Electronically Delivered

February 2, 2022

Administrator
Windsong At Woodsedge
1010 Anne Street Northwest
Bemidji, MN 56601

RE: Project Number(s) SL27160015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on January 6, 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 surveys. 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

Free from Maltreatment reconsideration requests should addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

St. Paul, MN 55164-0970 St. Paul, MN 55164-0970

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,

Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 507-344-2730 Fax: 651-215-9697

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27160	A. BUILDING: _____ B. WING _____	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSONG AT WOODSEDGE	1010 ANNE STREET NW BEMIDJI, MN 56601

(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: SL27610015 On January 4 through January 6, 20211, 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 sixty-three (63) residents receiving 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.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470		

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0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement a staffing plan to determine staffing levels to meet the needs of 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	0 470		

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0 470	Continued From page 2	0 470		

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 held an assisted living facility license. The facility was licensed for a bed capacity of 80 residents and had a current census of 63 residents, with 21 residents receiving assisted living services while the other 42 had a contract for housing only.

During the entrance conference on January 4, 2022 at approximately 11:30 a.m., registered nurse (RN)-C was identified as the clinical nurse supervisor and as having completed the licensee's staffing plan.

On January 4, 2022, at 12:00 p.m., the surveyor reviewed the licensee's staffing plan during the tour of the facility. The staffing plan dated August 1, 2021, indicated one unlicensed personnel (ULP) would be scheduled per shift and one RN would be available Monday thru Friday 8:00 a.m. to 5:00 p.m., and available 24-hours a day for staff support. The staffing plan lacked additional information to indicate how the licensee determined when staffing ratios would change.

On January 5, 2022, at approximately 9:35 p.m., RN-C stated staffing would fluctuate based on service needs and a census grid was used to determine staffing, although the census grid was not part of the staffing plan. RN-C did not provide the census grid for review.

A licensee's State-Specific Senior Living Information - Minnesota policy dated December

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0 470	Continued From page 3 21, 2021, indicated the clinical nurse supervisor must develop and implement a staffing plan that includes an evaluation at least twice per year the appropriateness of staffing levels in the assisted living facility, ensures sufficient staffing at all times based on residents' needs as identified in assessments and service plans and ensures the assisted living facility can respond promptly to all emergency situations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (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	0 480		

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0 480	Continued From page 4 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) 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 January 5, 2022 for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives,	0 730		

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0 730	Continued From page 5 guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure documentation of all services received for one of four residents (R5), with records reviewed. 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	0 730		

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0 730	Continued From page 6 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: R5's diagnoses included atrial fibrillation, depression, hypertension and knee pain. R5's Service Plan Agreement dated December 9, 2021, indicated R5 received services, which included emptying of R5's catheter bag seven times a day. On January 4, 2022, at 1:30 p.m., the surveyor observed unlicensed personnel (ULP)-D empty R5's catheter bag, as scheduled. R5's Service Checkoff List dated December 1 thru December 31, 2021, indicated R5's catheter care service not documented as completed on the following dates: -three of seven catheter care services on December 21, 2021; -three of seven catheter care services on December 22, 2021; -one of seven catheter care services on December 23, 2021; -three of seven catheter care services on December 25, 2021; -three of seven catheter care services on December 27, 2021; and -three of seven catheter care services on December 28, 2021. On January 6, 2022 at 10:55 a.m., registered nurse (RN)-C confirmed staff failed to acknowledge the services as complete on the above dates.	0 730		

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0 730	Continued From page 7 The licensee's Medical Record, Resident - Assisted Living policy, dated August 17, 2021, indicated the resident medical record would furnish documentation evidence of the course of stay in the assisted living community (ALC) and service as a basis for review, study and evaluation of resident care rendered. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		
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) employee 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) Employees 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	0 810		

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0 810	Continued From page 8 include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees 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. This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to provide the required training, drills, and plans for fire safety and evacuation. This had the potential to affect all residents and staff. 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: On January 5, 2022, at approximately 1:50 p.m., administrator-A provided documents for review. On January 5, 2022, between 1:50 p.m. and 2:20 p.m., survey staff reviewed the Emergency Response Manual (no date) and the Emergency Operations Plan dated 07-21-2021. 1. Documents failed to include identification of unique or unusual resident needs for movement or evacuation during a fire or similar emergency; 2. The licensee failed to provide documentation of	0 810		

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0 810	Continued From page 9 annual fire safety and evacuation training for residents; 3. The licensee failed to provide the required staff training frequency for fire safety and evacuation. Staff training was provided upon hire and annually; 4. The licensee failed to provide documentation that evacuation drill frequency was met. One Fire Drill Report dated December 15, 2021, was provided. Additional fire drill reports were requested but not provided. On January 5, 2022, between 2:20 p.m. and 2:40 p.m., during the exit interview with administrator-A, he confirmed that the policies required revision and that staff training requirements were not met. Administrator-A stated that he was unsure of the current policy for resident training. Administrator-A stated he was unsure on the evacuation drill frequency for the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 950 SS=F	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE	0 950		

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0 950	Continued From page 10 FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure four of four residents' (R1, R3, R4, and R5) assisted living contract included a notice with the required verbiage for the residents to identify a designated representative. This had the potential to affect all 21 residents who received services at 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, 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	0 950		

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0 950	Continued From page 11 has affected or has the potential to affect a large portion or all of the clients). The findings include: R1 R1's diagnoses included hypertension (high blood pressure), rheumatoid arthritis, atrial fibrillation (an irregular often fast heart rate), and hypothyroidism (underactive thyroid). R1's Service Plan Agreement dated August 18, 2021, indicated R1 received services, which included assistance with activities of daily living, housekeeping, medication setup and medication administration. R3 R3's diagnoses included hypertension, diabetes, chronic kidney disease, and chronic heart failure. R3's Service Plan Agreement dated October 18, 2021, indicated R3 received services, which included assistance with activities of daily living, housekeeping, medication administration, insulin administration, and blood sugar check assistance. R4 R4's diagnoses included chronic kidney disease, spondylosis (degeneration in the spine), depression and anxiety. R4's Service Plan Agreement dated November 24, 2021, indicated R4 received services, which included assistance with activities of daily living, medication set up and medication reminders. R5 R5's diagnoses included atrial fibrillation,	0 950		

