility. The licensee's Discharge Checklist dated February 2023, read: If the client [resident] is transferring to a skilled nursing facility, a new assisted living, home care agency, home or to independent living without services - complete the client [resident] discharge form and send the form and all the required attachments with the client [resident]. RN completes a discharge summary located in assessments tab of Eldermark (computer software program). The licensee's Client [resident] Record policy dated revised August 1, 2021, noted: Client [resident] records will contain documents and information to comply with the Minnesota Assisted Living license and other regulatory requirements. The resident record will contain a discharge summary, including service termination notice and related documentation when applicable. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 730		

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0 730	Continued From page 6 (21) days	0 730		
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) staff 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) Staff 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 staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced	0 810		

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0 810	Continued From page 7 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 one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On a facility tour with licensed assisted living director/clinical nurse supervisor (LALD)-A and, Environmental Services Director (ESD)-D, on December 10, 2024, from 9:30 a.m. to 12:30 p.m., the surveyor made the following observations. DRILLS Record review indicated the licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month as evident by not proving evacuation drills documentation. On December 4, 2024, at 12:30 p.m., LALD-A and ESD-D stated they were using training drills as evacuation drills. No additional documented drills for the facility, education was given on statue requirement.	0 810		

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0 810	Continued From page 8 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct	01500		

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01500	Continued From page 9 support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of one employee (unlicensed personnel (ULP)-C). 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).	01500		

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01500	Continued From page 10 The findings include: ULP-C began providing assisted living services on May 22, 2023. On December 10, 2024, at 7:31 a.m., ULP-C was observed to administer medications to R1 in his room. ULP-C's employee record lacked documented evidence of the following required annual training: -Review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures. On December 11, 2024, at 3:05 p.m., licensed assisted living director (LALD)-A stated ULP-C had not completed the annual training as noted above. LALD-A indicated annual training requirements had been assigned, but this requirement had either been missed or not completed by ULP-C. The licensee's Required Training - Annual/Bi-Annual policy dated revised August 15, 2024, identified all employees would complete annual education on the following topics: f. Review of the facility's policies and procedures relating to the provision of assisted living services and how to implement them. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		

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01750	Continued From page 11	01750		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure delegated procedures were followed by one of two unlicensed personnel (ULP-C) and failed to ensure the registered nurse (RN) documented resident-specific instructions for one of three residents (R2) whose medication administration was delegated to unlicensed personnel (ULP). 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: R1 R1's diagnoses included diabetes.	01750		

