Electronically Delivered

January 28, 2025

Licensee
The Lodge
107 Bridgewater Way
Stillwater, MN 55082

RE: Project Number(s) SL35051016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 19, 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.

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

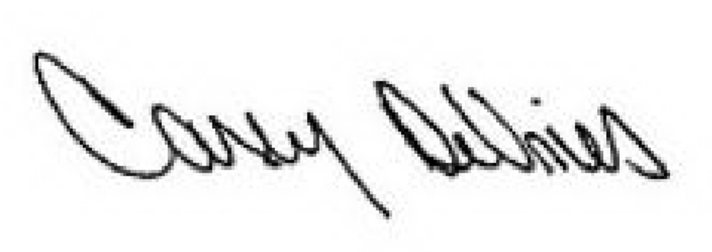
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms 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,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 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
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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: SL35051016-0 On December 16, 2024, through December 19, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 129 residents; 81 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated December 17, 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complied with accepted health care, medical, and nursing standards related to gloving, hand hygiene, and catheter care for two of three employees (unlicensed personnel (ULP)-D, and 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 or has the potential to affect a large portion or all of the residents). The findings include:	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 510	Continued From page 4 ULP-D ULP-D was hired on March 26, 2023, to provide direct cares and services to residents. On December 17, 2024, at 7:12 a.m., ULP-D stated they had worked for the licensee since around March of 2024. ULP-D stated they recalled receiving infection control training from the RN at the time of hire. On December 17, 2024, at 7:23 a.m., the surveyor observed ULP-D put on gloves without completing hand hygiene and log into a computer to prepare morning medications for R3. After completing preparation of morning medications, the surveyor followed ULP-D to observe administration. While walking to the resident's room, ULP-D interacted with a resident found wandering in the hall without shoes on. ULP-D assisted the resident to their room. Without changing gloves or completing hand hygiene, ULP-D assisted the resident with putting their glasses and shoes on. After providing assistance, ULP-D removed and disposed of their gloves in the trash. ULP-D did not complete hand hygiene. At 7:27 a.m., ULP-D exited the room of the resident with medications in hand for R3 and continued to the room of R3 for administration. Upon entering the room of R3, ULP-D retrieved a single glove, and without completing hand hygiene, put the single glove on and then assisted R3 with their morning medications by putting each individual pill into the mouth of R3 using the gloved hand. At 7:32 a.m., ULP-D disposed of the single glove and left the room of R3 without completing hand hygiene. ULP-D then returned to the nursing station to document administration of medications. At 7:35 a.m., ULP-D retrieved gloves, and left the nursing	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 510	Continued From page 5 station, and without completing hand hygiene, put gloves on while walking back to the room of R3 to provide morning cares. At 7:40 a.m., ULP-D assisted R3 to the toilet and began assisting R3 with changing their clothes while R3 was seated on the toilet. At 7:44 a.m., while wearing the same gloves, the surveyor observed ULP-D provide perineal cares to R3. At 7:45 a.m., without completing hand hygiene or changing gloves, ULP-D brushed R3's hair. At 7:47 a.m., without completing hand hygiene or changing gloves, ULP-D assisted R3 into their wheelchair, and assisted R3 with putting on a jacket and their shoes. At 7:51 a.m., ULP-D removed their gloves and completed hand hygiene at the sink. ULP-E ULP-E was hired on May 6, 2024, to provide direct cares services to residents. On December 17, 2024, at 8:05 a.m., ULP-E stated they had worked for the licensee for around 7 months. ULP-E stated that infection control was included in their orientation training. On December 17, 2024, at 8:33 a.m., the surveyor observed ULP-E leaving the room of R8 with a Hoyer lift (a specialized device to transfer individuals between locations) and enter the room of R7 with the Hoyer lift. Without completing hand hygiene or changing gloves or cleaning the lift, ULP-E entered the room of R7 to assist with a two person transfer into a wheelchair using the Hoyer lift. On December 18, 2024, at 3:01 p.m., clinical nurse supervisor (CNS)-C stated staff are trained and competency tested on proper hand hygiene practices. Staff are expected to complete hand hygiene before and after changing gloves and in	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 510	Continued From page 6 between residents. The licensee's 8.09 Hand washing policy dated May 15, 2024, indicated the following: "Proper hand washing techniques should be used to protect the spread of infection. Hand washing shall be completed: o Before, during, and after preparing food o Before eating food o Before and after caring for someone who is sick o Before and after treating a cut or wound o After using the toilet o After changing diapers or cleaning up after someone who has used the toilet o After blowing your nose, coughing, or sneezing o After touching an animal or animal waste o After handling pet food or pet treats o After touching garbage o When changing gloves between dirty and clean tasks" The Centers for Disease Control's (CDC), "CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings" dated April 12, 2024, under section 5a.1 indicated: 1). Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations. 2.) Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: a.) Immediately before touching a patient; b.) Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices; c.) Before moving from work on a soiled body site to a clean body site on the same patient; d.) After touching a patient or the patient's immediate environment; e.) After contact with blood, body fluids or	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 510	Continued From page 7 contaminated surfaces; and f.) Immediately after glove removal. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) to include completion of a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test for two of three unlicensed personnel ((ULP)-D, ULP-E).	0 660		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