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WINDSONG AT WOODSEDGE	1010 ANNE STREET NW BEMIDJI, MN 56601

(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
0 950	Continued From page 12 depression, hypertension and knee pain. R5's Service Plan Agreement dated December 9, 2021, indicated R5 received services, which included assistance with activities of daily living, catheter care, housekeeping and medication administration. R1's, R3, R4, and R5's Senior Living Occupancy Agreement Assisted Living document signed September 9, 2021, July 19, 2021, July 14. 2021, and August 5, 2021, respectively, included in Addendum B the following verbiage, "The Tenant may, but is not required to, designate a Representative to the OWNER at any time to represent the Tenant in his/her dealings with the OWNER [space for resident's name] chooses [space for a name] as his/her representative. This designation does not and is not intended to grant a power of attorney in any form to the chosen Representative UNLESS appropriate legal certification accompanies this designation. If Tenant declines to name a Designated representative, Tenant initial here [space]." On January 5, 2022, at approximately 3:35 p.m., interim licensed assisted living director (LALD)-B confirmed the assisted living contract was a template contract created by the corporate office and was used for all residents who received services at the facility. Interim LALD-B confirmed Addendum B of the assisted living contract did not contain all the language required as written in the statute regarding the resident's right to designate a representative. A request was made for a policy on designated representative, and it was not provided. No further information was provided.	0 950		

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0 950	Continued From page 13 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the	01470		

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01470	Continued From page 14 facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted living facility statutes included all the required content for two of two employees, (RN-C and ULP-D) with records reviewed. 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).	01470		

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01470	Continued From page 15 The findings include: Registered Nurse (RN)-C RN-C started employment on January 21, 2019, under the comprehensive home care license and began providing assisted living services on August 1, 2021. RN-C was hired to provide direct care services and supervision of unlicensed personnel (ULP). RN-C's employee record lacked documentation of the following required orientation to assisted living: - review of the provider's policies and procedures; and - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints. On January 6, 2021, at 11:15 a.m., RN-C stated she did not recall completing the above required orientation. ULP-D ULP-D started employment on May 1, 2000, under the comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-C was hired to provide direct care services to the licensee's residents. ULP-D's employee record lacked documentation of the following required orientation to assisted living: - review of the provider's policies and procedures; - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health	01470		

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01470	Continued From page 16 Facility Complaints; - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; - a review of the types of assisted living services the employee will be providing and the facility's category of licensure; and - principles of person-centered planning and service delivery. On January 6, 2021 at approximately 11:00 a.m., administrator-A confirmed ULP-D had not completed orientation to the assisted living bill of rights, consumer advocacy, review of services, or person-centered care. RN-C stated policies and procedures were reviewed at staff meetings, however, documentation had not occurred. The licensee's Required Training for All Employees policy dated August 3, 2021, indicated the orientation would include the following topics: - overview of Chapter 144G; - introduction and review of licensee's policies and procedures related to provision of services; - handling of emergencies and use of emergency procedures; - compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); - assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection f those rights; - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;	01470		

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01470	Continued From page 17 - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints (OHFC); - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and - a review of the types of assisted living services the employee will be providing and the facility's category of licensure. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01620 SS=D	144G.70 Subd. 2 Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90	01620		

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01620	Continued From page 18	01620		

calendar days from the date of the last review.
(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment using the uniform assessment tool on day 14 for one of one resident (R5) and on day 90 for one of three residents (R1) as required with records reviewed.

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:

R5
R5 initiated assisted living services on October 20, 2021, for diagnosis including atrial fibrillation (an irregular often fast heart rate), depression, hypertension (high blood pressure) and knee pain.

R5's Service Plan Agreement dated December 9, 2021, indicated R5 received services, which

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01620	Continued From page 19 included assistance with activities of daily living, catheter care, housekeeping and medication administration. On January 4, 2022, at 1:30 p.m., the surveyor observed unlicensed personnel (ULP)-D administering R5's scheduled eye drops. R5's record included a Nursing Assessment and Level of Care Evaluation dated October 20, 2021. R5's record lacked a 14-day uniform assessment tool, due on November 3, 2021. On January 6, 2022 at 10:55 a.m., RN-C confirmed a 14-day assessment had not be completed for R5. R1 R1's record lacked evidence that the RN completed a comprehensive reassessment using the uniform assessment tool in the past 90 days. R1's diagnoses included hypertension, rheumatoid arthritis, atrial fibrillation and hypothyroidism (underactive thyroid). R1's Service Plan Agreement dated August 18, 2021, indicated R1 received services, which included assistance with activities of daily living, housekeeping, medication setup and medication administration. On January 5, 2022, at approximately 7:45 a.m., the surveyor observed ULP-D administering R1 her scheduled morning medications. R1's record included a Mini Mental Exam, Geriatric Depression Scale, and a Fall Screening dated September 14, 2021. R1's record lacked a comprehensive 90-day reassessment.	01620		

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01620	Continued From page 20 On January 5, 2022, at approximately 11:05 a.m., RN-C confirmed a 90-day reassessment had not been completed for R1. RN-C stated she was aware R1's assessment was overdue. The licensee's Resident Assessment - Assisted Living policy dated August 3, 2021, noted the Level of Care Evaluation or Nursing Assessment and Level of Care Evaluation would be completed by a RN for each resident prior to or upon admission, upon significant change in condition, annually or per state regulations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01640 SS=D	144G.70 Subd. 4 Service plan, implementation, and revisions t (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 about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan	01640		

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01640	Continued From page 21	01640		

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 service plans were revised to reflect the current services provided for one of four residents (R4), with records reviewed.

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:

R4's record lacked documentation the service plan was revised each time a new service was added.

R4's diagnoses included chronic kidney disease, hypertension, lymphedema (swelling due to build-up of lymph fluid in the body), anxiety and depression.

