



Protecting, Maintaining and Improving the Health of All Minnesotans

May 27, 2022

Administrator
Annandale Care Center
600 Park Street East
Annandale, MN 55302

RE: Project Number SL20074015

Dear Administrator:

On May 26, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the February 4, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Casey DeVries'.

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

HHH



Protecting, Maintaining and Improving the Health of All Minnesotans



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

May 4, 2022

Administrator
Annandale Care Center
600 Park Street East
Annandale, MN 55302

RE: Project Number(s) SL20074015

Dear Administrator:

On April 21, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on February 4, 2022. The follow-up evaluation determined your agency had not corrected all of the state licensing orders issued pursuant to the February 4, 2022 evaluation.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on February 4, 2022, found not corrected at the time of the April 21, 2022, follow-up evaluation and/or subject to penalty assessment are as follows:

0550-Resident Grievances; Reporting Maltreatment-144g.41 Subd. 7 = \$500.00
2310-Appropriate Care And Services-144g.91 Subd. 4 = \$3,000.00

The details of the violations noted at the time of this follow-up evaluation completed on April 21, 2022 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$4,000.00**. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

Also, at the time of this follow-up evaluation completed on April 21, 2022, we identified the following violation(s):

0340-Correction Orders-144g.30 Subd. 5 = \$500.00

The details of the violation(s) noted at the time of this follow-up evaluation are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these licensing orders. It is not necessary to develop a plan of correction.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order by the correction order date. The commissioner may request a copy of this documentation and the assisted living facility's action to respond to the correction orders in future evaluations, upon a complaint investigation, and as otherwise needed.

IMPOSITION OF FINES:

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.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please send your written request via email to the following:

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to

Health.HRD.Appeals@state.mn.us.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

We urge you to review these orders carefully. If you have questions, please contact Casey DeVries at 651-201-5917.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Sincerely,

