Electronically Delivered

April 10, 2025

Licensee
Truman Manor Apartments
402 North 4th Avenue East
Truman, MN 56088

RE: Project Number(s) SL30285016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 12, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - $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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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
	30285	A. BUILDING: _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUMAN MANOR APARTMENTS	402 NORTH 4TH AVENUE EAST TRUMAN, MN 56088

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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: SL30285016-0 On March 10, 2025, through March 12, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were ten residents; nine receiving services under the 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.	
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services	0 485		

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0 485	Continued From page 1 All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living package fee. This had the potential to affect all residents of the facility. 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 potential to affect a large portion or all the residents). The findings include: On page five of the licensee's assisted living contract, Section three (III) Housing included: 1. Housing Related Services included in the Monthly	0 485		

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0 485	Continued From page 2 Rent: [licensee name] includes all basic housing services or amenities identified below in the month rent. b. Availability of Three (3) nutritious meals per day. The licensee's Meal/Food Plan Addendum (part of the assisted living contract) indicated to: Please select one of the following Meal/Food plan options. -three (3) meals each day for $650 per month or per county contract; -three (3) meals each day for 2nd person for $450 per month; -no meal plan through [licensee name]. The Meal Program Addendum lacked an option for residents to opt out of payment for one or two meals residents would not want. On March 12, 2025, at 10:01 a.m., licensed practical nurse/housing manager (LPN/HM)-C and clinical nurse supervisor (CNS)-B stated the same assisted living contract was used for all residents and did not offer residents to opt out of one or two meals the resident would not want. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies	0 680		

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0 680	Continued From page 3 temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post an emergency preparedness plan prominently. This had the potential to impact all residents, staff, and visitors to the licensee's facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include:	0 680		

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0 680	Continued From page 4 On March 10, 2025, at 11:30 a.m. during the facility tour, the surveyor did not observe any signage or information regarding the licensee's emergency disaster or preparedness plan posted. On March 10, 2025, at 11:49 a.m., licensed practical nurse/housing manager (LPN/HM)-C stated the plan was not posted prominently and was not aware of the requirement. The licensee's Emergency and Disaster Preparedness policy dated revised September 1, 2024, included the facility would post the emergency disaster plan prominently. No additional information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 780 SS=F	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 operate; and	0 780		

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0 780	Continued From page 5 (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 provide smoke alarms that are interconnected so that the actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During a facility tour on March 12, 2025, from 1:55 p.m. through 2:52 p.m. the surveyor entered resident unit 112 with environmental services director (ESD)-F. ESD-F tested the smoke alarms and the surveyor observed that the smoke alarm located inside the bedroom and outside in the immediate vicinity of the bedroom were not interconnected. ESD-F stated that the bedroom smoke alarms were recently installed and that none of the resident units had interconnected alarms.	0 780		

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0 780	Continued From page 6 All resident units required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling unit. ESD-F verified the above findings while accompanying on the tour and stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the 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) and was issued at an	0 800		

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0 800	Continued From page 7 isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: During a facility tour on March 12, 2025, from 1:55 p.m. through 2:52 p.m. with environmental services director (ESD)-F the surveyor observed broken glass in a window by the front door. Broken glass can fall out of the frame and create sharp, jagged edges. During same tour the surveyor observed the bathroom exhaust fan in resident room 115 was not working properly. Bath fans that are provided must be maintained in working order to remove moisture and humidity from the bathroom. ESD-F visually verified these deficient findings at the time of discovery. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident	01640		

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01640	Continued From page 8 about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of two residents (R2). 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 March 10, 2025, at 11:55 a.m., the surveyor observed R2 feeding herself pureed food in the dining room. On March 11, 2025, at 9:07 a.m., R2 stated she had a pureed diet because she was unable to chew food. R2 indicated she had been having on-going denture and mouth sore issues, and the	01640		

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01640	Continued From page 9 pureed diet allowed her to continue to eat. R2's diagnoses included mild cognitive impairment, nutritional anemia, underweight, and weakness. R2's Service Plan (Private) - Addendum to Contract dated January 1, 2025, indicated R2 received services including bathing assistance, housekeeping, laundry, safety checks, monthly vital signs, and medication administration. The service plan failed to identify the treatment of pureed diet. R2's prescriber orders dated February 26, 2025, included an order for a pureed diet. R2's record lacked documentation of the pureed diet. On March 12, 2025, at 10:04 a.m., clinical nurse supervisor (CNS)-B stated R2's service plan lacked the treatment of pureed diet, and it should have been revised to be included. The licensee's 6.10 Service Plan Modifications policy as revised June 1, 2024, identified when a change to the service plan occurs, the service plan must be amended in writing and signed by the resident or the resident's designated representative. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01870 SS=D	144G.71 Subd. 18 Medications provided by resident or family me	01870		