R4's Service Plan Agreement dated November 24, 2021, did not include therapy or treatment services R4received to include wound care.

R4's prescriber orders dated January 5, 2022,

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01640	Continued From page 22 included the following: 1). Mepilex bordered foam to left shin ulcer, change every three days. 2). Dress the right forearm abrasion with mupirocin ointment, followed by Adaptic gauze and secure with plain gauze and tape and change every two to three days. R4's Service Checkoff List for December 2021, and January 2022, indicated the licensee provided wound care services to R4's left lower leg. R4's Progress Note dated December 31, 2021, indicated RN-C completed wound care to R4's right elbow and to continue dressing changes Monday, Wednesday, and Fridays. On January 5, 2022, at approximately 10:56 a.m., registered nurse (RN)-C verified she completed the wound care to R4's right forearm and the unlicensed personnel (ULP) completed wound care to R4's left lower leg. In addition, RN-C verified R4's service plan had not been revised, as required, to include wound care treatments. The licensee's Resident Service Plan-Assisted Living policy dated August 3,2021, indicated the Service Plan would be updated according to changes in the resident assessment and condition, at least annually and per state regulation. In addition, the policy directed the nurse and/or SL manager, in collaboration with the resident, were responsible for making updates to the Service Plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		

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01650 SS=F	144G.70 Subd. 4 Service plan, implementation, and revisions t (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the service plan included the required content for four of four residents (R1, R3, R4, and R5) with records reviewed. This had the potential to affect all 21 residents who received assisted living services	01650		

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01650	Continued From page 24 from the licensee. 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: R1 R1's diagnoses included hypertension (high blood pressure), rheumatoid arthritis, atrial fibrillation (an irregular often fast heart rate), and hypothyroidism (underactive thyroid). On January 5, 2022, at approximately 7:45 a.m., the surveyor observed unlicensed personnel (ULP)-D administering R1 her scheduled morning medications. R3 R3's diagnoses included diabetes, hypertension, hypomagnesium (low magnesium), hyperglycemia (high blood sugar), chronic heart failure, osteopenia (weak bones), edema (swelling), diverticulitis (infection or inflammation of pouches that form the intestines). On January 5, 2022, at approximately 9:07 a.m., the surveyor observed ULP-D administering R3 her scheduled morning medications and insulin administration. R4 R4 diagnoses included anxiety, depression, chronic kidney disease, hypothyroidism, and	01650		

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01650	Continued From page 25 lower extremity edema. R4's Service Checkoff List for December 2021, and January 2022, indicated the licensee provided wound care services to R4's left lower leg. R5 R5's diagnoses included atrial fibrillation, depression, hypertension and knee pain. On January 4, 2022 at 1:30 p.m., the surveyor observed ULP-D administering R5's scheduled eye drops. R1, R3, R4, and R5's Service Plan Agreement dated August 18, 2021, October 8, 2021, November 24, 2021, and December 9, 2021, respectively, lacked the following: - the schedule and methods of monitoring assessments of the resident; and - the schedule and methods of monitoring staff providing services. On January 6, 2022, at approximately 10:30 a.m., registered nurse (RN)-C confirmed R1, R3, R4, R5, and all other residents' service plans did not include the above noted content. The licensee's Resident Service Plan - Assisted Living policy dated August 3, 2021, indicated all assisted living residents must have a Service Plan. The policy did not include verbiage regarding the service plan content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		

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01690	Continued From page 26	01690		
01690 SS=D	144G.71 Subdivision 1 Medication management services (a) This section applies only to assisted living facilities that provide medication management services. (b) An assisted living facility that provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines. (c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and resident and legal and designated representatives; disposing of unused medications; and educating residents and legal and designated representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01690		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSONG AT WOODSEDGE	1010 ANNE STREET NW BEMIDJI, MN 56601

(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
01690	Continued From page 27	01690		

review, the licensee failed to ensure the security and accountability of controlled substances was maintained for one of one resident (R1) with records reviewed.

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:

During the entrance conference on January 4, 2022, at approximately 11:50 a.m., registered nurse (RN)-C confirmed the licensee provided medication management services for residents at the facility and some residents had a controlled substance prescribed.

On January 4, 2021, at approximately 12:20 p.m., the surveyor observed the locked narcotic box in the facility's nursing office with RN-C. RN-C confirmed R1's preset medication planners (a plastic medication box with designated compartments for days and times) contained seven (7) tablets of tramadol 50 milligrams (mg) (moderate to severe narcotic pain reliever). RN-C stated she set up R1's tramadol weekly into the medication planners from a prescription bottle, which was stored in the nursing office at [the attached assisted living with dementia care facility]. The surveyor requested to review the narcotic logs (a record where staff document the removal and addition of the identified controlled substance) for R1's bottle of tramadol 50 mg tablets. RN-C confirmed the licensee did not have

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(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
01690	Continued From page 28 a narcotic log for R1's bottle of tramadol medication. RN-C stated the licensee's policy was for all narcotics to be counted at the end of each shift with two staff members. RN-C confirmed staff were not counting R1's bottle of tramadol 50 mg. On January 6, 2022, at approximately 10:20 a.m., RN-C again verified staff were not monitoring and/or counting R1's tramadol medication to prevent diversion per the licensee's policy. The licensee's Controlled Substances/Schedule II Drugs, Assisted Living - Bemidji policy dated August 26, 2021, indicated staff, including a licensed nurse when possible, would count controlled drugs at the end of each shift. The staff person coming on duty and the staff person going off duty would count the controlled medications together. Staff counting the controlled substances would sign their names in the narcotic sign off book along with the shift and date the controlled substances were accounted for. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01690		
01700 SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what	01700		

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(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
01700	Continued From page 29 medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment to include all required content for one of one resident (R5), prior to providing medication management services, with records reviewed. 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	01700		

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01700	Continued From page 30	01700		

situation has occurred only occasionally).
The findings include:
During the entrance conference on January 4, 2022, at approximately 11:50 a.m., RN-C confirmed the licensee provided medication management services to a majority of the residents receiving assisted living services.