0 660	Continued From page 8 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: The licensee's TB facility risk assessment dated April 5, 2024, indicated the licensee was a low risk. ULP-D ULP-D was hired March 26, 2024, to provide assisted living services. ULP-D's employee record included a two-step tuberculosis skin test (TST) with an initial administration date of April 17, 2024, and reading date of April 19, 2024, with a negative reading. ULP-D's record contained a document indicating a second step administration date of May 14, 2024, with a reading date of May 16, 2024, with a negative reading. The second step administration document indicated that 25 days had elapsed since the reading of the first step and administration of the second step. ULP-E ULP-E was hired May 6, 2024, to provide assisted living services. ULP-E's employee record included a two-step TST with an administration date of May 6, 2024, and a reading date of May 9, 2024, with a	0 660		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
0 660	Continued From page 9 negative reading. ULP-E's record contained a document indicating a second step administration date of "5//24", with a reading date May 23, 2024. The clerical error made it not possible to ascertain if the reading date occurred within 72 hours of administration. On December 18, 2024, at 11:43 a.m., clinical nurse supervisor (CNS)-C stated the licensee would need to develop a tracking tool to ensure that TB testing is being completed as required. The licensee's Tuberculosis Screening policy dated May 15, 2024, indicated the Assisted Living Facility will establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report (MMWR). The CDC's Morbidity and Mortality Weekly Report, Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, dated December 30, 2005, indicated the following: - "If the first-step TST result is negative, the second-step TST should be administered 1-3 weeks after the first TST result was read." The Minnesota Deartent of Health's, "Tuberculin Skin Test (TST)" dated August 27, 2024, indicated the TST is an intradermal injection of 0.1 ml of tuberculin (PPD) on the inner surface of the forearm. The skin test reaction should be read between 48 and 72 hours after administration. If the test is not read within 72 hours, another TST should be placed unless the	0 660		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
0 660	Continued From page 10 amount of induration is = 10 mm within 7 days after placement. The Minnesota Department of Health's, "Regulations for Tuberculosis Control in Minnesota Health Care Settings" dated July 2013, indicated if an initial TST result was classified as negative, a second step of a two-step TST should be administered 1-3 weeks after the first TST result was read. The licensee's undated Tuberculosis screening policy included a flow sheet that indicated that the second step of the TST was to be administered 1-3 weeks after reading of the initial TST. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 780 SS=D	144G.45 Subd. 2 (a) (1) Fire protection and physical environment for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to	0 780		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
0 780	Continued From page 11 operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current Minnesota Fire Code provisions. 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 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 a facility tour with licensed assisted living director (LALD)-B, regional director (RD)-H and maintenance director MD-A on December 17, 2024, from 11:00 a.m. to 3:30 p.m., it was observed that a required powered exit sign was missing from the underground parking garage. Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. During the tour, LALD-B and MD-A stated that they didn't know or notice the sign was missing but will get one up as	0 780		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
0 780	Continued From page 12 soon as possible. TIME PERIOD FOR CORRECTION: Two (2) days	0 780		
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.	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
0 810	Continued From page 13 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 the required content and failed to conduct required 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 December 17, 2024, from approximately 11:00 a.m. to 3:30 p.m.; surveyor observed the posted evacuation plans lacked identification of resident room numbers. Fire evacuation diagrams did not include the identification of the room numbers. Exit plan diagrams must be correctly labeled to reduce confusion and potential obstructions to egress in a fire or similar emergency. On December 17, 2024, licensed assisted living director (LALD)-B and maintenance director (MD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
0 810	Continued From page 14 STAFF ACTIONS: The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included language to get on the public address system to give directions and other life safety systems that the building did not have. RESIDENT ACTIONS: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. On December 17, 2024, at 3:00 p.m., LALD-B stated they understood the areas of their policy that were incomplete and would work on bringing them into compliance. The provided FSEP was from corporate office and had not been updated to the specific facility. DRILLS: The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's evacuation drill log, titled "Fire Drills", indicated evacuation drills were being used as training classes and not evacuation drills. No other documentation was provided. On December 17, 2024, at 3:00 p.m., LALD-B stated there were no additional documented drills for the facility.	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
