Electronically Delivered

August 2, 2024

Licensee
Serenity Court
100 Court Avenue South
Danforth, MN 55072

RE: Project Number(s) SL37724015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 10, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 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
	37724	A. BUILDING: _____ B. WING _____	07/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY COURT	100 COURT AVENUE SOUTH DANFORTH, MN 55072

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL37724015-0 On July 8, 2024, through, July 10, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 39 residents; 21 receiving services under the provider's Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	0 800		

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0 800	Continued From page 1 (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the facility tour on July 9, 2024, with the maintenance director (MD)-F, between 9:00 a.m. and 11:05 a.m. the following facility hazards and disrepair were observed: Fire Doors: Surveyor observed several fire doors that were propped open, had the closure disabled or had a various devices holding them open. All doors to the corridors or stairwells shall close and latch	0 800		

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0 800	Continued From page 2 under their own power. Several resident room doors were propped open. Several doors had the pins removed on the wind-up hinges. Surveyor explained to the MD-F, that all doors to the corridor must meet the minimum state fire code standard for fire doors and the fire rating shall be always maintained. Ceiling Tile: Surveyor observed ceiling tile missing in the basement area. Surveyor explained to the MD-F, that all ceiling assemblies must be kept in place in sprinkled facilities for fire sprinklers to work as effectively and actuate as designed. The deficient conditions were visually verified by the MD-F accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 800		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction	01290		

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01290	Continued From page 3 does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was associated with the licensee's current assisted living facility health facility identification (HFID) number for two of two unlicensed personnel ((ULP)-A, ULP-B). 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: The licensee's current licensee was issued on April 1, 2024, but licensee had maintained an assisted living facility license since August 1, 2021. ULP-A and ULP-B were hired October 11, 2023, and February 8, 2024, respectively. On July 8, 2024, at 12:00 p.m., licensed assisted living director (LALD)-C provided an untitled and undated document and indicated the document was the licensee's NetStudy 2.0 affiliation roster. The document included all employees hired by the licensee and when each employee was affiliated with the licensee's HFID. The first seven (7) employees on the roster were affiliated with licensee's HFID on July 2, 2024, and the	01290		

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01290	Continued From page 4 remaining nine (9) were affiliated on July 8, 2024, after the initiation of the current survey. On July 8, 2024, at 1:20 p.m., regional clinical director (RCD)-E stated the licensee became aware of the failure to affiliate all employees with licensee's HFID on July 2, 2024, but was not sure why all employees had not been affiliated on that date. RCD-E stated the licensee had affiliated all employees with an attached skilled nursing facility which the licensee also operated but had failed to affiliate any employee with the licensee's assisted living facility HFID the employees worked under. The licensee's Employee File - Background Check policy dated March 2023, indicated all employees would have a cleared background check through NetStudy, however the policy failed to identify the background study would be affiliated with the current HFID. No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01330 SS=D	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform;	01330		

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01330	Continued From page 5 (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of two employees (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On July 9, 2024, at 7:15 a.m., the surveyor observed ULP-B apply TED (thromboembolic deterrent) stockings and administer oral and topical medications to R2. ULP-B was hired on February 8, 2024. ULP-B's record lacked evidence ULP-B was trained and passed competency testing prior to the provision of services.	01330		

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01330	Continued From page 6 On July 8, 2024, at 2:20 p.m., licensed assisted living director (LALD)-C provided ULP-B's training and competency record. LALD-C stated the licensee must have misplaced ULP-B's training and competency records and no evidence of training and competency was located. On July 9, 2024, at 6:20 a.m., ULP-B stated they remember training for, "a couple hours," on skills by a nurse when they were first hired. ULP-B could not remember if they signed or authenticated anything on the training they received at that time. On July 9, 2024, at 6:40 a.m., regional clinical director (RCD)-E stated ULP-B was most likely not fully trained to the licensee's expectations and documentation of the training was not located. RCD-E stated ULP-B was to be supervised by RCD-E during that shift and any identified training lacking from ULP-B's record would be completed. The licensee's Competency Training Evaluations policy dated July 2024, indicated licensee would complete all required training and competency testing for each direct care employee prior to the employee providing services, and documentation of the training and competency would be maintained in each employee's respective records. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01330		
01880 SS=D	144G.71 Subd. 19 Storage of medications	01880		

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01880	Continued From page 7 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 medications were stored securely for one of three residents (R4) with medication management services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On July 9, 2024, at 7:00 a.m., during continuous medication administration observation, the surveyor entered R4's apartment with unlicensed personnel (ULP)-A who was to administer R4's morning medications. A bottle of ClearLAX (generic brand name for polyethylene glycol 3350, a common over the counter powder laxative) was noted in the glass door cabinet in R4's kitchen. ULP-A proceeded to administer R4's medication from a locked cabinet, locked the cabinet, and left R4's apartment leaving the bottle of ClearLAX in R4's unsecured cabinet. R4 was admitted on March 1, 2024.	01880		