R5's diagnoses included atrial fibrillation (an irregular often fast heart rate), depression, hypertension (high blood pressure) and knee pain.

R5's Service Plan Agreement dated December 9, 2021, indicated R5 received services, which included medication setup and medication administration.

R5's prescriber orders dated December 9, 2021, included the following medications: one antidepressant, one anti-arrhythmic, one anti-inflammatory, one steroid, one cholesterol lowering medication, one topical ointment for skin protection, two glaucoma eye drops and three vitamin/mineral supplements.

On January 4, 2022, at 1:30 p.m., the surveyor observed ULP-D administering R5's scheduled eye drops.

R5's record lacked evidence the RN conducted a face-to-face review of all medications R5 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R5's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications.

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(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
01700	Continued From page 31 On January 6, 2022, at approximately 10:40 a.m., RN-C confirmed they had not completed a face-to-face medication management assessment for R5 to include all the required content as noted above prior to R5 recieving medication management services. A request was made for a policy on medication management assessments, but was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01710 SS=E	144G.71 Subd. 3 Individualized medication monitoring and reas The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management reassessment to include all required content for three of three residents (R1, R3, and R4) with records reviewed. 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	01710		

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resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).

The findings include:

During the entrance conference on January 4, 2022, at approximately 11:50 a.m., RN-C confirmed the licensee provided medication management services to a majority of the residents receiving assisted living services.

R1
R1's diagnoses included hypertension (high blood pressure), rheumatoid arthritis, atrial fibrillation (an irregular often fast heart rate), and hypothyroidism (underactive thyroid).

R1's Service Plan Agreement dated August 18, 2021, indicated R1 received services, which included medication setup and medication administration.

R1's prescriber orders dated December 28, 2021, included the following medications: one mild pain reliever, one blood thinner, one medication to prevent bone loss, two antihypertensives, one thyroid replacement hormone, one medication to treat arthritis, one steroid, one moderate/severe pain reliever, and three vitamin/mineral supplements.

On January 5, 2022, at approximately 7:45 a.m., the surveyor observed unlicensed personnel (ULP)-D administering R1 her scheduled morning medications.
R3

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01710	Continued From page 33 R3's diagnoses included diabetes, hypertension, hypomagnesium (low magnesium), hyperglycemia (high blood sugar), chronic heart failure, osteopenia (weak bones), edema (swelling), diverticulitis (infection or inflammation of pouches that form the intestines). R3's Service Plan Agreement dated October 18, 2021, indicated R3 received services, which included medication and insulin administration. R3's prescriber orders dated October 8, 2021, included the following medications: one probiotic, one blood thinner, one medication to prevent bone loss, three antihypertensives, two vitamin/mineral supplements, and three medications to treat high blood sugar. On January 5, 2022, at approximately 9:07 a.m., the surveyor observed ULP-D administering R3 her scheduled morning medications and insulin administration. R4 R4 diagnoses included anxiety, depression, chronic kidney disease, hypothyroidism, and lower extremity edema. R4's Service Plan Agreement dated November 24, 2021, indicated R4 received services, which included medication setup and medication reminders. R4's prescriber orders dated November 25, 2021, included the following medications: two antianxiety medications, one antidepressant, one medication to treat anemia, one thyroid replacement hormone, three vitamin/mineral supplements, and one medication to treat hypertension and kidney disease.	01710		

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01710	Continued From page 34 R1, R3 and R4's records lacked evidence the RN conducted a face-to-face review of all medications the resident was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, the residents' records failed to identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. On January 6, 2022, at approximately 10:40 a.m., RN-C confirmed a face-to-face medication management reassessment had not been completed for R1, R3, and R4 to include all the required content as noted above. A request was made for a policy on medication management assessments, and it was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for	01730		

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01730	Continued From page 35 each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and maintain a current individualized medication management plan for each resident to include all	01730		

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01730	Continued From page 36	01730		

required content for four for four residents (R1, R3, R4 and R5) with records reviewed.

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 the entrance conference on January 4, 2022, at approximately 11:50 a.m., registered nurse (RN)-C confirmed the licensee provided medication management services to a majority of the residents at the facility.

R1
R1's diagnoses included hypertension (high blood pressure), rheumatoid arthritis, atrial fibrillation (an irregular often fast heart rate), and hypothyroidism (underactive thyroid).

R1's Service Plan Agreement dated August 18, 2021, indicated R1 received services, which included medication setup and medication administration.

R1's prescriber orders dated December 28, 2021, included the following medications: one mild pain reliever, one blood thinner, one medication to prevent bone loss, two antihypertensives, one thyroid replacement hormone, one medication to treat arthritis, one steroid, one moderate/severe pain reliever, and three vitamin/mineral supplements.

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01730	Continued From page 37 On January 5, 2022, at approximately 7:45 a.m., the surveyor observed unlicensed personnel (ULP)-D administering R1 her scheduled morning medications. R1's medication management record did not include the following: - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; and - completion of medication reconciliation. R3 R3's diagnoses included diabetes, hypertension, hypomagnesium (low magnesium), hyperglycemia (high blood sugar), chronic heart failure, osteopenia (weak bones), edema (swelling), diverticulitis (infection or inflammation of pouches that form the intestines). R3's Service Plan Agreement dated October 18, 2021, indicated R3 received services, which included medication and insulin administration. R3's prescriber orders dated October 8, 2021, included the following medications: one probiotic, one blood thinner, one medication to prevent bone loss, three antihypertensives, two vitamin/mineral supplements, and three medications to treat high blood sugar. On January 5, 2022, at approximately 9:07 a.m., the surveyor observed ULP-D administering R3 her scheduled morning medications and insulin administration. R3's medication management record did not include the following: - a description of storage of medications based	01730		

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on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; and
- completion of medication reconciliation.

R4
R4 diagnoses included anxiety, depression, chronic kidney disease, hypothyroidism, and lower extremity edema.

R4's Service Plan Agreement dated November 24, 2021, indicated R4 received services, which included medication setup and medication reminders.