0 810	Continued From page 15 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 980 SS=C	144G.51 ARBITRATION (a) An assisted living facility must clearly and conspicuously disclose, in writing in an assisted living contract, any arbitration provision in the contract that precludes, limits, or delays the ability of a resident from taking a civil action. (b) An arbitration requirement must not include a choice of law or choice of venue provision. Assisted living contracts must adhere to Minnesota law and any other applicable federal or local law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract's arbitration agreement did not preclude, limit, or delay the ability of a resident from taking civil action and did not include a choice of law or choice of venue provision. This had the potential to affect all residents. 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 December 17, 2024, at 12:32 p.m., clinical	0 980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
0 980	Continued From page 16 nurse supervisor (CNS)-C provided a copy of the licensee's assisted living contract. The provided contract contained a section titled "Voluntary Arbitration Agreement", which contained the following language: - page 38, under the section titled "Arbitration Provisions", "Each party hereby waives its right to file a court action and to receive a jury trial for any matter covered by this Agreement." - page 39, under the section titled "Arbitration Provisions", "The arbitration hearing shall take place in the county where the Community is located. The arbitration hearing shall be held no later than one-hundred-eighty (180) days after a demand for arbitration has been delivered. The parties shall agree upon an arbitrator who must either be a retired state civil district court or federal judge or a member of the bar in the state in which Community is located with at least ten (10) years of experience as a practicing attorney. If the parties cannot reach an agreement on an arbitrator, then the selection of an arbitrator shall be submitted to the American Arbitration Association ("AAA") and shall be performed pursuant to the rules for arbitrator selection established by the AAA.", and "Both parties shall designate expert witnesses, if any, sixty (60) days prior to the date selected by the arbitrator for arbitration. Both parties shall have forty-five (45) days after the designation of experts to depose such experts." - page 40, under the section titled "Liability and Damage Provisions", "Non-economic damages shall be limited to a maximum of $250,000." On December 18, 2024, at 3:06 p.m., licensed assisted living director (LALD)-B stated the licensee had a new contract in place that may	0 980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
0 980	Continued From page 17 have had the above language removed or altered. LALD-B stated they had not reissued the new contract to residents residing within the facility. On December 19, 2024, at 8:42 a.m., via email, LALD-B indicated, "As it relates to the arbitration agreement - location. (The section they noted is from the old agreements. We have since removed that language.) Additionally, we would voluntarily waive that provision of the arbitration agreement if we ever needed to enforce the agreement." No further information was provided. TIME PERIOD OF CORRECTION: Twenty-one (21) days	0 980		
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:	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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 18 Based on observation, interview, and record review, the licensee failed to ensure medications was administered per physician orders for one of five residents (R10). 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: R10 was admitted October 12, 2023, to receive assisted living services. R10's diagnosis included dementia in other diseases classified elsewhere unspecified severity. R10's Service Plan and Agreement dated February 13, 2024, indicated R10 received assistance with medications, housekeeping, laundry, and linen changes. R10's physician orders dated April 15, 2024, indicated the following: - levothyroxine 75mcg tablet, take ½ tablet (37.5mcg) by mouth in the morning 30 minutes before meal. On December 17, 2024, at 8:57 a.m., the surveyor observed ULP-G administer the following morning medications to R10: - calcium antacid 500mg chew; - clonazepam 0.5mg tab, give ½ tablet;	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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 19 - donepezil 5 mg tablet; - levothyroxine 75 mcg, ½ tablet (37.5mcg); - omeprazole 20mg capsule; and - vitamin D3 25mcg tablet. On December 17, 2024, at approximately 9:00 a.m., ULP-G stated that R10 had already eaten breakfast, and they preferred to take their medications after breakfast and frequently refused morning medications until after morning administration. R10's electronic medication administration record (EMAR) lacked documentation to show late administration of the prescribed levothyroxine on the date of the observed administration, or any prior administrations. On December 18, 2024, at 11:46 a.m., CNS-C stated the licensee tries to try to make medication passes patient (resident) centric and each medication pass ends up costing the resident money, so typically the licensee would attempt to consolidate medication passes to save the resident money. CNS-B stated the licensee would obtain orders so that the levothyroxine medication may be administered with other medications. The licensee's 7.01 Medication Management - Assessment, Monitoring & Reassessment dated February 12, 2024, indicated The Assisted Living Facility will, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber conduct an assessment to determine what medication management services will be provided and how the services will be provided. No further information was provided.	