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01870	Continued From page 10 When the assisted living facility is aware of any medications or dietary supplements that are being used by the resident and are not included in the assessment for medication management services, the staff must advise the registered nurse and document that in the resident record. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure residents were assessed for self-administration of medications and failed to have awareness of medications stored in a resident room for one of two residents (R1) who self-administered medications. 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: R1's diagnoses included diabetes and congestive heart failure (heart doesn't pump blood effectively). R1's Service Plan (Waiver) - Addendum to Contract dated October 1, 2024, indicated R1 required assistance with blood sugar checks, TED (thrombo-embolic deterrent) hose (compression socks used to increase circulation to prevent swelling), medication administration,	01870		

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01870	Continued From page 11 behavior management, and safety checks. On March 10, 2025, at 1:30 p.m., the surveyor observed a bottle of acetaminophen 500 milligram (mg) (mild to moderate pain reliever) in R1's room on the end table next to his couch. R1 stated he took the medication as needed independently. The acetaminophen was not included in R1's prescriber orders dated October 15, 2024. R1's Individualized Medication Management Plan dated February 11, 2025, indicated an assessment for self-administration was not applicable and R1 required assistance with medication administration. On March 12, 2025, at 9:40 a.m., unlicensed personnel (ULP)-E stated she had noticed and previously reported the bottle of acetaminophen to the nurse. ULP-E stated R1 should not have medications in his room as his medications were managed by the licensee. On March 12, 2025, at 9:58 a.m., clinical nurse supervisor (CNS)-B stated all of R1's medications were managed by the licensee. CNS-B was not aware R1 had a bottle of acetaminophen in his room. CNS-B stated she would need to assess if it was safe for resident to self-administer and store medications in his room. The licensee's 7.01 Medication Management - Assessment, Monitoring & Reassessment policy dated revised June 1, 2024, noted the registered nurse (RN) would complete a medication assessment to include an identification and review of all medications the resident is known to be taking.	01870		

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	30285	A. BUILDING: _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUMAN MANOR APARTMENTS	402 NORTH 4TH AVENUE EAST TRUMAN, MN 56088

(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
01870	Continued From page 12 The licensee's 7.03 Medication Management Individualized Plan dated revised June 1, 2024, noted the licensee would develop and maintain a current individualized medication management record for each resident based on the resident's assessment that would contain a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions. The policy further noted the medication management record would be current and updated when there are any changes. The licensee's 7.11 Medication Storage policy dated revised June 1, 2024, identified medications would be stored consistent with each residents' medication management plan and service plan. The licensee's 7.14 Medications Provided by Resident or Others policy dated revised June 1, 2024, noted when the licensee becomes aware of any medications or dietary supplements that are being used by the resident and are not included in the assessment for medication management services, the staff must advise the registered nurse and document that in the resident record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01870		
01890 SS=D	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	01890		

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01890	Continued From page 13 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 accurate labeling for one of one resident (R2) with a prescription eye drop. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2's Service Plan (Private) - Addendum to Contract dated January 1, 2025, indicated R2 received services including medication administration. R2's prescriber orders dated February 18, 2025, included artificial tears one drop to both eyes twice daily. R2's medication administration record (MAR) dated March 1, 2025, included the same order for Refresh (brand name for artificial tears) one drop in each eye twice daily. On March 11, 2025, at 8:34 a.m., unlicensed personnel (ULP)-E was observed administering	01890		

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01890	Continued From page 14 medication to R2 including the Refresh eye drop. The prescription label on the eye drop indicated to apply one drop to both eyes 2-3 x daily. The prescription label did not match the current prescriber order. On March 11, 2025, at 8:35 a.m., licensed practical nurse/housing manager (LPN/HM)-C observed R2's Refresh eye drop prescription label and compared with R2's current prescriber orders and stated there was a discrepancy between the label and order. LPN/HM-C stated there should have been a "directions changed refer to chart" sticker applied to the prescription label. The licensee's 7.12 Medications - Prescribed, Not Prescribed & OTC (over the counter) policy dated revised June 1, 2025, noted the licensee providing medication management services must retain items in the original labeled container with directions for use prior to setting up for immediate or later administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01940	Continued From page 15 individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (R2). 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	01940		

