Electronically Delivered

June 13, 2025

Licensee
Bethany on the Lake LLC
1020 Lark Street
Alexandria, MN  56308

RE:  Project Number(s) SL28777016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 6, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

**STATE CORRECTION ORDERS**
The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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,

Jessie Chenze

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 |
|---|---|---|---|
| | 28777 | A. BUILDING: _____ B. WING _____ | 05/06/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BETHANY ON THE LAKE | 1020 LARK STREET ALEXANDRIA, MN 56308 |

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| 0 000 | Initial Comments<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL28777016-0<br><br>On May 5, 2025, through May 6, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 8 resident(s); 8 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| 0 510 SS=D | 144G.41 Subd. 3 Infection control program<br><br>(a) All assisted living facilities must establish and | 0 510 | | |

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| 0 510 | Continued From page 1<br><br>maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.<br>(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.<br>(c) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure infection control standards were followed for one of two employees, (unlicensed personnel (ULP)-E) during medication administration.<br><br>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 clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally or in a limited number of locations).<br><br>The findings include:<br><br>On May 6, 2025, at 7:15 a.m., the surveyor observed ULP-E wash hands and donned (put on) disposable gloves and completed assistance with noon blood glucose (blood sugar) and removed gloves. ULP-E left resident room, went to the medication cart and prepared insulin. The | 0 510 | | |

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| 0 510 | Continued From page 2<br><br>surveyor did not observe ULP-E wash hands after removing gloves.<br><br>On May 6, 2025, at 7:20 a.m., ULP-E proceeded to resident room, donned gloves and administered insulin. ULP-E removed gloves, left resident room and documented administration of insulin. ULP-E indicated the task was complete and was going to proceed to the tub room. The surveyor questioned if a step was missed, ULP-E stated "Probably." The surveyor asked what about your hands? ULP-E stated, "Yes, thank you, I should have washed my hands."<br><br>On May 6, 2025, at 2:30 p.m., clinical nurse supervisor (CNS)-B stated expectations for handwashing included before donning and after removal of gloves.<br><br>The licensee's Gloves policy, dated December 2019, indicated gloves are to be worn whenever there may be direct contact between any employee and contaminated objects. Procedure:<br>-Wash hands;<br>-Apply gloves to both hands;<br>-Remove contaminated materials;<br>-Place materials in proper receptacle;<br>-Remove gloves grasping cuff to one glove and pulling it off, turning it inside out. With ungloved hand tuck finger inside cuff of remaining glove and pull off, turning inside out. Dispose of glove. Dispose of in proper receptacle; and<br>-Rewash hands.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 510 | | |

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| 0 940 | Continued From page 3 | 0 940 | | |
| 0 940 SS=C | 144G.50 Subd. 2 (e; 5-7) Contract information<br><br>(5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including:<br>(i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers;<br>(ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b);<br>(iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided;<br>(iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required;<br>(v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent;<br>(vi) a statement that residents may be eligible for assistance with rent through the housing support program; and<br>(vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program;<br>(6) the contact information to obtain long-term care consulting services under section 256B.0911; and<br>(7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. | 0 940 | | |

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| 0 940 | Continued From page 4<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to execute a written assisted living contract with accurate information in regard to the acceptance of Housing Support and Elderly/Community Access for Disability Inclusion (CADI) Wavier programs (public funding programs) for one of one resident (R1). This had the potential to affect all residents.<br><br>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).<br><br>The findings include:<br><br>R1 was admitted on September 3, 2024.<br><br>R1's Assisted Living Contract was signed and dated on August 29, 2024, and indicated the following:<br>-Housing Support. Resident may be eligible to receive certain public funds to assist him/her in paying for resident's rent/housing through Housing Support (formerly known as Group Residential Housing). While funds received through Housing Support provide payment for rent, this program does not cover the cost of assisted living services provided to resident by [facility] or any other home health care service provider. However, as described below, resident may be eligible for assistance with the cost of assisted living services through Elderly/CADI Waiver. [Facility] does not have a limit on the | 0 940 | | |