R4's prescriber orders dated November 25, 2021, included the following medications: two antianxiety medications, one antidepressant, one medication to treat anemia, one thyroid replacement hormone, three vitamin/mineral supplements, and one medication to treat hypertension and kidney disease

R4's medication management record did not include the following:
- a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; and
- completion of medication reconciliation.

R5
R5's diagnoses included atrial fibrillation, depression, hypertension and knee pain.

R5's Service Plan Agreement dated December 9, 2021, indicated R5 received services, which included medication administration.

R5's prescriber orders dated December 9, 2021,

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01730	Continued From page 39 included the following medications: one antidepressant, one anti-arrhythmic, one anti-inflammatory, one steroid, one cholesterol lowering medication, one topical ointment for skin protection, two glaucoma eye drops and three vitamin/mineral supplements. On January 4, 2022, at 1:30 p.m., the surveyor observed ULP-D administering R5's scheduled eye drops. R5's medication management record did not include the following: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; and - completion of medication reconciliation. On January 6, 2022, at approximately 10:45 a.m., RN-C confirmed R1, R3, R4, and R5's medication management plans did not include all the required content as noted above. A request was made for a policy on medication management plans, and it was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
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	01760		

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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 observation, interview, and record review, the licensee failed to ensure medications were administered according to manufacturer's instructions for one of one resident (R3) with records reviewed.

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:

R3
R3's Basaglar and Novolog insulins were not administered per manufacturer's instructions.

R3's diagnoses included diabetes, hypertension, hypomagnesium (low magnesium), hyperglycemia (high blood sugar), chronic heart failure, osteopenia (weak bones), and edema (swelling).

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSONG AT WOODSEDGE	1010 ANNE STREET NW BEMIDJI, MN 56601

(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 41 R3's Service Plan Agreement dated October 18, 2021, indicated R3 received services, which included medication and insulin administration. R3's prescriber orders dated October 8, 2021, included an order for Basaglar 100 unit/milliliters (ml) 16 units to be administered subcutaneous (under the skin) one time a day, and Novolog six units subcutaneous three times a day with meals. On January 5, 2022, at approximately 9:04 a.m., the surveyor observed unlicensed personnel (ULP)-D instruct R3 to check her blood glucose via FreeStyle Libre (a continuous glucose monitoring device). R3 reported her blood glucose of 219 milligrams (mg)/deciliter (dL). The surveyor observed ULP-D set up R3's Basaglar and Novolog insulin pens (a multiple dose pen shaped injector device used for insulin administration), with capped needles. ULP-D handed the Basaglar insulin pen to R3 and instructed R3 to dial 16 units of insulin. ULP-D observed and verified R3 dialed the Basaglar insulin pen to the correct dosage. R3 lifted her night shirt to expose her abdomen and ULP-D cleansed R3's abdomen with an alcohol prep pad, then ULP-D injected the 16 units of Basaglar insulin into R3's abdomen. ULP-D handed the Novolog insulin pen to R3 and instructed R3 to dial six units of insulin. ULP-D observed and verified R3 dialed insulin to the correct dosage. ULP-D cleansed R3's abdomen with an alcohol prep pad, then ULP-D injected six units of Novolog insulin into R3's left lower abdomen. The surveyor did not observe R3 or ULP-D prime the insulin pens prior to dialing up the prescribed Basaglar and Novolog insulin doses, nor did ULP-D remind R3 to prime the insulin pens prior to self-administration.	01760		

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01760	Continued From page 42 On January 5, 2022, at approximately 11:00 a.m., registered nurse (RN)-C confirmed ULP-D should make sure R3 primed the insulin pens prior to dialing up the prescribed doses of insulin. RN-C further stated if R3 did not prime the insulin pens, it was the expectation the ULP would remind R3 to complete that step. On January 5, 2022, at approximately 12:57 p.m. ULP-D stated insulin pens were only primed when they were opened for the first time and not before each administration. ULP-D stated it was the resident's responsibility to prime the insulin pen before dialing up the prescribed insulin doses. The manufacturer's instructions for Basaglar insulin pen revised July 2021, instructed to prime the insulin pen to remove the air from the needle and cartridge before each injection. If not primed before each injection, too much or too little insulin may be administered. The manufacturer's instructions for Novolog insulin pen revised March 2021, instructed to prime the insulin pen with two units prior to dialing the prescribed dosage to avoid injecting air and to ensure proper dosing. The licensee's Insulin Preparation and Administration-Assisted Living policy dated September 8, 2021, indicated to refer to manufacturer's recommendations on administering insulin using an insulin pen. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

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01770	Continued From page 43	01770		
01770 SS=D	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for two of two residents (R1 and R4) with records reviewed. 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: During the entrance conference on January 4, 2022, at approximately 11:50 a.m., registered nurse (RN)-C confirmed the licensee provided medication management services, which included medication setup by the RN. R1 R1's diagnoses included hypertension (high blood pressure), rheumatoid arthritis, atrial fibrillation (an irregular often fast heart rate), and hypothyroidism (underactive thyroid).	01770		

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01770	Continued From page 44 R1's Service Plan Agreement dated August 18, 2021, indicated R1received services, which included medication setup. R1's prescriber orders dated December 28, 2021, included the following medications: one mild pain reliever, one blood thinner, one medication to prevent bone loss, two antihypertensives, one thyroid replacement hormone, one medication to treat arthritis, one steroid, one moderate/severe pain reliever, and three vitamin/mineral supplements. On January 5, 2022, at approximately 7:45 a.m., the surveyor observed unlicensed personnel (ULP)-D administering R1 her scheduled morning medications, which she obtained from a locked cupboard in R1's room and had been previously setup in a weekly medication planner (a plastic medication box with designated compartments for days and times). R1's Progress Notes indicated the RN completed medication setup for R1 on December 17, 2021, and December 27, 2021. The Progress Notes lacked documentation of the routes of administration for the medication set up. R4 R4's diagnoses included anxiety, depression, chronic kidney disease, hypothyroidism, and lower extremity edema. R4's Service Plan Agreement dated November 24, 2021, indicated R4 received services, which included medication setup. R4's prescriber orders dated November 25, 2021, included the following medications: two antianxiety medications, one antidepressant, one	01770		