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01750	Continued From page 12 R1's Service Plan Agreement signed December 4, 2024, indicated R1 received assistance with medication management and insulin administration. R1's prescriber orders dated December 5, 2024, included an order for insulin lispro mix 75/25 (combination insulin) 35 units subcutaneously every morning. On December 10, 2024, at 7:31 a.m., the surveyor observed ULP-C administer R1's oral medications and check his blood sugar. ULP-C then proceeded to obtain R1's scheduled insulin, removed the cap, cleansed the rubber seal using an alcohol pad, and attached a new needle. ULP-C then dialed the insulin pen to the prescribed 35 units (without priming the pen first) and administered the insulin into R1's left abdomen. Following the injection, ULP-C disposed of the needle into a sharps container, and brought the pen back to the medication cart and charted the medication administration. When interviewed at this time, ULP-C stated she did not prime the insulin pen indicating she had "forgot". On December 11, 2024, at 1:16 p.m., RN-H stated staff were taught to prime the insulin pen and would expect staff to do this prior to administering insulin. R2 R2's diagnoses included dementia and chronic obstructive pulmonary disease (COPD) (reduced lung function with airflow limitations). R2's Service Plan Agreement signed November 22, 2024, indicated R2 received assistance with medication administration.	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30636	A. BUILDING: _____ B. WING _____	12/11/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01750	Continued From page 13 R2's prescriber orders dated October 24, 2024, included an order for Breo Ellipta (decreases wheezing and trouble breathing) 100-25 micrograms (mcg) inhale 1 puff into the lungs once daily for COPD. On December 11, 2024, at 7:23 a.m., ULP-G was observed preparing and administering R2's medications which included a Breo Ellipta inhaler. ULP-G administered one puff to R2 as ordered. ULP-G did not offer or instruct R2 to rinse her mouth after administering the inhaler. When interviewed after observation, ULP-G stated she was not aware R2 should rinse her mouth following the inhaler administration. On December 11, 2024, at 1:17 p.m., RN-H stated there were no specific instructions regarding R2's inhaler, but she expected staff to follow the medication instructions for use and have the resident rinse their mouth after using the inhaler. RN-H further stated she would add the instructions to rinse mouth after inhaler use to the medication administration record for staff to follow. The insulin lispro instructions for use dated revised July 2023, identified: Prime your pen before each injection. - Priming your pen means removing the air from the needle and cartridge that may collect during normal use and ensures that the pen is working correctly. - If you do not prime before each injection, you may get too much or too little insulin. The Breo Ellipta instructions for use dated revised May 2023, identified: -Rinse your mouth with water after you have used	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30636	A. BUILDING: _____ B. WING _____	12/11/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01750	Continued From page 14 the inhaler and spit the water out. Do not swallow the water. The licensee's Unlicensed Personnel - Medication Administration policy dated reviewed August 1, 2021, indicated the registered nurse may delegate to unlicensed personnel the task of providing administration of medications if the unlicensed personnel have satisfied the training requirements and if the registered nurse had developed written, specific instructions for each resident for administering the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of two residents (R2) receiving treatments. This practice resulted in a level two violation (a	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30636	A. BUILDING: _____ B. WING _____	12/11/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01970	Continued From page 15 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 December 9, 2024, at 1:15 p.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services to their residents. On December 11, 2024, at 7:45 a.m., unlicensed personnel (ULP)-F was observed to switch R2 from her oxygen concentrator to a portable oxygen tank set at 1 liter per minute per nasal cannula. ULP-F stated R2 required assistance with the oxygen and wore it continuously. R2's diagnoses included dementia and chronic obstructive pulmonary disease (COPD) (reduced lung function with airflow limitations). R2's Service Plan Agreement signed November 22, 2024, indicated R2 received assistance with oxygen. R2's Service Checkoff List dated December 1, 2024, through December 9, 2024, included documentation R2 had oxygen assistance and oxygen on at 1 liter at all times. R2's record included an order for oxygen 1 liter via nasal cannula dated October 5, 2023, (greater than one year ago). R2's record lacked current prescriber orders for oxygen.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30636	A. BUILDING: _____ B. WING _____	12/11/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01970	Continued From page 16 On December 11, 2024, at 1:13 p.m., registered nurse (RN)-H could not locate a current oxygen order for R2. On December 11, 2024, at 3:03 p.m., CNS-B stated R2's oxygen order did not populate on the order set the prescriber signs because of the way it had been entered into their software system. CNS-B stated R2 should have current prescriber orders for oxygen. The licensee's Medication and Treatment Renewal Orders policy dated reviewed August 1, 2021, included a treatment order must be current and renewed at least every 12 months or more frequently as indicated by the assessment of the client by the nurse. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30636	A. BUILDING: _____ B. WING _____	12/11/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02310	Continued From page 17 one of one resident (R2) related to oxygen storage. 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: On December 11, 2024, at 7:45 a.m., the surveyor observed two unsecured oxygen cylinders sitting alongside the wall on the floor of R2's room. Unlicensed personnel (ULP)-F stated the oxygen cylinders were either kept on the floor or on top of R2's dresser. ULP-F further stated the cylinders could be easily tipped over. On December 11, 2024, at 1:15 p.m., registered nurse (RN)-H stated oxygen cylinders should not be stored unsecured. RN-H further indicated she did not have an oxygen rack or chains to secure the cylinders and would need to ask the oxygen company for something to prevent them from falling over. The Minnesota Department of Health Oxygen Cylinder Storage Requirements dated April 16, 2020, indicated cylinders must be secured (chains or racks) to prevent them from falling over. The licensee's Safe Oxygen Use and Storage policy dated revised August 1, 2021, indicated: 2. The RN will educate staff to be alert to any	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30636	A. BUILDING: _____ B. WING _____	12/11/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02310	Continued From page 18 concerns related to the use and storage of oxygen, consistent with the manufacturer's instructions. b. Containers must be secured in a stand or cart so they cannot be knocked over while in use or in storage and must not be located in areas where they may be overturned due to a door opening or where they are in a pathway. No additional information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	02310		

Minnesota Department of Health
Food, Pools, Lodging
3425 40th Ave NW
Rochester
507-206-2721

Type: Full
Date: *12/10/24*
Time: 15:03:12
Report: 8074241232

Food and Beverage Establishment Inspection Report

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

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

License Categories:

Expires on: / /

Operator:

Phone #: 6512675444
ID #:

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

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A1 ***** Priority 1 *****

MN Rule 4626.0395A1 Maintain all hot, TCS foods at 135 degrees F (57 degrees C) or above. Roasts may be held at 130 degrees F (54 degrees C) or above if cooked or reheated in accordance with the specified time and temperature requirements in 4626.0340B.

Chicken on speed rack cooled too far before being combined with sauce, reheat to 165 before hot holding for service.