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| 0 940 | Continued From page 5<br><br>number of people residing at the facility who can receive customized living services or participate in the housing support program at any point. -Elderly/CADI waiver. [Facility] is enrolled with the Minnesota Department of Human Services (MDHS) to provide customized living services under medical assistance waivers. Resident may be eligible to receive certain public funds to assist him/her in paying for residents assisted living services through Elderly/CADI Wavier. While funds received through Elderly/CADI Waiver provide payment for assisted living service, these waivers do not cover the cost of rent. However as described above, resident may be eligible for assistance with the cost of rent through the Housing Support program. Also, if resident is eligible for Medicare, he/she may be able to obtain Medicare covered home care services through a Medicare-certified home care agency of resident choice. If resident is eligible for Elderly/CADI wavier, but not eligible for Housing Support, resident must pay rent to facility in the amount specified by the appropriate county as "rental allowance" or "other allowance". The facility does not have a limit on the capacity to provide Elderly/CADI Services.<br><br>R1's Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) current as of March 23, 2023, signed and dated September 4, 2024, by the R1's personal representative, indicated the licensee accepted private pay and long-term care insurance for payment options for services.<br><br>On May 6, 2025, at 10:25 a.m., clinical nurse supervisor (CNS)-B stated at this location, the licensee does not accept housing support or wavier programs. CNS-B stated the assisted living contract was used for the secured unit | 0 940 | | |

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| 0 940 | Continued From page 6<br><br>residents and was a template from the corporate office.<br><br>On May 6, 2025, at 11:25 a.m., licensed assisted living director (LALD)-A stated the UDALSA and Assisted Living contract do not match in regard to accepting public funded programs. LALD-A stated corporate had been contacted and new contracts will be completed for the [city] location. Additionally, LALD-A stated some locations do accept public funded programs.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 940 | | |
| 01290 SS=F | 144G.60 Subdivision 1 Background studies required<br><br>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.<br>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.<br>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.<br><br>This MN Requirement is not met as evidenced by: | 01290 | | |

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| 01290 | Continued From page 7<br><br>Based on interview and record review, the licensee failed to ensure background studies (BGS) were submitted and a clearance received in affiliation with the assisted living licensee's health facility identification (HFID) for seven out of twenty employees (registered nurse (RN)-H, I, J, K, L), director of maintenance (DM)-G, and unlicensed personnel (ULP)-F).<br><br>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 the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>During the entrance conference on May 5, 2025, at 9:30 a.m., licensed assisted living director (LALD)-A stated the licensee was aware of required contents of employee records. Additionally, clinical nurse supervisor (CNS)-B stated the licensee shared nursing call rotation with the on-campus skilled nursing facility (SNF).<br><br>The licensee's NET Study 2.0 Roster Report printed May 5, 2025, for HFID 28777, indicated the following assisted living employees listed on the undated employee roster were not affiliated. However, the employees had cleared background studies affiliated with the on-campus skilled nursing facility (SNF) HFID 108:<br><br>RN-H was hired February 11, 2008, at the SNF, and had a background study clearance date of September 5, 2023. | 01290 | | |

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| 01290 | Continued From page 8<br><br>RN-I was hired August 23, 2011, at the SNF, and had a background study clearance date of September 5, 2023.<br><br>RN-J was hired January 3, 2017, at the SNF, and had a background study clearance date of July 3, 2013.<br><br>RN-K was hired September 6, 2006, at the SNF, and had a background study clearance date of September 6, 2023.<br><br>RN-L was hired December 17, 2007, at the SNF, and had a background study clearance date of September 5, 2023.<br><br>DM-G was hired July 10, 2013, at the SNF, and had a background study clearance date of September 5, 2023.<br><br>ULP-F was hired April 6, 2020, at the SNF, and had a background study clearance date of April 6, 2020.<br><br>On May 5, 2025, at 1:00 p.m., LALD-A stated some employees were shared SNF employees and were not affiliated with the assisted living licensee's HFID. LALD-A stated human resources complete the BGS and missed affiliating these employees to the assisted living HFID.<br><br>The licensee's undated Personnel Files/Employee Records policy indicated every employee of [facility] shall have a personnel file created on hire. The employee file shall contain verification of the Department of Human Services (DHS) background study response. | 01290 | | |

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| 01290 | Continued From page 9<br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days | 01290 | | |
| 01950 SS=D | 144G.72 Subd. 4 Administration of treatments and therapy<br><br>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:<br>(1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures;<br>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) specified in writing, specific instructions in the resident record for unlicensed personnel (ULP) performing a treatment for one of one resident (R1).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or | 01950 | | |