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01770	Continued From page 45 medication to treat anemia, one thyroid replacement hormone, three vitamin/mineral supplements, and one medication to treat hypertension and kidney disease R4's Progress Notes indicated the RN completed medication setup for R4 on December 27, 2021, and January 4, 2021. The Progress Notes lacked documentation of the routes of administration for the medication set up. On January 6, 2022, at approximately 10:35 a.m., RN-C confirmed R1 and R4 documentation for medication setup did not include the routes of administration for the medication set up. The licensee's Pillbox Setup and Management - Assisted Living policy dated October 8, 2021, indicated the nurse would manage the pillbox and would document the date and time the pillbox was filled in the resident's record using Interdisciplinary Progress Notes. Licensed nurses would follow state regulations for any specific documentation components required for the pillbox set up. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770		
01790 SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to	01790		

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01790	Continued From page 46	01790		

exceed seven calendar days;
(3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and
(4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled.
(b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:
(1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and
(2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:
(i) the type of container or containers to be used for the medications appropriate to the provider's medication system;
(ii) how the container or containers must be labeled;
(iii) written information about the medications to be provided;
(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;
(v) how the registered nurse shall be notified that

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01790	Continued From page 47 medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of one unlicensed personnel (ULP-D) was trained and had demonstrated competency to prepare and give medications for residents having unplanned time away. 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: ULP-D ULP-D started employment on May 1, 2000, under the comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-D was hired to provide direct care services to the licensee's residents.	01790		

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01790	Continued From page 48 On January 4, 2021, at 1:30 p.m., the survryor observed ULP-D administering scheduled medications to R5. ULP-D's record included an attendance record for Skills Fair 2019, undated, with an attached agenda listing planned/unplanned LOA (leave of absence), however, lacked evidence to indicate the registered nurse (RN) trained ULP-D or that ULP-D had demonstrated competency to prepared and provide medications to residents for unplanned times away from home. On January 6, 2021, at 11:10 a.m., RN-C stated ULP-D had completed training as part of a group at the 2019 skills fair but she did not have individual training or competency documentation. The licensee's Medication Process for Residents Away From Home policy, dated November 23, 2021, lacked inclusion of requirements for ULPs to prepare and give medications for residents having unplanned time away. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01870 SS=D	144G.71 Subd. 18 Medications provided by resident or family me 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.	01870		

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01870	Continued From page 49 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure residents were assessed for self-administration of medications for one of one resident (R5) 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: R5's diagnoses included atrial fibrillation (an irregular often fast heart rate), depression, hypertension (high blood pressure) and knee pain. R5's Service Plan Agreement dated December 9, 2021, indicated R5 received services, which included medication administration. R5's prescriber orders dated December 9, 2021, included the following medications: - atorvastatin 40 milligrams (mg) by mouth at bedtime for hyperlipidemia; - balsam peru-caster oil ointment, apply thin layer topically twice daily to right buttock; - Combigan 0.2-0.5%, instill one drop into right eye twice daily for glaucoma; - Vitamin B12 1000 micrograms (mcg) by mouth daily for B12 deficiency; - Cymbalta DR 20 mg by mouth daily for depression; - diltiazem 120 mg by mouth daily for atrial	01870		

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fibrillation;
- Cosopt 2%, instill one drop into right eye three times a day for glaucoma;
- folic acid 1 mg by mouth on Sunday/Monday/Tuesday/Wednesday/Friday/Saturday for deficiency;
- Latanoprost 0.005%, instill one drop into right eye at bedtime for glaucoma;
- methotrexate 2.5 mg, take 15 mg (six tablets) by moth on Thursdays only for inflammatory arthritis;
- Prednisone 10 mg, take 15 mg (1.5 tables) by mouth daily for inflammatory arthritis;
- Vitamin C 500 mg chewable by mouth daily for supplement; and
- Vitamin D3 1000 units by mouth daily for deficiency.

R5's Medication Administration Record (MAR) dated December 1 through December 31, 2021, indicated R5 was self-administering balsam peru-caster oil ointment topically twice a day to his right buttock.

R5's Medication Assessment dated October 20, 2021, indicated R5 needed assistance to correctly apply topical ointments, creams or transdermal patches.

On January 6, 2022 at approximately 11:00 a.m., registered nurse (RN)-C stated R5's prescriber had indicated R5 could self-administer his ointment, however, the licensee had not re-assessed R5 to deem him competent to apply the ointment.

The licensee's Self-Administration of Medications - Assisted Living policy dated October 26, 2021, indicated an assisted living community resident who chooses to self-administer medications will be assessed by a RN for his or her ability to

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01870	Continued From page 51 safely administer their own medication. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01870		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident's record contained documentation of the disposition of medications to include the medications's name, strength, prescription number as applicable, quantity, to whom the medications were given,	01910		

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01910	Continued From page 52 date of disposition, and names of staff and other individuals in the disposition for one of one discharged resident (R6), with records reviewed. 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: R6 discharged from the licensee on September 17, 2021, after receiving services for diagnoses including chronic obstructive pulmonary disease (COPD), depression, atrial fibrillation (irregular heart beat) and amnesia. R6's Service Plan Agreement dated July 30, 2020, indicated R6 received services including bathing and nail care, however, the service plan lacked indication of medication management services. R6's Discharge Summary dated September 17, 2021, indicated R6 received medication management services, however, did not include disposition of the medications. R6's prescriber orders dated July 29, 2021, included one antidepressant, two antihypertensives, one anti-diarrheal, three vitamin-mineral supplements, one bone density supplement and one anti-arrhythmic. R6's record lacked evidence of documentation of R6's disposition of medications to include: name of the medication, strength, prescription number if applicable, quantity, to whom the medications were given, date of disposition, and the names of the staff and other individuals involved in the disposition.	01910		