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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 20 TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01820 SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure written or electronically recorded prescriptions were maintained for one of one resident (R7). 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: R7 was admitted July 1, 2022, to receive assisted living services. R7's diagnosis included unspecified dementia without behavioral disturbances. R7's Service Plan and Agreement dated March 29, 2024, indicated R7 received assistance with laundry, safety checks, medication assist and administration, escort, one to one assistance with	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
01820	Continued From page 21 meals, two-person assistance with transfers, assistance with toileting, assistance with bathing, vital signs, and linen changes. R7's record contained physician orders dated April 22, 2024, which indicated the following: - Voltaren gel apply on right knee two times daily for arthritic plain. (Hospice will cover). On December 17, 2024, at 8:38 a.m., the surveyor observed unlicensed personnel (ULP)-G apply a small amount of diclofenac sodium 1% gel OTC to a gloved hand and then to R7's right knee. On December 17, 2024, at 8:41 a.m., ULP-G stated they recalled being trained to apply the cream using a measurement card but had not been supplied with a card to measure the medication. On December 18, 2024, at 10:30 a.m., clinical nurse supervisor (CNS)-C stated they thought it was odd there was no dosage indicated in the physician orders, but agreed there should be dosing guidelines within the written orders. CNS-C stated had directed nursing staff to begin verifying all orders for diclofenac gel in the facility, printed out dosage cards for administration, and will be providing additional training to staff regarding the proper administration of this cream. The licensee's 7.01 Medication Management - Assessment, Monitoring & Reassessment policy dated February 12, 2024, indicated the licensee, prior to providing medication management serves have a registered nurse, licensed health professional, or authorized prescriber conduct an assessment to determine what medication management services will be provided and how	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
01820	Continued From page 22 the services will be provided. The assessment must include a review of all mediations the resident will be provided and must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescription medications were securely locked in a substantially constructed compartment and permitted only authorized personnel to have access. This had the potential to affect all residents residing within the licensee's memory care unit. 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	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
01880	Continued From page 23 portion or all of the residents). The findings include: On December 18, 2024, at 1:41 p.m., the surveyor observed an unlocked and unattended medication cart in the licensee's second floor secured unit. The cart was in the unit's nursing station which was unsecured, unattended, and not under direct observation. The surveyor observed staff assisting residents with activities in the common area of the secured unit. The nursing station was out of direct line of sight of staff in the common area. Unlicensed personnel (ULP)-I was hired January 29, 2024, to provide assisted living services. On December 18, 2024, at 1:53 p.m., ULP-I stated they were responsible for the unlocked medication cart. ULP-I stated they were trained to ensure that the medication cart was always secured. On December 18, 2024, at 2:55 p.m., clinical nurse supervisor (CNS)-C stated staff are trained to secure medication carts. The licensee's 7.11 Medication Storage policy date February 12, 2024, indicated when medications are managed and stored by the assisted living facility, medications will be kept securely locked and stored per manufacturer's directions. Only authorized staff will have access to stored medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information and failed to ensure time sensitive medications were labeled with the date opened. This had the potential to affect all residents. 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). On December 18, 2024, at 2:15 p.m., during an audit of the licensee's medication cart in the lower-level secured unit, labeled "CART 1", the surveyor observed the following: - an insulin pen of Tresiba Flextouch with no opened-on date, belonging to R4. - Half of an unidentified white, oval shaped pill found in the back corner of the second from the bottom drawer of the medication cart. - One unidentified white, oval shaped pill found in	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 25 the back corner of the bottom drawer of the medication cart. On December 18, 2024, at 2:20 p.m., registered nurse (RN)-F verified the insulin pen should have been labeled with the date the pen was started. RN-F also stated the loose pills discovered in the medication cart should be packaged up and labeled for nursing staff to identify and dispose of. On December 18, 2024, at 2:56 p.m., clinical nurse supervisor (CNS)-C stated insulin pens should be labeled upon the start date, and loose pills should be packaged up for nursing staff to identify and destroy. The licensee's 7.11 Medication Storage policy dated February 12, 2024, indicated that when medications are managed and stored by the licensee, medications will be kept securely locked and stored per manufacturer's directions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

