DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 1, 2023

Licensee
Nine Mile Creek Senior Living
2301 Village Lane
Bloomington, MN 55431

RE: Project Number(s) SL30677015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 28, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

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

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

A state correction 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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

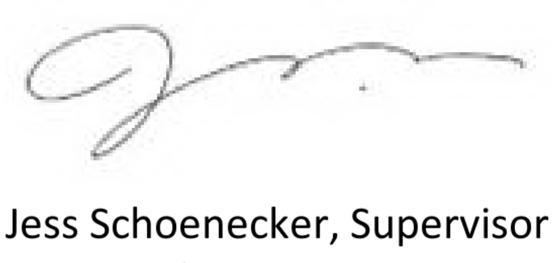
Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When the Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#30677015 On July 24, 2023, through July 26, 2023, 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 101 active residents; 55 receiving services under the Assisted Living/Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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.	
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: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and	0 480		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 480	Continued From page 1 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated July 24, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity	0 780		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 780	Continued From page 2 of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide working and interconnected smoke alarms in individual sleeping units of the facility. This deficient condition had the ability to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: On a facility tour on July 26, 2023, at approximately 1:30 p.m. with maintenance (M)-G and licensed assisted living director (LALD)-A it was observed that smoke alarms were not interconnected so activation of one alarm in the	0 780		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 780	Continued From page 3 individual sleeping unit activates all alarms in the individual sleeping unit in resident rooms 106 and 209. On the same tour it was observed a smoke alarm did not activate upon initiation of a test in the bedroom of resident room 326. All smoke alarms in individual sleeping units are required to be maintained operational in accordance with manufactures installation instructions. All smoke alarms within individual sleeping units required to have multiple alarms are required to be interconnected so activation of one alarm activates all alarms within the individual sleeping unit. This deficient finding was visually and verbally verified by M-G and LALD-A at the time of discovery. TIME PERIOD FOR CORRECTION: Seven (1) days.	0 780		
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
0 800	Continued From page 4 failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect a limited number of residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). Findings include: On a facility tour on July 26, 2023, at approximately 1:30 p.m. with maintenance (M)-G and licensed assisted living director (LALD)-A it was observed that the ceiling tiles were water saturated and stained in the employee break room in the lower level. It was stated by (M)-G the stain was caused by leaking heating and cooling equipment above the ceiling. Heating and cooling equipment is required to be maintained as designed and installed at the time of construction approval. It was also observed a wash machine was leaking in the 3rd floor laundry room. Wash machine appliances are required to be maintained according to manufactures installation and operating instructions. These deficient conditions were visually verified by M-G and LALD-A accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7)	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
0 800	Continued From page 5 days	0 800		
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 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.	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 810	Continued From page 6 This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to maintain the facility's fire safety and evacuation plan with required elements. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: A record review of available documentation and interview were conducted on July 26, 2023, at approximately 1:00 p.m. of documents provided by maintenance (M)-G and licensed assisted living director (LALD)-A on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated that employees did not receive training related to the fire safety and evacuation plan for the facility. Employee training is required to be completed and documented upon initial hire and twice per year thereafter on the facility fire safety and evacuation plan. Employee training is required to be documented separately from drills. Record review of the available documentation indicated that fire drills were conducted but not in the required sequence. Fire drills are required to be conducted every other month, six times a year	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 810	Continued From page 7 and at least twice per shift per year. All deficiencies were verified by M-G and LALD-A during the interview at approximately 1:15 p.m. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident handbook did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include:	0 970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
