



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 2, 2022

Administrator
Generations Home Care Inc
841 Pinecone Road
Sartell, MN 56377

RE: Project Number SL36691015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on July 13, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

The enclosed State Form documents the state licensing orders. The Department of Health 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 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.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 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 the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

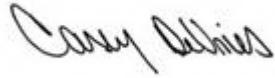
Generations Home Care Inc

August 2, 2022

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You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Casey DeVries". The signature is written in a cursive, flowing style.

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/13/2022
NAME OF PROVIDER OR SUPPLIER GENERATIONS HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 841 PINECONE ROAD SARTELL, MN 56377		
(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 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: SL# 36691015 On July 12 through July 13, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were six (6) residents, all of whom received services under the provider's Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. 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 surveyors' 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 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) 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 following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and 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 had the potential to affect all five residents of the 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: Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated July 12, 2022, for the specific Minnesota	0 480		

Minnesota Department of Health

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0 480	Continued From page 2 Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
01760 SS=C	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: Based on interview and record review, the licensee failed to ensure as needed (PRN) medications had documentation of effectiveness after administration for one of one resident (R1). 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).	01760		

Minnesota Department of Health

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01760	Continued From page 3 The findings include: R1 was admitted for services on October 10, 2020. R1's diagnoses included intellectual impairment, heart disease, and obesity. R1's service plan dated June 1, 2022, indicated R1 received medication administration three times daily and PRN. R1's PRN Medication Record for July 2022, indicated: - on July 5, 2022, R1 received loperamide (an anti-diarrheal) 2-2 milligrams (mg) caps for loose stools - on July 8, 2022, acetaminophen 1000 mg for pain rate of 10/10, and - on July 9, 2022, acetaminophen 1000 mg for pain rate of 8/10. R1's PRN medication record lacked documentation of the effectiveness of the PRNs given. On July 14, 2022, at 12:00 p.m., licensed practical nurse (LPN)-B stated the expectation for unlicensed personnel (ULP) when administering as needed medications is they should follow the medication administration record (MAR), call the nurse and let the nurse know if the medication worked or not. On July 14, 2022, at 1:15 p.m., licensed assisted living director (LALD)-A stated the expectation is for staff to document the effectiveness of the PRN given. LALD- A stated this has been an issue for all the residents. LALD-B stated "We have tried a couple different ways to remind staff to do this such as placing a 'tab' in the medication	01760		

Minnesota Department of Health

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01760	Continued From page 4 administration record (MAR) to help remind staff to go back and document the follow up. We will continue to remind staff of the expectation." The licensee's PRN Medications policy dated August 1, 2021, indicated to document on the medication record or in the PRN medication notes sheet, follow up communication with resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			

Type: Full
Date: 07/12/22
Time: 12:30:00
Report: 1017221117

Food and Beverage Establishment Inspection Report

Page 1

Location:

Generations Home Care Inc
841 Pinecone Road
Sartell, MN56377
Stearns County, 73

Establishment Info:

ID #: 0038493
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3202828074
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.

4-500 Equipment Maintenance and Operation

4-501.114C1 ** Priority 1 **

MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.

CHLORINE MEASURED 0 PPM CONCENTRATION OF SANITIZER IN DISH MACHINE, MAINTAIN AT 50 PPM MINIMUM CONCENTRATION.

Comply By: 07/19/22

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

3-305.11A

MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

FOOD LOCATED IN DRY STORAGE WAS BEING STORED ON THE FLOOR, MOVE FOOD TO SHELVING. FOOD WAS MOVED DURING INSPECTION.

Comply By: 07/19/22

Surface and Equipment Sanitizers

Chlorine: = 0 PPM at Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 37 Degrees Fahrenheit - Location: AMERICAN CHEESE LOCATED IN UPRIGHT COOLER

Type: Full
Date: 07/12/22
Time: 12:30:00
Report: 1017221117
Generations Home Care Inc

Food and Beverage Establishment Inspection Report

Page 2

Violation Issued: No

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

DISCUSSION:

AVOID BARE HAND CONTACT WITH READY TO EAT FOOD, HAND WASHING, EMPLOYEE ILLNESS LOG.

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 1017221117 of 07/12/22.

Certified Food Protection Manager: CHRISTINA LEEANNE TEW

Certification Number: 106553 Expires: 04/05/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Establishment Representative

Signed: 

INSPECTOR ID # 1017

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

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pools & Lodging Services
P.O. BOX 64975
ST. PAUL, MN 55164-0975

No. of RF/PHI Categories Out

1

Date 07/12/22

No. of Repeat RF/PHI Categories Out

0

Time In 12:30:00

Legal Authority MN Rules Chapter 4626

Time Out

Generations Home Care Inc

Address

841 Pinecone Road

City/State

Sartell, MN

Zip Code

56377

Telephone

3202828074

License/Permit #

0038493

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

Supervision

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 Hygienic 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 procedure 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

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

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 labeled; original container	
Prevention of Food Contamination					
38				Insects, rodents, & animals not present	
39	☒ X			Contamination prevented during food prep, storage & display	
40				Personal cleanliness	
41				Wiping cloths: properly used & stored	
42				Washing fruits & vegetables	

Food Recalls:

Person in Charge (Signature)

Date: 07/12/22

Inspector (Signature)

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		
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Highly Susceptible Populations

26	☐ IN	☐ OUT	☒ N/A	Pasteurized foods used; prohibited foods not offered		
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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		
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Risk factors (RF) are improper practices or procedures 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.