Environmental Health
Food, Pools, and Lodging
625 Robert St. N
St. Paul
651-201-5000

Type: Full
Date: *12/17/24*
Time: 09:00:00
Report: 1031241373

Food and Beverage Establishment Inspection Report

Location:
The Lodge
107 Bridgewater Way
Stillwater, MN55082
Washington County, 82

Establishment Info:
ID #: 0038076
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6514398200
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.

ITEMS IN COOLER #6 MEASURED 47-48F.
ALL ITEMS DISCARDED.
HAD STAFF ADJUST COOLER TEMP (TEMPS ON 12/18 < 41F).
MONITOR TEMP.

MILK AND MELONS IN ICE BATH MEASURED 45-48F.
ITEMS PUT OUT: 8AM. DISCARD REMAINING: 12PM.
USE TPHC FOR ICE BATH ITEMS.
Comply By: 12/17/24

4-700 Sanitizing Equipment and Utensils

4-703.11C ***** Priority 1 *****

MN Rule 4626.0905C Sanitize food contact surfaces of equipment and utensils after cleaning by using an approved chemical sanitizer in manual or mechanical operations for at least 7 or 10 seconds for chlorine depending on temperature, concentration, and pH; and 30 seconds for all other chemical sanitizers or a contact time used in relation with a combination of temperature, concentration, and pH.

SANITIZER DISPENSER CONCENTRATION MEASURED 100PPM.

DISCONTINUE USE OF SANITIZER DISPENSER UNTIL REPAIRED.

HAD STAFF MAKE SANI SOLUTION IN 3-COMP USING TEST STRIPS TO CHECK CONCENTRATION (150-400ppm).

INFORM INSPECTOR ONCE REPAIRED.

Comply By: 12/17/24

3-200B Food Characteristics:Receiving: temperature, condition

3-202.15 ***** Priority 2 *****

MN Rule 4626.0190 Food packages must be in good condition and must protect the food from adulteration and potential contaminants.