0 970	Continued From page 8 On July 24, 2023, at approximately 2:00 p.m., licensed assisted living director (LALD)-A provided a blank Resident Agreement and indicated the document was the licensee's assisted living contract signed by all residents who lived in the facility. Additionally, LALD-A provided the licensee's Resident Handbook, and indicated all residents agree to the contents of the handbook by signing the Assisted Living Contract. The licensee's Resident Handbook dated March 2022, on page 15, included a section titled Insurance and read, "Neither Owner nor Management Agent are responsible for your personal belongings." On July 25, 2023, at approximately 12:00 p.m., LALD-A acknowledged the licensee's resident handbook did indicate the licensee was not liable for residents' personal property. LALD-A indicated the language would need to be removed as current language did waive the licensee's liability for the residents' personal property. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01420 SS=F	144G.62 Subd. 2 Delegation of assisted living services (b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to	01420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01420	Continued From page 9 demonstrate the ability to competently follow the procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record. 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) provided training for unlicensed personnel ((ULP)-E) and all other ULPs on the delegated task of using a Broda chair (a wheelchair offering tilt-in-space positioning with a seating system which prevents skin breakdown through reducing heat and moisture). In addition, the licensee failed to ensure the RN provided written instructions in the resident's record for the delegated tasks provided by the ULP for one of one resident (R4) using a Broda Chair. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On July 24, 2023, at 12:20 p.m., the surveyor	01420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01420	Continued From page 10 observed ULP-E assisting R4 in a Broda chair. ULP-E started to pull the Broda chair backwards while R4's shoes were dragging on the floor. ULP-E stopped, went to the front of the Broda chair, positioned the wheelchair pedals, and placed R4's shoes on the pedals. ULP-E stated she did not receive training on the use of a Broda chair. ULP-E's record lacked documentation to indicate ULP-E had received training and demonstrated competency for the Broda chair. R4's diagnoses included dementia and Alzheimer's disease with depression. R4's service plan dated June 29, 2023, indicated R4 required assistance with communication, activities, bathing, orientation, dining, dressing, oral care, grooming, escorts, transfers, bed mobility, and medication administration. R4's service plan included: -ambulation: set-up, effective date June 28, 2023, encourage resident to use wheelchair for mobility. If she is resistive, offer an arm for support. Gait belt if tolerated. ULPs to provide set-up to the resident when ambulation was necessary to attend an appointment, meal, or activity event. - escort, effective date December 21, 2018, escort to/from all meals and activities. ULPsto assist resident with escort. R4's record lacked evidence of specific written instructions for the ULP to follow regarding R4's Broda chair. On July 26, 2023, at 9:32 a.m., regional assisted living health services staff (RALHS)-D stated any training done on the Broda chair would be done during "shadowing" (ULP to ULP). RALHS-D	01420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01420	Continued From page 11 added she had spoken to the corporate office regarding training on the Broda chair, adding it was a system wide issue. On July 26, 2023, at 9:33 a.m., clinical nurse supervisor (CNS)-B stated R4's record did not contain any specific instructions for use of Broda chair. The licensee's Delegation of Nursing Services-Treatments policy dated August 1, 2021, noted a RN may delegate nursing services and delegate treatments to ULPs that: -had successfully completed the training required for ULP; -had been training in the services to be provided; and -had demonstrated to the RN the ability to competently follow the procedures for the client and possess the knowledge and skills consistent with the complexity of the tasks. In addition, the RN would include written instructions for performing the procedure for the client in the client's record. Further, each unlicensed staff person would sign off on or electronically attest to the written or verbal client specific instructions that they had received and understand the instructions prior to providing the service. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01420		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01640	Continued From page 12 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 and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of four residents (R4) service plan was revised to include provided services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01640	Continued From page 13 R4's diagnoses included dementia and Alzheimer's disease with depression. R4's service plan dated June 29, 2023, indicated R4 required assistance with: -ambulation: set-up, effective date June 28, 2023, encourage resident to use wheelchair for mobility. If she is resistive, offer an arm for support. Gait belt if tolerated. Unlicensed personnel (ULP) to provide set-up to the resident when ambulation was necessary to attend an appointment, meal, or activity event. -medication check: effective dated December 21, 2018, check number of Lidocaine patches remaining. -wandering: occasional, effective date July 28, 2022, ULPs to provide redirection as needed to manage wandering and prevent elopement. -wandering frequent redirection, effective date June 28, 2023, ULPs to provide redirection as needed to manage wandering and prevent elopement. On July 24, 2023, at 12:20 