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01880	Continued From page 8 R4's Assessment As Of Date dated June 14, 2024, read under section Med Management, "Medications are in locked safe/cabinet available only to staff," and "Med Self-Admin is not applicable." R4's Service Plan (Private) - Addendum to Contract signed July 3, 2024, indicated R4 required medication administration. On July 9, 2024, at 11:00 a.m., clinical nurse supervisor (CNS)-D stated R4 should have not had the ClearLAX unsecured in their room and ULP-A should have removed the medication when it was noticed. CNS-D stated R4 or R4's family most likely went to the store to buy the medication but was not left by the licensee. CNS-D stated the licensee would review R4's medication management plan with R4 and R4's designated representative to ensure a safe plan would be in place. The licensee's Medication Storage policy dated July 2024, indicated medications would be stored consistent with each resident's medication and service plans based on the nurse's assessment. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

MN Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *07/09/24*
Time: 10:30:00
Report: 1027241077

Food and Beverage Establishment Inspection Report

Location:
Serenity Court
100 Court Ave S
Sandstone, MN55072
Pine County, 58

Establishment Info:
ID #: 0037943
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 3203721340
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 163 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

LACTIC ACID: = 704 at Degrees Fahrenheit
Location: SANITIZER BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Walk-In Freezer
Temperature: 10 Degrees Fahrenheit - Location: THERMOMETER
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 36 Degrees Fahrenheit - Location: THERMOMETER
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 36 Degrees Fahrenheit - Location: THERMOMETER
Violation Issued: No

Process/Item: Hot Holding
Temperature: 151 Degrees Fahrenheit - Location: MEATBALLS
Violation Issued: No

Process/Item: Hot Holding
Temperature: 184 Degrees Fahrenheit - Location: CARROTS
Violation Issued: No

Type: Full
Date: *07/09/24*
Time: 10:30:00
Report: 1027241077
Serenity Court

Food and Beverage Establishment Inspection Report

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

DISCUSSED EMPLOYEE ILLNESS AND EXCLUSIONS, REQUIRED SANITIZER STRENGTHS, AND REQUIREMENTS FOR OFFERING FOODS TO HIGHLY SUSCEPTIBLE POPULATIONS. OBSERVED STAFF WEARING GLOVES WHEN HANDLING READY TO EAT FOODS.

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

I acknowledge receipt of the MN Department of Health inspection report number 1027241077 of 07/09/24.

Certified Food Protection Manager: LYNN HOLMGREN

Certification Number: FM51207 Expires: 01/11/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

AMANDA DEMINGS
FOOD MANAGER

Signed: Ian Harrison

Ian H

651-201-4500
health.foodlodging@state.mn.us

Food Establishment Inspection Report

Report #: 1027241077

DEPARTMENT OF HEALTH

MN Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975

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

Date 07/09/24
Time In 10:30:00
Time Out

Serenity Court	**Address** 100 Court Ave S	**City/State** Sandstone, MN	**Zip Code** 55072	**Telephone** 3203721340
License/Permit # 0037943	**Permit Holder**	**Purpose of Inspection** Full	**Est Type**	**Risk Category**

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

Compliance Status		COS	R
Surpervision			
1	IN OUT	PIC knowledgeable; duties & oversight	
2	IN OUT N/A	Certified food protection manager, duties	
Employee Health			
3	IN OUT	Mgmt/Staff;knowledge,responsibilities&reporting	
4	IN OUT	Proper use of reporting, restriction & exclusion	
5	IN OUT	Procedures for responding to vomiting & diarrheal events	
Good Hygenic Practices			
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use	
7	IN OUT N/O	No discharge from eyes, nose, & mouth	
Preventing Contamination by Hands			
8	IN OUT N/O	Hands clean & properly washed	
9	IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed	
10	IN OUT	Adequate handwashing sinks supplied/accessible	
Approved Source			
11	IN OUT	Food obtained from approved source	
12	IN OUT N/A N/O	Food received at proper temperature	
13	IN OUT	Food in good condition, safe, & unadulterated	
14	IN OUT N/A N/O	Required records available; shellstock tags, parasite destruction	
Protection from Contamination			
15	IN OUT N/A N/O	Food separated and protected	
16	IN OUT N/A	Food contact surfaces: cleaned & sanitized	
17	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	IN OUT N/A N/O	Proper cooking time & temperature	
19	IN OUT N/A N/O	Proper reheating procedures for hot holding	
20	IN OUT N/A N/O	Proper cooling time & temperature	
21	IN OUT N/A N/O	Proper hot holding temperatures	
22	IN OUT N/A	Proper cold holding temperatures	
23	IN OUT N/A N/O	Proper date marking & disposition	
24	IN OUT N/A N/O	Time as a public health control: procedures & records	
Consumer Advisory			
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food	
Highly Susceptible Populations			
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
Food and Color Additives and Toxic Substances			
27	IN OUT N/A	Food additives: approved & properly used	
28	IN OUT	Toxic substances properly identified, stored, & used	
Conformance with Approved Procedures			
29	IN OUT N/A	Compliance with variance/specialized process/HACCP	

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS=** corrected on-site during inspection **R=** repeat violation

			COS	R
Safe Food and Water				
30	IN OUT N/A	Pasteurized eggs used where required		
31		Water & ice obtained from an approved source		
32	IN OUT N/A	Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A N/O	Plant food properly cooked for hot holding		
35	IN OUT N/A N/O	Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37		Food properly labled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

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Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single service articles: properly stored & used		
46		Gloves used properly		
Utensil Equipment and Vending				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) **Date:** 07/11/24

Inspector (Signature) Dan Harrison