9 CANS IN DRY STORAGE FOUND DENTED AT TOP SEAM.

CANS REMOVED FROM STOCK - TO BE RETURNED OR DISCARDED.

INSPECT CONDITION OF CANS PRIOR TO ADDING TO KITCHEN STOCK.

Comply By: 12/20/24

4-300 Equipment Numbers and Capacities

4-302.12B ***** Priority 2 *****

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

ESTABLISHMENT DOES NOT HAVE A THIN PROBE THERMOMETER.

THERMOMETER WAS ORDERED.

Comply By: 12/20/24

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

3-304.14B

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

REPEAT FROM 3/29/2022 INSPECTION.

MULTIPLE SANITIZER BUCKETS MEASURED 100PPM QUAT.

HAD STAFF DUMP AND REMAKE BUCKETS.

USE TEST STRIPS TO CHECK CONCENTRATION IN MORNING, TO ENSURE PROPER CONCENTRATION.

CORRECTED ON SITE.

Comply By: 12/17/24

4-400 Equipment Location and Installation

4-402.11A

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

SOIL TABLE HAS BLACK SUBSTANCE IN/ON SILICONE AND DAMAGED SILICONE.

REMOVE SILICONE, CLEAN AREAS, AND RESILICONE (DO NOT SMEAR).

SILICONE APPLICATION DOCUMENT SENT WITH REPORT.

Comply By: 01/08/25

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.

1. BLACK TRIM UNDER TOP LID ON COOLER #6 IS DAMAGED.
REATTACH OR REPLACE TRIM.

2. BLACK SHELVING LINERS IN PREP AREA ARE STICKY. SHELVING UNDERNEATH IS DIRTY.
REMOVE AND CLEAN ALL LINERS IN PREP AREA, AND CLEAN STAINLESS SHLEVING.

Comply By: 01/08/25

4-600 Cleaning Equipment and Utensils

4-601.11B

MN Rule 4626.0840B Maintain the food contact surfaces of cooking equipment and pans free of encrusted grease deposits and other soil accumulations.

MERRYCHEF AND PANINI GRILL FOUND WITH ENCRUSTED FOOD DEBRIS IN INTERIOR AND ON PANINI COOKING SURFACES.

CLEAN MERRYCHEF PANINI GRILL.

Comply By: 01/08/25

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

1. MULTIPLE DAMAGED FRP WALLS AND TRIM IN DELIVERY PATHWAY.
2. DAMAGED TILE COVE IN DELIVERY PATHWAY.

REPAIR ALL AREAS.

RECOMMEND ADDING STAINLESS STEEL OUTSIDE CORNER GUARD TO DELIVERY PATHWAY TO PREVENT FUTURE DAMAGE.

Comply By: 01/08/25

Surface and Equipment Sanitizers

Quaternary Ammonia: = 100 at Degrees Fahrenheit
Location: Sanitizer Dispenser
Violation Issued: Yes

Quaternary Ammonia: = 100 at Degrees Fahrenheit
Location: Sani Bucket 1
Violation Issued: Yes

Quaternary Ammonia: = 100 at Degrees Fahrenheit
Location: Sani Bucket 2
Violation Issued: Yes

Hot Water: = at 174 Degrees Fahrenheit
Location: Dush Machine
Violation Issued: No

Hot Water: = at 166 Degrees Fahrenheit
Location: Tray Washer
Violation Issued: No

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: Sani Bucket 1 (correction)
Violation Issued: No

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: Sani Bucket 2 (correction)
Violation Issued: No

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: 3-Comp Basin
Violation Issued: No

Ambient Air Temp: = at 36 Degrees Fahrenheit
Location: Cooler #3
Violation Issued: No

Chlorine: = 100 at Degrees Fahrenheit
Location: Glasswasher
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Reheating/Meatballs
Temperature: 58 Degrees Fahrenheit - Location: Pan in Convi @ 9:30am
Violation Issued: No

Process/Item: Reheating/Meatballs
Temperature: 166 Degrees Fahrenheit - Location: Pan in Convi @ 10:30am
Violation Issued: No