p.m., the surveyor observed ULP-E assisting R4 in a Broda chair (a wheelchair offering tilt-in-space positioning with a seating system which prevents skin breakdown through reducing heat and moisture). ULP-E started to pull R4's Broda chair backwards while R4's shoes were dragging the floor. ULP-E stopped, went to the front of R4's Broda chair, positioned the wheelchair pedals, and placed R4's shoes on the pedals. R4's medication administration record (MAR) dated July 1, 2023, through July 24, 2023, did not include Lidocaine patches. On July 25, 2023, at 2:57 p.m., regional assisted living health services staff (RALHS)-D stated R4's	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01640	Continued From page 14 service plan was not updated, adding they are very good at adding new things but not good about removing things, adding in regard to the Lidocaine patch, that would be "special instructions" for R4. On July 26, 2023, at 9:39 a.m., clinical nurse supervisor (CNS)-B stated R4's service plan was not revised as required, adding the service plan was not updated. CNS-B commented there are some Broda chairs that are lower allowing residents to self-propel, R4 may still wander, adding CNS-B is in the process of learning about R4's Broda chair. The licensee's Service Plan Agreement Development and Revision policy dated August 1, 2021, noted whenever changes are needed to the services to be provided because of a change in the client's condition, after receipt of new or revised orders from the client's physician or other prescribing provider, following an incident, or following the client's return from a hospital or nursing home. When changes in health condition are discovered during regular client monitoring visit, which occurs no later than 14 days after initiation of care and thereafter at least every 90 days. If a review of the service plan indicates that the client's service plan agreement needs modification based on the client's needs, preferences or changes in fees, the registered nurse (RN): makes necessary changes to the service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01650	Continued From page 15	01650		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (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 three of three residents (R3, R4, R5). This practice resulted in a level two violation (a	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01650	Continued From page 16 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: R3 R3's diagnoses included Type two diabetes mellitus with diabetic neuropathy. R3's service plan dated July 24, 2023, indicated R3 received the following services: diabetic management, activities, bathing, dining, toenail care, vitals, assessment, annual orders, care conference, assistive devices, housekeeping, laundry, blood glucose checks, medication administration, medication check, monitor lab results, safety check, and toileting. R3's service plan lacked the following required content: the identification of staff or categories of staff who would provide the services: -miscellaneous; -orientation-mild confusion; -dressing; -TED hose apply/remove; -blood pressure monitoring; -care alert; -insulin administration; -monitor medication supplies; -mobility assistance; and -fall risk. R4 R4's diagnoses included dementia and Alzheimer's disease with depression.	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01650	Continued From page 17 R4's service plan dated June 29, 2023, indicated R4 received the following services: communization: outside provider, activities: cueing/standby, bathing, outside provider, orientation-moderate confusion, dining: set up, dressing: physical assist of one, toenail care: outside provider, nail care, oral care: set-up, grooming: physical assist of one, grooming: cueing/standby, vitals: routine monthly, annual orders, care alert, 90 day assessment, care conference, care alert, housekeeping: routine, homemaker services, linen laundry: routine, bed making, assistive device: maintenance/clean, laundry, medication check, medication administration, escort, bed mobility, transfer: physical assist of one, ambulation: set up, safety check: routine, wandering: occasional, behavior management plan mild, wandering: frequent redirection, emergency evacuation assist, toileting: physical assist of one. R4's service plan lacked the following required content: the identification of staff or categories of staff who would provide the service: -orientation-moderate confusion; -dining: set-up; -care alert (please offer and assist resident to drink at least 60 milliliters of water at this time. Alert nurse if resident refusing to drink); -care alert (make resident's door is locked when she is sleeping); -ambulation: set-up; and -emergency evacuation assist. R5 R5's diagnoses included vascular dementia. R5's service plan dated July 17, 2023, indicated R5 received the following services:	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01650	Continued From page 18 activities/reminders, bathing, orientation-mild confusion, dining/independent, dressing/independent, vision aid/independent, grooming/independent, oral care/independent, vitals; routine monthly, toenail care/outside provider, annual orders, care conference, 90 day assessment, homemaker services, housekeeping: routine, laundry: routine, medication administration, medication check, ambulation/independent, bed mobility/independent, escort, transfer/independent, emergency evacuation assist, safety check: routine, wandering: always redirection, toileting/independent. R5's service plan lacked the following required content: the identification of staff or categories