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01940	Continued From page 16 situation has occurred only occasionally). The findings include: During the entrance conference on March 10, 2025, at 10:30 a.m., licensed practical nurse/housing manager (LPN/HM)-C and clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services to their residents, including modified diets. On March 10, 2025, at 11:55 a.m., the surveyor observed R2 feeding herself pureed food in the dining room. On March 11, 2025, at 9:07 a.m., R2 stated she had a pureed diet because she is unable to chew food. R2 indicated she had been having on-going denture and mouth sore issues, and the pureed diet allowed her to continue to eat. R2's diagnoses included mild cognitive impairment, nutritional anemia, underweight, and weakness. R2's Service Plan (Private) - Addendum to Contract dated January 1, 2025, indicated R2 received services including bathing assistance, housekeeping, laundry, safety checks, monthly vital signs, and medication administration. The service plan failed to identify the treatment of a pureed diet. R2's prescriber orders dated February 26, 2025, included an order for pureed diet. R2's record lacked a treatment or therapy management plan to include the following: (1) a statement of the type of services that will be provided;	01940		

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01940	Continued From page 17 (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. On March 12, 2025, at 10:04 a.m., clinical nurse supervisor (CNS)-B stated R2's record lacked a treatment management plan to include all the required content as noted above. CNS-B indicated she had not recognized R2's modified diet as a treatment. The licensee's 7.05 Treatment & Therapy Management Plan dated revised June 1, 2024, noted for each resident receiving management of prescribed treatments, the facility would develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: A. A statement of the type of services that will be provided B. Documentation of specific resident instructions relating to the treatments or therapy administration. c. Identification of treatment or therapy tasks that will be delegated to unlicensed personnel	01940		

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01940	Continued From page 18 d. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services. e. Any resident-specific requirements relating to documentation of treatment and therapy received. f. Verification that all treatment and therapy was administered as prescribed. g. Monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01940		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee lacked documentation of treatments for one of two residents (R2).	01960		

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01960	Continued From page 19 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 March 10, 2025, at 11:55 a.m., the surveyor observed R2 feeding herself pureed food in the dining room. On March 11, 2025, at 9:07 a.m., R2 stated she had a pureed diet because she was unable to chew food. R2 indicated she had been having on-going denture and mouth sore issues, and the pureed diet allowed her to continue to eat. R2's diagnoses included mild cognitive impairment, nutritional anemia, underweight, and weakness. R2's Service Plan (Private) - Addendum to Contract dated January 1, 2025, indicated R2 received services including bathing assistance, housekeeping, laundry, safety checks, monthly vital signs, and medication administration. The service plan failed to identify the treatment of pureed diet. R2's prescriber orders dated February 26, 2025, included an order for a pureed diet. R2's record lacked documentation of the pureed diet.	01960		

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01960	Continued From page 20 On March 12, 2025, at 10:04 a.m., clinical nurse supervisor (CNS)-B stated R2's record lacked documentation of the treatment provided. CNS-B indicated she had not recognized R2's modified diet as a treatment. The licensee's 7.22 Medication & Treatment Record - Documentation & Refusal policy dated revised June 1, 2024, indicated the licensee would create and maintain a correct and accurate treatment record for each resident receiving treatments. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were documented after administration for one of two employees (unlicensed personnel (ULP)-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or	02320		

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02320	Continued From page 21 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 March 11, 2025, at 8:10 a.m., the surveyor observed ULP-E prepare R2's medications. ULP-E compared each medication label to the medication administration record (MAR), placed the medication into a medication cup, and check marked "verify" and "administered" on the MAR, and delivered the medications to the resident. When interviewed at this time, ULP-E stated she should not mark administered until after the resident has actually taken the medication. On March 12, 2025, at 10:04 a.m., clinical nurse supervisor (CNS)-B stated staff should sign off medications as administered after administration, not before. The licensee's 7.08 Medication Management - Administration & Setup policy dated June 1, 2024, policy noted documentation of medication administration would be completed immediately after the task had been performed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Minnesota Department of Health
Environmental Health, FPLS
P. O. Box 64495
St. Paul, MN 55164-0495
651-201-4500

Type: Full
Date: *03/11/25*
Time: 11:15:33
Report: 1034251048

Food and Beverage Establishment Inspection Report

Location:

Truman Manor Apartments
402 North 4th Avenue East
Truman, MN56088
Martin County, 46

Establishment Info:

ID #: 0038338
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5077768706
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.

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 41.0 Degrees Fahrenheit - Location: Juice
Violation Issued: No

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

Food is made in nursing home kitchen and brought over to assisted living side on a daily basis. Dishes are washed in nursing home dishwasher.

Inspection conducted in conjunction with HRD.

Type: Full
Date: *03/11/25*
Time: 11:15:33
Report: 1034251048
Truman Manor Apartments

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1034251048 of 03/11/25.

Certified Food Protection Manager: Holly L Petersen

Certification Number: FM97821 Expires: 03/16/25

Inspection report reviewed with person in charge and emailed.

Signed: emailed

s.hansen@heartlandseniorliving

Signed: McKenna Mathews

McKenna Mathews, RS
Public Health Sanitarian 2
Mankato District Office
507-344-2729
mckenna.mathews@state.mn.us