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| 01950 | Continued From page 10<br><br>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).<br><br>The findings include:<br><br>During the entrance conference on May 5, 2025, at 9:30 a.m., clinical nurse supervisor (CNS)-B stated the license provided treatment and therapy services to the residents at the facility.<br><br>R1's diagnosis included diabetes type II and unspecified dementia.<br><br>R1's Assisted Living Agreement Addendum dated December 5, 2024, indicated R1 received assistance with compression stockings twice daily.<br><br>R1's 90-day assessment dated April 8, 2025, indicated compression stockings on in the morning and off and night/hour of sleep (HS), wash out by hand, hang to dry. Notify nurse if increased swelling, redness or pain.<br><br>R1's April and May 2025 electronic medication administration record (EMAR) indicated R1 received assistance with compression stockings in the a.m., and p.m. Wash out and squeeze dry, hang in shower.<br><br>On May 6, 2025, at 7:15 a.m., the surveyor observed unlicensed personnel (ULP)-E administer R1's morning insulin. ULP-E stated R1's compression stockings would be put on after she eats breakfast. | 01950 | | |

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|---|---|---|---|
| | 28777 | A. BUILDING: _____ B. WING _____ | 05/06/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BETHANY ON THE LAKE | 1020 LARK STREET ALEXANDRIA, MN 56308 |

| (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 |
|---|---|---|---|---|
| 01950 | Continued From page 11<br><br>R1's EMAR lacked specific written instructions for R1's compression stockings and when to notify a nurse.<br><br>On May 6, 2025, at 12:58 p.m., CNS-B stated R1's EMAR lacked specific written instructions for R1's compression hose. CNS-B stated specific instructions are usually added to the EMAR, however, must have been missed when the order was transcribed to the EMAR.<br><br>The licensee's Development of the Individualized Medication, Treatment and Therapy Management Plan and Individualized Medication and Treatment Record dated November 2019, indicated, following completion of the nursing assessment, including an assessment of the client's need for medication, treatment or therapy management, the registered nurse (RN) develops individualized plans for the client in conjunction with the clients and/or clients representative. The plan will address:<br>-identifications of any specific client instructions regarding medication, treatments or therapy our agency staff will administer; and<br>-procedure for staff to notify the RN when there is a problem with any medication use to prevent possible complications or adverse reactions.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01950 | | |

Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls , MN 56537
Phone: 651-201-4500

# Food & Beverage Inspection Report



## Establishment Info

Bethany on the Lake
1020 Lark Street
Alexandria, MN 56308
Douglas
Parcel:

Phone:

## License Info

License: HFID 28777

Risk:
License:
Expires on:
CFPM: Lynnett Malvin
CFPM #: 99977; Exp: 7/26/2025

## Inspection Info

Report Number: F7935251004
Inspection Type: Full - Single
Date: 5/5/2025 Time: 2:25:59 PM
Duration: 30 minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

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

**I acknowledge receipt of the Fergus Falls District Office inspection report number F7935251004 from 5/5/2025**

Rebecca Tonneson

Establishment Representative

Rebecca Tonneson, RS
Public Health Sanitarian Supervisor
218-332-5142
rebecca.tonneson@state.mn.us

Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls , MN 56537

# Temperature Observations/Recordings



## Establishment Info

Bethany on the Lake
Alexandria
County/Group: Douglas

## Inspection Info

Report Number: F7935251004
Inspection Type: Full
Date: 5/5/2025
Time: 2:25:59 PM

**Equipment Temperature: Product/Item/Unit:** Upright Cooler**; Temperature Process:** Cold-Holding
**Location:** Upright Cooler at 39 Degrees F.
Comment:
*Violation Issued?: No*

Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls , MN 56537

# Sanitizer Observations/Recordings



## Establishment Info

Bethany on the Lake
Alexandria
County/Group: Douglas

## Inspection Info

Report Number: F7935251004
Inspection Type: Full
Date: 5/5/2025
Time: 2:25:59 PM

**Sanitizing Equipment**: **Product:** Hot Water**; Sanitizing Process:** High Temp Dishwasher
**Location:** Dishwashing Area **Greater Than** 160 Degrees F.
Comment:
*Violation Issued?: No*