of staff who would provide the service: -orientation-mild confusion (PRN) as desired or as needed; -vital: routine monthly; and -emergency evacuation assist. On July 25, 2023, at 11:34 a.m., clinical nurse supervisor (CNS)-B stated she would not have completed R5's service plan that way, adding she was not working at the facility during the time R5 was admitted. CNS-B added as needed services do not show up on the staff's handheld devices. On July 25, 2023, at 10:00 a.m., regional assisted living health services staff (RLAHS)-D stated there was an issue with the new software, a program issue, that was not always identifying the staff or category of staff providing the service. The licensee's Service Plan Agreement Content policy dated August 1, 2021, noted a service plan agreement established after completion of full individualized initial assessment and each	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01650	Continued From page 19 subsequent reassessment included: -the identification of the staff or categories of staff that would provide the services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01750 SS=E	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, 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 records; 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 observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) prepared in writing specific instructions for each resident and documented those instructions for two of four residents (R4, R5). 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	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01750	Continued From page 20 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: R4 R4's diagnoses included dementia and Alzheimer's disease with depression. R4's service plan dated June 29, 2023, included medication administration at 7:30 a.m., 1:30 p.m., and 6:30 p.m. On July 24, 2023, at 1:03 p.m., the surveyor observed unlicensed personnel (ULP)-E administer oral medication to R4. R4's medication administration record (MAR) dated July 1, 2023, through July 24, 2023, included: -morphine 5 milligrams (mg) solutab: give one (1) tablet every hour as needed for pain or shortness of breath, lock box code: xxx, record the remaining number of pills on the card in "amount box" -lorazepam 0.5 mg tabs: give one (1) tablet every four (4) hours as needed for anxiety, lock box code: xxx, record the remaining number of pills on the card in "amount box." R4's provider's orders dated June 29, 2023, included: -morphine 5 mg, sublingual (under tongue) every one hour prn (as needed) for pain/ SOB (shortness of breath) -lorazepam 0.5 mg, sublingual every 4 hours prn anxiety.	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01750	Continued From page 21 R4's MAR lacked written directions to place morphine and lorazepam under R4's tongue. R5 R5's diagnoses included vascular dementia. R5's service plan dated July 17, 2023, included medication administration 8:00 a.m. and 8:00 p.m. R5's July 17, 2023, through August 16, 2023, MAR included: -dorzolamide HCl 2% solution: place one drop into both eyes two times a day, 8:00 a.m., 8:00 p.m. -latanoprost 0.005% solution: instill one drop in each eye once daily, refrigerate until open, store at room temperature once opened, 8:00 p.m. On July 25, 2023, at 7:32 a.m., the surveyor observed ULP-I administer R5's 8:00 a.m. dorzolamide HCL 2% eye drops. R5's MAR lacked written directions to wait five (5) minutes between eye drops. Manufacturer's instructions for latanoprost dated February 1, 2023, noted, if you will be using latanoprost with other eye medicines, use them at least five (5) minutes apart from each other. Manufacturer's instructions for dorzolamide dated May 1, 2023, noted if your doctor ordered two different eye drops to be used together, wait at least five (5) minutes between the times you apply the medicines. This will help to keep the second medicine form "washing out" the first one. On July 25, 2023, at 11:37 a.m., clinical nurse	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
01750	Continued From page 22 supervisor (CNS)-B stated R4 and R5's MARs did not include specific instructions for all medication. CNS-B said, R5's eye drops should include instructions to wait five (5) minutes in-between eye drops, adding that was done when she was not at the facility. The licensee's Unlicensed Personnel Medication Administration policy dated August 1, 2021, noted the RN may delegate to unlicensed personnel the task of providing administration of medications if the unlicensed personnel have satisfied the training requirement and if: the RN had developed written, specific instruction for each client for administering the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to make certain the medication refrigerator maintained an acceptable temperature to ensure the medications were stored according to manufacturer's recommendations. This practice resulted in a level two violation (a	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01880	Continued From page 23 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On July 24, 2023, at 11:25 a.m., the surveyor and clinical nurse supervisor (CNS)-B reviewed the current temperature of the medication refrigerator. CNS-B confirmed the current temperature was 46 degrees Fahrenheit (F). On July 24, 2023, at 12:20 p.m., the contents of the medication refrigerator was reviewed with registered nurse (RN)-H and confirmed the following: -nine (9) unopened latanoprost (high eye pressure) 0.005% eye solution; -one (1) unopened dorzolamide HCL (high eye pressure) 2% eye drop solution; and -one (1) box, two (2) syringes Repatha (lower risk of heart attack or stroke) 140 mg/ml. On July 24, 2023, at approximately 1:15 p.m., June and July's temperature logs were reviewed with CNS-B and CNS-B confirmed the following. Refrigerator/Freezer Temperature Logs: June 1, 2023, through June 30, 2023, indicated the temperature had been monitored 26 of 30 opportunities missing temperature recordings on: -June 3, 2023, Saturday; -June 4, 2023, Sunday; -June 18, 2023, Sunday; and -June 24, 2023, Saturday. July 1, 2023, through July 24, 2023, indicated the	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01880	Continued From page 24 temperature had been monitored 20 of 24 opportunities missing temperature recordings on: -July 1, 2023, Saturday; -July 2, 2023, Sunday; -July 15, 2023, Saturday; and -July 16, 2023, Sunday. The manufacturer's instructions for dorzolamide HCL dated February 15, 2016, indicated to store at room temperature and away from excess heat and moisture (not in the bathroom). The manufacturer's instructions for latanoprost dated April 28, 2022, indicated to store unopened medication in a refrigerator 36 degrees F to 46 degrees F. The manufacturer's instructions for Repatha dated August 2022, indicated to keep the medication in the refrigerator at 36 degrees F to 46 degrees F. Do not freeze or use the medication if it had been frozen. The licensee's Storage of Medication and Key Security policy dated April 19, 2023, noted medications requiring "refrigeration" or "temperatures between 2 degrees C (36 degrees) F and 8 degrees C (46 degrees F) are kept in a refrigerator with a thermometer to allow temperature monitoring daily: twice daily if vaccines are being stored. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=F	144G.71 Subd. 20 Prescription drugs	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 25 A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications for residents (R3, R6, R7, R8). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R3 On July 25, 2023, at approximately 8:10 a.m., the surveyor observed R3's medication stored in the refrigerator of R3's apartment. R3's opened Lantus (long-acting) insulin pen had a label to indicate the date the insulin was open and when the insulin would expire however no dates had been written on the sticker. Unlicensed personnel (ULP)-E confirmed R3's Lantus insulin pens lacked date the insulin was open and when the insulin would expire.	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 26 The manufacturer's instructions for Lantus insulin pens dated March 2020, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it. R6 On July 25, 2023, at approximately 8:25 a.m., the surveyor observed R6's medication stored in the refrigerator of R6's apartment. R6's opened Lantus insulin pen had a label to indicate the date the insulin was open and when the insulin would expire however no dates had been written on the sticker. ULP-E confirmed R6's Lantus insulin pens lacked date the insulin was open and when the insulin would expire. R7 On July 25, 2023, at 7:36 a.m., the surveyor observed ULP-I remove R7's opened timolol (high eye pressure eye drop) from R7's locked medication cabinet that lacked a date the eye solution would expire. ULP-I stated R7's timolol would expire in January 2025 as she read the expiration date on the eye solution box. The manufacturer's instructions for timolol eye drops dated March 20, 2020, noted discard solution 28 days after opening the bottle. R8 On July 25, 2023, at 10:15 a.m., the surveyor observed ULP-E remove R8's opened Advair inhaler from R8's locked medication cabinet that lacked a date the inhaler would expire. ULP-E confirmed R8's Advair inhaler lacked a label to indicate the date the inhaler was opened and when the inhaler would expire and was unsure why.	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 27 The manufacturer's instructions for Advair dated July 2013, directed to discard the inhaler one month after it had been removed from foil pouch. On July 25, 2023, at 10:23 a.m., clinical nurse supervisor (CNS)-B stated eye drops should be dated when opened. Regional assisted living health services staff (RLAHS)-D added eye drops should be dated when open and when they would expire. CNS-B said insulin pens and inhalers should be dated when opened adding by either the ULP or the nurse when doing medication checks. The licensee's Storage of medication and Key Security Policy dated April 19, 2023, indicated medications would be stored per manufacturer's instructions. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02170 SS=D	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions.	02170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
02170	Continued From page 28 (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct an evaluation for activities that addressed all provisions and failed to develop an individualized activity plan based on the evaluation, for one of two residents (R5) with dementia. 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	02170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