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01910	Continued From page 53 On January 5, 2022 at approximately 9:30 a.m., registered nurse (RN)-C confirmed R6's record lacked disposition of medications as outlined above. RN-C stated R6 was moved out by family without the licensee's knowledge and had taken R6's medications. RN-C stated they believed an unlicensed staff member had likely provided the medications to R6's family without documenting the exchange. The licensee's Disposition of Medication policy dated October 8, 2021, indicated the disposition of medications must be documented when a resident is discharged or expires to demonstrate medications were disposed of according to regulatory requirements and if medications were to be released to a family member, a signature should be recorded certifying that they have been received with a witness signature. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
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 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	01940		

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01940	Continued From page 54 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 maintain a current individualized treatment and therapy management plan for each resident to include all required content for two of three residents (R4 and R5) with records reviewed. 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: During the entrance conference on January 4, 2022, at approximately 11:50 a.m., registered	01940		

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	27160	A. BUILDING: _____ B. WING _____	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSONG AT WOODSEDGE	1010 ANNE STREET NW BEMIDJI, MN 56601

(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
01940	Continued From page 55	01940		

nurse (RN)-C confirmed the licensee provided treatment and therapy services to residents at the facility.

R4
R4's diagnoses included chronic kidney disease, hypertension, lymphedema (swelling due to build-up of lymph fluid in the body), anxiety and depression.

R4's Service Plan Agreement dated November 24, 2021, did not include a written statement of the treatment services R4 received to include wound care.

R4's prescriber orders dated January 5, 2022, included the following:
1). Mepilex bordered foam to left shin ulcer, change every three days. 2). Dress the right forearm abrasion with mupirocin ointment, followed by Adaptic gauze and secure with plain gauze and tape and change every two to three days.

R4's treatment and therapy management record did not include the following:
-identification of treatment or therapy tasks that would be delegated to unlicensed personnel (ULP).
-procedure for notifying a registered nurse or appropriate LHP when a problem arises with treatments or therapy services.
-any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment or therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions.

R5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27160	A. BUILDING: _____ B. WING _____	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSONG AT WOODSEDGE	1010 ANNE STREET NW BEMIDJI, MN 56601

(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
01940	Continued From page 56 R5's diagnoses included atrial fibrillation, depression, hypertension and knee pain. R5's Service Plan Agreement dated December 9, 2021, indicated R5 received services, which included wound care. R5's prescriber orders dated December 9, 2021, included the following: 1) wound care, upper and lower back wounds, remove dressing and cleanse with saline or mild soap and water, pat dry. Apply Medihoney to the open wounds and cover with Mepilex foam border dressings every three days. 2) Left elbow: remove dressing and cleanse with saline or mild soap and water, pat dry. Cover with Mepilex foam board dressings every three days. R5's treatment and therapy management record did not include the following: - procedure for notifying a registered nurse or appropriate licensed health professional (LHP) when a problem arises with treatments or therapy services. On January 6, 2022, at approximately 11:30 a.m., RN-C confirmed R4 and R5's individualized treatment and therapy management plans did not include all the required content as noted above. The licensee's Treatment and Therapy Management Services - Minnesota policy dated November 29, 2021, indicated the Medication/Treatment Administration Record would include the following components: - procedures for notifying the RN or LHP when a problem arises with treatment and therapy services; - any resident-specific requirements relating to documentation of treatment or therapy services	01940		

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	27160	A. BUILDING: _____ B. WING _____	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSONG AT WOODSEDGE	1010 ANNE STREET NW BEMIDJI, MN 56601

(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
01940	Continued From page 57 received, verifications that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prior to delegating	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27160	A. BUILDING: _____ B. WING _____	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSONG AT WOODSEDGE	1010 ANNE STREET NW BEMIDJI, MN 56601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01950	Continued From page 58	01950		

nursing tasks, the registered nurse (RN) trained unlicensed personnel (ULP) in the proper methods to perform the task or procedure for each resident, and to ensure the ULP was able to demonstrate the ability to competently follow the procedure to perform the tasks for one of one (ULP-G), who completed wound care for R4 with records reviewed.

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:

ULP-G started employment on November 9, 2009, under the comprehensive home care license and began providing assisted living services on August 1, 2021.

R4's prescriber orders dated January 5, 2022, included the following:
1). Mepilex bordered foam to left shin ulcer, change every three days.

R4's Service Checkoff List from December 1, 2021, through January 5, 2022, indicated ULP-G provided wound care to R4's left lower leg on the following dates:
-December 5, 2021;
-December 8, 2021;
-December 19, 2021;
-January 1, 2022;
-January 2, 2022;

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	27160	A. BUILDING: _____ B. WING _____	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSONG AT WOODSEDGE	1010 ANNE STREET NW BEMIDJI, MN 56601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01950	Continued From page 59 -January 4, 2022; and -January 5, 2022. ULP-G's employee record lacked documentation the RN trained ULP-G on R4's wound care or that ULP-G had demonstrated competency to perform R4's wound care. On January 5, 2022, at approximately 11:00 a.m., registered nurse (RN)-C verified ULP-G completed R4's wound care. RN-C stated ULP-G attended a Senior Services Skills Fair in 2019, however, was unable to provide an authenticated document or documentation of wound care training and competency for ULP-G. The licensee's Required Training for All Employees-Assisted Living, Minnesota policy dated August 3, 2021, indicated training and competency evaluations of unlicensed personnel providing assisted living services would be conducted by a registered nurse (RN) for all nursing delegated services, or another instructor may provide training in conjunction with the RN (for non-nursing services). No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
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	01960		

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	27160	A. BUILDING: _____ B. WING _____	01/06/2022

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(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
01960	Continued From page 60	01960		

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 failed to document treatment administration for one of three residents (R3) reviewed, who received treatments.

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:

R3
R3's diagnoses included diabetes, hypertension, hypomagnesium (low magnesium), hyperglycemia (high blood sugar), chronic heart failure, osteopenia (weak bones), edema (swelling), diverticulitis (infection or inflammation of pouches that form the intestines).