Comply By: 12/10/24

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200ppm at Degrees Fahrenheit
Location: 3 compartment sink
Violation Issued: No

Hot Water: = at 165 Degrees Fahrenheit
Location: internal dish machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Prep Cooler
Temperature: 40 Degrees Fahrenheit - Location: tomato
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 38 Degrees Fahrenheit - Location: carrot salad
Violation Issued: No

Type: Full
Date: *12/10/24*
Time: 15:03:12
Report: 8074241232
Deer Crest Senior Living

Food and Beverage Establishment Inspection Report

Process/Item: Walk-In Cooler
Temperature: 38 Degrees Fahrenheit - Location: soup
Violation Issued: No

Process/Item: On Counter
Temperature: 98 Degrees Fahrenheit - Location: chicken
Violation Issued: Yes

Process/Item: On Counter
Temperature: 86 Degrees Fahrenheit - Location: chicken
Violation Issued: Yes

Process/Item: Cooking
Temperature: 197 Degrees Fahrenheit - Location: soup
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: cantalope
Violation Issued: No

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

Discussed labeling and self serve fruit.

Establishment Info: Lauren.moore@fairview.org

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 8074241232 of 12/10/24.

Certified Food Protection Manager:_____

Certification Number: fm87983 Expires: 03/28/26

Inspection report reviewed with person in charge and emailed.

Signed:_____
Establishment Representative

Signed:_____
Andrea Kieffer

Rochester District Office

Minnesota Department of Health
Food, Pools, Lodging
3425 40th Ave NW
Rochester
507-206-2721

Type: Full
Date: *12/10/24*
Time: 09:41:02
Report: 8074241226

Food and Beverage Establishment Inspection Report

Location:
Deer Crest Senior Living - Garden View Memory Care
Basement
470 Hewitt Boulevard
Red Wing, MN55066
Goodhue County, 25

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

License Categories:

Expires on: / /

Operator:

Phone #: 6512675444
ID #:

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

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ***** Priority 1 *****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

Butter on counter 65df.

Comply By: 12/10/24

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: fruit
Violation Issued: No

Process/Item: On Counter
Temperature: 65 Degrees Fahrenheit - Location: butter
Violation Issued: No

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

Type: Full
Date: *12/10/24*
Time: 09:41:02
Report: 8074241226

Food and Beverage Establishment Inspection Report

Deer Crest Senior Living - Garden View Memory Care Basement

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 8074241226 of 12/10/24.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Signed:_____ Signed:_____

Establishment Representative

Andrea Kieffer
Rochester District Office

Minnesota Department of Health
Food, Pools, Lodging
3425 40th Ave NW
Rochester
507-206-2721

Type: Full
Date: *12/10/24*
Time: 09:46:37
Report: 8074241227

Food and Beverage Establishment Inspection Report

Location:
Deer Crest Senior Living - Skyview Memory Care 3rd Floor
470 Hewitt Boulevard
Red Wing, MN55066
Goodhue County, 25

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

License Categories:

Expires on: / /

Operator:

Phone #: 6512675444
ID #:

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

The following orders previously issued on 01/25/22 have NOT been corrected.

3-500B Microbial Control: hot and cold holding

3-501.16A2

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

73 DF BUTTER ON COUNTER; EITHER MAINTAIN AT 41 DF OR USE TIME AS A PUBLIC HEALTH CONTROL (TPHC), TPHC FACT SHEET AND FORM SENT TO FOOD SERVICE DIRECTOR

12/10/24: reissued 68df

Issued on: 01/25/22 *Comply By: 01/25/22*

4-500 Equipment Maintenance and Operation

4-501.11AB

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

EXPOSED WOOD ON CABINET DOOR UNDER TOASTER

12/10/24: reissued

Issued on: 01/25/22 *Comply By: 02/01/22*

Type: Full
Date: *12/10/24*
Time: 09:46:37
Report: 8074241227

Food and Beverage Establishment Inspection Report

Deer Crest Senior Living - Skyview Memory Care 3rd Floor

The following orders were issued during this inspection.

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.15A ***** Priority 1 *****

MN Rule 4626.0287A Single-use gloves must be used for only one task and be discarded when damaged or soiled, or when interruptions occur in the operation.

Gloves used to open fridge, cabinets, then butter toast.

Comply By: 12/10/24

Surface and Equipment Sanitizers

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

Food and Equipment Temperatures

Process/Item: On Counter
Temperature: 68 Degrees Fahrenheit - Location: butter
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: milk
Violation Issued: No

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

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 8074241227 of 12/10/24.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/__/_____

Signed:_____
Establishment Representative

Signed:_____
Andrea Kieffer

Rochester District Office