02170	Continued From page 29 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R5's diagnoses included vascular dementia. R5's record included a form "Dimensions: My Way," dated July 13, 2023. The form included: -basic background info; -spiritual and/ or religious preferences; -education; -emotional/social needs and patterns; -current habits/routines; -things I do to relax; -foods/beverages/etc.; -my bathing preferences; -my assistive devices; -anything else you'd like to tell us about this person; -my life enrichment/creativity evaluation; -my proudest moments/significant achievements; and -my favorites, and activity goal or goals. On July 25, 2023, at 11:44 a.m., clinical nurse supervisor (CNS)-B stated the form in R5's record had been completed by family, "family does that part." CNS- B said R5's activity plan had not been completed, adding the activity person had been gone. The licensee's Life Enrichment Programs policy stated August 1, 2021, noted The Dimension: My Way form was provided to the resident and or/resident representative to gather information to aid in the development of a person-centered service plan. When the resident and/or resident representative returns the Dimensions; My Way form, "we" use the information in many ways,	02170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
02170	Continued From page 30 including in the development of life enrichment programming. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170		
02310 SS=F	144G.91 Subd. 4 (a) 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 observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for storage of cleaning supplies and personal products in the secured unit. This had the potential to affect all 14 residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include:	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
02310	Continued From page 31 TUB/SPA ROOM On July 24, 2023, at 11:30 a.m., during a tour of the secured unit with licensed assisted living director (LALD)-A, the surveyor observed an unlocked door labeled Tub/Spa near the open common area. There were two other doors in the area labeled rest room and laundry room, both were locked. In a laundry tub was an opened/used jug of Gain laundry detergent. In unlocked cabinets were an opened box of benzalkonium chloride towelettes (antiseptic, germicidal, sterile), an opened bottle of nail polish remover, and a can of Rave 4x Mega hair spray. On July 24, 2023, at 11:34 a.m., LALD-A stated the Tub/Spa room should be locked, adding a member of the staff recently left the door unlocked. KITCHEN On July 24, 2023, at 12:25 p.m., the surveyor observed three residents in the open common living/dining area, sitting at the dining room table. The surveyor did not observe any staff present. On July 24, 2023, at 12:31 p.m., the surveyor observed a spray bottle of "Cleaner with Bleach," and a can of Glade "Apple of my Pie" room spray in an unlocked cabinet above the kitchen sink. In addition, in an unlocked cabinet positioned by a staff desk in the same area were one opened box of alcohol prep pads and a basket containing alcohol prep pads. On July 24, 2023, at 1:00 p.m., unlicensed personnel (ULP)-F stated there were three "wanderers" residing in the secure unit at the current time. On July 24, 2023, at 1:30 p.m., the surveyor	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
02310	Continued From page 32 reviewed the contents of the unlocked kitchen cabinets with regional assisted living health services staff (RLAHS)-D. In addition to the above-mentioned items Zeb foaming glass cleaner was found. RLAHS-D stated the unit was a memory unit and the cabinets should be locked, adding the area had changed since she was there, and the cabinets were new. The undated Gain container included the following cautions printed on the bottle: -may irritate eyes; -do not get in eyes; and -keep out of reach of children. The undated bottle of nail polish remover indicated the following warnings: -extremely flammable; -liquid and vapors may ignite; -do not use when smoking; -do not use or store near fire, flame or heat; -keep out of eyes; -harmful if ingested, in case of accidental ingestion, give fluids, liberally and consult with lock Poison Control Center; -keep out of reach of children; and -tighten lid when not in use. The undated Rave 4x mega hair spray indicated the following warnings: -flammable until fully dry; -do not use near heat flames or smoking; -can cause serious injury or death; -avoid inhalation; -avoid spraying in eyes; -contents under pressure; -do not puncture; and -keep out of reach of children. The undated alcohol prep pads container	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
02310	Continued From page 33 indicated the following warnings: -active ingredient: isopropyl alcohol 70%; -warning, for external use only; -flammable, keep away from fire or flame; -Do not use in the eyes or over large areas of the body, longer than one week unless directed by a doctor; -do not use with electrocautery procedures; and -stop use and ask a doctor if condition persists for more than 72 hours or gets worse. The box of benzalkonium chloride towelettes dated April 2016, indicated the following warnings: -for external use only; -for professional and hospital use only; -do not use in the eyes; -apply over large areas of the body; -keep out of reach of children; and -if swallowed, get medical help or contact a Poison Control Center right away. The cleaner with bleach bottle dated 2019, indicated the following warnings: -keep out of reach of children; -causes skin irritation; -causes serious eye irritation; -wash skin thoroughly after handling; and -wear protective gloves/eye protection/face protection. The Apple Of My Pie Glade room spray can dated2020 indicated the following warnings: -do not use near fire, flame or pilot light; -do not puncture or incinerate; -some hard surfaces may become damp if sprayed, avoid slips or falls; and -keep out of the reach of children and pets. No further information was provided.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30677	A. BUILDING: _____ B. WING _____	07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NINE MILE CREEK SENIOR LIVING	2301 VILLAGE LANE BLOOMINGTON, MN 55431