Process/Item: Cold Hold/Chx Salan
Temperature: 36 Degrees Fahrenheit - Location: Walk-in Cooler
Violation Issued: No

Process/Item: Cold Hold/Ham
Temperature: 40 Degrees Fahrenheit - Location: Cooler #9 (top)
Violation Issued: No

Process/Item: Cold Hold/Potato Salad
Temperature: 37 Degrees Fahrenheit - Location: Cooler #9 (bottom)
Violation Issued: No

Process/Item: Hot Hold/Sausage
Temperature: 137 Degrees Fahrenheit - Location: Steam Table
Violation Issued: No

Process/Item: Cold Hold/Hard Boil Eggs
Temperature: 48 Degrees Fahrenheit - Location: Cooler #6 (top)
Violation Issued: Yes

Food and Beverage Establishment Inspection Report

Process/Item: Cold Hold/Greens
Temperature: 47 Degrees Fahrenheit - Location: Cooler #6 (bottom)
Violation Issued: Yes

Process/Item: Cold Hold/Burger Patty
Temperature: 39 Degrees Fahrenheit - Location: Cooler #8
Violation Issued: No

Process/Item: Cold Hold/Peaches
Temperature: 36 Degrees Fahrenheit - Location: Undercounter Cooler (service area)
Violation Issued: No

Process/Item: Cold Hold/Egg Salad
Temperature: 38 Degrees Fahrenheit - Location: Cooler #7
Violation Issued: No

Process/Item: Cold Hold/Oatmeal
Temperature: 165 Degrees Fahrenheit - Location: Food Warmer (expo)
Violation Issued: No

Process/Item: Cold Hold/Melon
Temperature: 48 Degrees Fahrenheit - Location: Container in Ice Bath (expo)
Violation Issued: Yes

Process/Item: Cold Hold/Milk
Temperature: 45 Degrees Fahrenheit - Location: Container in Ice Bath (expo)
Violation Issued: Yes

Process/Item: Cold Hold/Salad
Temperature: 38 Degrees Fahrenheit - Location: Deli Cooler (Sidneys)
Violation Issued: No

Process/Item: Cold Hold/Shrimp
Temperature: 33 Degrees Fahrenheit - Location: Undercounter Cooler (Sidneys)
Violation Issued: No

Process/Item: Cold Hold/Ranch
Temperature: 35 Degrees Fahrenheit - Location: Cooler #1
Violation Issued: No

Process/Item: Hot Hold/Rice
Temperature: 209 Degrees Fahrenheit - Location: Water Bath on Griddle (Sidneys)
Violation Issued: No

Process/Item: Cold Hold/Lime
Temperature: 36 Degrees Fahrenheit - Location: Bar Cooler #1
Violation Issued: No

Process/Item: Cold Hold/Water
Temperature: 37 Degrees Fahrenheit - Location: Cooler #6 (corrected)
Violation Issued: No

Type: Full
Date: *12/17/24*
Time: 09:00:00
Report: 1031241373
The Lodge

Food and Beverage Establishment Inspection Report

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	2	2	5

Nurse Evaluator on site: Zachary Morth.

Inspection conducted by Chris F (MDH) and discussed with Eric.

Discussed:
- Reheating and cooling procedures
- Memory care food deliveries
- Thermometer use
- Norovirus prevention

ILLNESS COMPLAINT PROCEDURE:
If any customer complains of illness take these steps:
1. Gather as much information from the customer as possible, such as: name, phone#, date of illness, food consumed.
2. Give customer the illness hotline phone number: 1-877-366-3455.
3. Contact your health inspector: Give inspector information gathered from customer and any other useful information.

Contact inspector prior to any major equipment or building changes; some changes may require plan review to be completed.

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

I acknowledge receipt of the Environmental Health inspection report number 1031241373 of 12/17/24.

Certified Food Protection Manager: Brittany J. Peppin

Certification Number: FM85482 Expires: 08/19/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Brittany Peppin
Person in Charge

Signed: _____
Chris Foster
Public Health Sanitarian III
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us