R3's Service Plan Agreement dated October 18, 2021, indicated R3 received services, which included monitoring blood glucose and Thrombo-embolic deterrent (TED) (used to prevent blood clots & swelling) stocking assistance.

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	27160	A. BUILDING: _____ B. WING _____	01/06/2022

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01960	Continued From page 61 R3's prescriber orders dated October 8, 2021, included blood sugar check assistance four times a day and TED stocking assistance daily. On January 5, 2022, at approximately 9:07 a.m., the surveyor observed ULP-D monitoring and recording R3's blood sugar and applying R3's TED stockings. R3's Service Checkoff List documented services from December 1 through 31, 2021, included daily blood sugar checks, and TED stockings assistance; however, lacked documentation R3 received blood glucose checks on 21 of 124 opportunities, and lacked documentation R3 received TED stockings assistance 16 of 31 opportunities. On January 5, 2021, at approximately 10:45 a.m., registered nurse (RN)-B confirmed R3's record lacked documentation of blood glucose checks and TED stockings application as ordered above. The licensee's Treatment and Therapy Management Services-Minnesota policy dated November 29, 2021, indicated treatment and therapy services would be documented on the MAR/EMAR (electronic medication administration record) or TAR/ETAR (electronic treatment/therapy administration record) and would include the signature and title of the person who administered the treatment or therapy administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02310	Continued From page 62	02310		
02310 SS=D	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the care and services were provided according to a suitable and up-to-date plan, and subject to acceptable health care and medical, or nursing standards for one of one resident with falls (R4) with records reviewed. This practice resulted in a level two violation that did not harm a resident's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death; These are violations that could result in or have resulted in an outcome to the resident but did not reach the level of harm. The findings include: R4's diagnoses included chronic kidney disease, hypertension, lymphedema (swelling due to build-up of lymph fluid in the body), anxiety and depression. R4's Service Plan Agreement dated November 24, 2021, indicated R4 required assistance with dressing, bathing, toileting, ambulation, transfers, medication set up, medication reminders, safety checks, meals, and housekeeping. R4's Fall Screening dated November 24, 2021,	02310		

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02310	Continued From page 63	02310		

indicated R4 had memory loss and was confused at times, was frequently unsteady and required assistance with ambulation, had three or more falls in the last six months, and was a high risk for falls.

R4's Event Report dated October 15, 2021, indicated R4 had an unwitnessed fall on October 15, 2021. The Event Report further indicated at 11:30 a.m., R4 called unlicensed personnel (ULP) and reported she had fallen on her backside. ULP entered R4's room and found R4 sitting on her floor by the patio door. ULP assisted R4 from the floor, completed a set of vital signs, and noted no injuries were found at that time. The Event Report indicated, later that day, R4 reported to ULP her left shoulder hurt, and ULP called and left a message for R4's family. R4's Event Report lacked documentation a follow up was completed by licensed staff.

R4's Progress Note lacked documentation the registered nurse conducted a follow up after R4's fall on October 15, 2021.

R4's Nursing Assessment and Level of Care Evaluation dated November 24, 2021, indicated R4 was at risk for falls and had a history of falls in the past three months. R4's assessment further indicated R4's fall history included the following dates:
-August 26, 2021;
-September 6, 2021;
-October 12, 2021; and
-October 15, 2021.

On January 5, 2022, registered nurse (RN)-C stated if a resident fall occurred during the weekday, nursing would follow up within 24 hours after the fall, and if the fall occurred over the

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02310	Continued From page 64 weekend, follow up was expected to occur within 72 hours. RN-C verified R4's medical record lacked documentation nursing completed a follow up assessment after R4's fall on October 15, 2021. The licensee's Responding to Resident Falls Assisted Living policy dated March 16, 2021, indicated nursing would be responsible to investigate the fall, follow up on any injuries, wound, bruising etc. Nursing shall determine if further follow up is warranted such as a clinic visit, therapy etc. and seek to make appointments. Nursing would complete a fall assessment, a follow up note in 4D and complete a follow up in the Healthcare Safety Zone, within 24 hours during the weekdays and within 72 hours over a weekend. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

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

Type: Full
Date: *01/05/22*
Time: 13:50:41
Report: 3822221002

Food and Beverage Establishment Inspection Report

Location:
Windsong
1010 Anne Street NW
Bemidji, MN56601
Beltrami County, 04

Establishment Info:
ID #: 0023804
Risk: High
Announced Inspection: No

License Categories:

Expires on: / /

Operator:
Baker Park, Inc.

Phone #: 2187516211
ID #: 34449

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.

4-200 Equipment Design and Construction

4-203.11 ***** Priority 2 *****

MN Rule 4626.0555 Replace food temperature measuring devices that are not accurate to plus or minus 2 degrees F.

WINDSONG WALK-IN COOLER, BAKERY COOLER. TRILLIUM REACH-IN.

Corrected on Site

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ***** Priority 2 *****

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

OBSERVED BOTTLES AND GARBAGE CAN STORED IN AND INFRONT OF HAND SINK.

Corrected on Site

Surface and Equipment Sanitizers

Acid: = 700 PPM at Degrees Fahrenheit
Location: WINDSONG AND TRILLIUM DISPENSERS
Violation Issued: No

Acid: = 700 PPM at Degrees Fahrenheit
Location: WIPING BUCKETS
Violation Issued: No

Food and Beverage Establishment Inspection Report

Hot Water: = at 160 Degrees Fahrenheit
Location: WINDSON AND TRILLIUM DISHWASHERS
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Walk-In Cooler
Temperature: <41 Degrees Fahrenheit - Location:
Violation Issued: No

Process/Item: Upright Cooler
Temperature: <41 Degrees Fahrenheit - Location: ALL REACH-IN COOLERS
Violation Issued: No

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

INSPECTED TRILLIUM SERVING KITCHEN TOO.

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 3822221002 of 01/05/22.

Certified Food Protection Manager: Ed Harapat

Certification Number: FM8009 Expires: 10/07/22

Inspection report reviewed with person in charge and emailed.

Signed: _____ Signed: _____

Krista Boyer 3822

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