(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
02310	Continued From page 34 TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

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

Type: Full
Date: *07/24/23*
Time: 13:30:00
Report: 1013231180

Food and Beverage Establishment Inspection Report

Location:

Nine Mile Creek Senior Living
2301 Village Lane
Bloomington, MN55431
Hennepin County, 27

Establishment Info:

ID #: 0039332
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528880731
ID #:

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

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ***** Priority 1 *****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

COLD TCS FOOD MEASURED ABOVE 41F IN THE SERVICE AREA TALL COOLER AND FRONT DINING AREA DISPLAY COOLER. SEE TEMP LOG. TCS FOODS HELD IN THE COOLERS OVER 4 HRS WERE DISCARDED. STAFF ADJUSTED THE COOLERS COLDER AND MONITORED HOLDING TEMPS.

Comply By: 07/24/23

3-500C Microbial Control: date marking

3-501.17B ***** Priority 2 *****

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

OPEN PACKAGES OF READY-TO-EAT COMMERCIALLY PROCESSED DELI MEATS (TURKEY, ROAST BEEF) WERE STORED IN THE WALK-IN COOLER WITHOUT DATE MARKS. DISCUSSED DATE MARK PROCEDURES WITH STAFF AND FOOD WAS DISCARDED.

Corrected on Site

7-100 Toxic Labeling

7-102.11 ***** Priority 2 *****

MN Rule 4626.1595 Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.

2 SPRAY BOTTLES CONTAINING SUDSY LIQUIDS WITHOUT LABELS WERE STORED IN THE DISH WASHING AREA. STAFF IDENTIFIED THE PRODUCTS AS SANITIZER. STAFF LABELED THE SPRAY BOTTLES.

Corrected on Site

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: Sanitizer - service area
Violation Issued: No

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: Sanitizer - prep area
Violation Issued: No

Hot Water: = at 168 Degrees Fahrenheit
Location: Dish machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Soup
Temperature: 161 Degrees Fahrenheit - Location: Warmer
Violation Issued: No

Process/Item: Soup
Temperature: 146 Degrees Fahrenheit - Location: Steam table
Violation Issued: No

Process/Item: Cheese
Temperature: 40 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

Process/Item: Turkey
Temperature: 39 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

Process/Item: Beef
Temperature: 34 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

Process/Item: Ice cream
Temperature: 16 Degrees Fahrenheit - Location: Freezer
Violation Issued: No

Process/Item: Milk
Temperature: 39 Degrees Fahrenheit - Location: Low cooler
Violation Issued: No

Type: Full
Date: *07/24/23*
Time: 13:30:00
Report: 1013231180
Nine Mile Creek Senior Living

Food and Beverage Establishment Inspection Report

Process/Item: Milk
Temperature: 46 Degrees Fahrenheit - Location: Dining area display cooler
Violation Issued: Yes

Process/Item: Yogurt
Temperature: 45 Degrees Fahrenheit - Location: Dining area display cooler
Violation Issued: Yes

Process/Item: Hard boiled eggs
Temperature: 45 Degrees Fahrenheit - Location: Dining area display cooler
Violation Issued: Yes

Process/Item: Yogurt
Temperature: 52 Degrees Fahrenheit - Location: Service area tall cooler
Violation Issued: Yes

Process/Item: Yogurt
Temperature: 40 Degrees Fahrenheit - Location: Memory care refrigerator
Violation Issued: No

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

The inspection was completed with the operator and reviewed with MDH Nurse Evaluators C. Samrock and C. Casey.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, sanitizer, food storage, and food handling procedures.

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 1013231180 of 07/24/23.

Certified Food Protection Manager: Gregory Junge

Certification Number: 73728 Expires: 06/15/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
Luke Lahammer
Executive Director

Signed: JM
Jerry Malloy
Sanitarian Supervisor
FPLS Metro
651-201-3998
jerry.malloy@state.mn.us