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

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: SL20074015 On April 19, 2022, through April 21, 2022, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on February 4, 2022. At the time of the survey, there were 68 residents: 27 receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued/issued.	{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.	
0 340 SS=F	144G.30 Subd. 5 Correction orders (a) A correction order may be issued whenever	0 340		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 340	Continued From page 1 the commissioner finds upon survey or during a complaint investigation that a facility, a managerial official, or an employee of the facility is not in compliance with this chapter. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction. (b) The commissioner shall mail or e-mail copies of any correction order to the facility within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the facility and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically. (c) By the correction order date, the facility must document in the facility's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the facility's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have sufficient documentation with actions taken to comply with the correction orders for a revisit survey completed on April 19, 2022, 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 a widespread scope (when problems are pervasive or represent a systemic	0 340		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 340	Continued From page 2 failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the revisit survey on April 19, 2022, the surveyor reviewed the licensee's policies and procedures, resident records, employee records and conducted interviews with licensed assisted living director (LALD)-A and registered nurse (RN)-B. The licensee lacked evidence to indicate the orders issued on February 4, 2022, were corrected. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 340		
{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	{0 480}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 3 This MN Requirement is not met as evidenced by: No further action required.	{0 480}			
{0 510} SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to establish and maintain an effective infection control program to comply with the accepted health care, medical and nursing standards for infection control. 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:	{0 510}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
{0 510}	Continued From page 4 On April 19, 2022, at approximately 10:45 a.m., the surveyor observed the first-floor medication cart with unlicensed personnel (ULP)-L. ULP-L stated a community glucometer was utilized for the one resident who required blood glucose checks. ULP-L stated she cleaned the glucometer after each use with an alcohol wipe. On April 19, 2022, at approximately 11:30 a.m., registered nurse (RN)-B stated the glucometer should be cleaned with a purple top wipe, and staff had been trained on this. In addition, RN-B stated the contact time for the wipe's effectiveness was two minutes. The Assure Platinum Blood Glucose Monitoring System Reference Manual dated October 2019, noted on page 20, the glucometer should be cleaned with one wipe, and disinfected with a second wipe, and the treated surface must remain wet for the recommended contact time. The licensee's Disinfecting Reusable Equipment and Environmental Surfaces policy, dated March 24, 2022, indicated glucometers must be cleaned after each use following the manufacturer's instructions. No further information was provided.	{0 510}		
{0 550} SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances.	{0 550}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
{0 550}	Continued From page 5 The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to post in a conspicuous place, information about the facility's grievance procedure with the required content. This had the potential to affect the licensee's 65 current residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee lacked a posting of the grievance procedure to include the e-mail contact information for the individuals who are responsible for handling resident grievances. On April 19, 2022, at approximately 10:00 a.m., the surveyor observed the licensee's grievance procedure posted at each of the three entrances. However, the posted information lacked the e-mail addresses as required.	{0 550}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
{0 550}	Continued From page 6 On April 19, 2022, at approximately 10:20 a.m., LALD-A stated the residents were provided the e-mail addresses and they are posted in different locations, but confirmed the e-mail addresses are not included in the grievance procedure as required. The licensee's Complaints/Grievances procedure posted at each entrance noted the contact person to include LALD-A and RN-B. However, the procedure lacked their e-mail addresses as required. No further information was provided.	{0 550}		
{0 650} SS=E	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and	{0 650}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
{0 650}	Continued From page 7 (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees records contained evidence of orientation to assisted living licensing requirements and regulations for four of five employees (licensed assisted living director (LALD)-A, registered nurse (RN)-B, unlicensed personnel (ULP)-G, and licensed practical nurse (LPN)-E) 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 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: LALD-A LALD-A started employment on April 1, 1982, under the comprehensive home care license and began providing assisted living services on August 1, 2021.	{0 650}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
{0 650}	Continued From page 8 LALD-A's record lacked documented evidence of the following requirements: - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; and - a review of the types of assisted living services the employee will be providing and the facility's category of licensure. RN-B RN-B began providing assisted living services on December 22, 2021. RN-B's record lacked documented evidence of the following requirements: - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person. ULP-G ULP-G started employment on February 16, 1998, under the comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-G's record lacked documented evidence of the following requirements: - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - reporting maltreatment of vulnerable adults; and - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints.	{0 650}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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	
{0 650}	Continued From page 9 LPN-E LPN-E started employment on February 16, 1998, under the comprehensive home care license and began providing assisted living services on August 1, 2021. LPN-E's record lacked documented evidence of the following requirements: - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person. On April 19, 2022, at approximately 3:20 p.m., LALD-A stated the orientation had been provided by the consultant RN and via the electronic training module. However, LALD-A confirmed the employee records lacked evidence of the above required orientation. The licensee's Orientation, Competency and Annual Training Requirements policy dated revised April 2022, noted training content for unlicensed personnel would include an overview of chapter 144G, introduction and review of the provider's policies and procedures related to the provision of assisted living services, the assisted living bill of rights, handling resident complaints, consumer advocacy services, and a review of the types of services the employee would be providing and the licensee's category of license. No further information was provided.	{0 650}			
{0 730} SS=E	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident:	{0 730}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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	
{0 730}	Continued From page 10 (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, 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	{0 730}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
{0 730}	Continued From page 11 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 interview and record review, the licensee failed to ensure resident records included a discharge summary with the required content for three of three discharged residents (R4, R6 and R7) 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 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, R6 and R7's records lacked a discharge summary with the following required content: - courses of illnesses; and - a final summary of the resident's status from the latest assessment or review. R4 R4's began receiving services on November 20, 2017, and was discharged on March 22, 2022. R4's Discharge Summary dated March 22, 2022, noted the resident's diagnoses, treatment and therapies, pertinent lab, radiology, and	{0 730}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
{0 730}	Continued From page 12 consultation results. The attached Physician Order Report signed March 28, 2022, included allergies. However, the discharge summary lacked the above required content. R6 R6 began receiving services on May 24, 2021, and was discharged on November 26, 2021. R6's Discharge Summary dated February 4, 2022, noted the resident's diagnoses, treatment and therapies, pertinent lab, radiology, and consultation results. The attached Physician Order Report signed February 4, 2022, included allergies. However, the discharge summary lacked the above required content. R7 R7 began receiving services on June 7, 2021, and was discharged on August 24, 2021. R7's Discharge Summary dated February 3, 2022, noted the resident's diagnoses, treatment and therapies, pertinent lab, radiology, and consultation results. The attached Physician Order Report signed February 3, 2022, included allergies. However, the discharge summary lacked the above required content. On April 19, 2022, at approximately 3:20 p.m., licensed practical nurse (LPN)-E and registered nurse (RN)-B confirmed the discharge summary lacked the above required content. The licensee's Discharge: Transitions of Care and Discharge Summary policy, revised July 2018, indicated upon discharge the nurse would complete a Discharge Summary form, which would be sent with the resident and the original would be kept in the resident's chart.	{0 730}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
{0 730}	Continued From page 13 No further information was provided.	{0 730}		
{02310} SS=G	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 observation, interview and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical or nursing standards for one of one resident (R9) with bedrails. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: R9's diagnoses included congestive heart failure (when the heart does not pump blood as well as it should). R9's Side Rails Assessment dated March 14, 2019, noted a side rail the resident utilized for assistance with transfers and boundary limitations, used as needed, and described as a	{02310}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 14 'U' bar on one side, top half of the bed. The assessment noted the risks and benefits had been explained to the resident. The assessment did not address the bedrail measurements, nor did it note any alternatives offered. R9's "Side Rails Assessment", authored by RN-C dated February 25, 2022, noted the following: - description noted to assess safety; - side rail usage was to assist with transfers and bed mobility; - types of rails to be used noted one side; - the risks and benefits were explained to the resident including a risk of significant injury if a fall occurred; - "On 2/25/22 writer met with resident to complete his SR [side rail] assessment, writer explained the risk vs the benefits of having the grab bar. Resident still wants to have it for his use with mobility, he stated understanding of the risks/benefits. Writer gave him SR safety brochure also at that time." The assessment did not address the bedrail measurements, nor did it note any alternatives or safety measures offered. R9's "Side Rail/Grab Bar/Mobility Device Assessment" also dated February 25, 2022, noted the type of device as "grab bar (not a side rail)". Page 2 of the assessment included a picture of a hospital bed with bedrails and listed the zones with the recommended dimensions for each zone. Page 2 noted the following: - Device complies with FDA 2006 dimensional guidance above (and has been measured for safety zone compliance) - marked as no. Explain: "It is a portable bed rail/transfer bar; does not measure like above picture." In addition, it noted: - Device is used in accordance with manufacturer	{02310}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 15 instructions, marked as yes. Explain: "Board is placed under mattress, transfer bar is bolted to the board." The assessment did not contain R9's bedrail measurements nor did it note any alternatives or safety measures offered. R9's Service Agreement titled, Addendum A (Section IV-2) dated July 26, 2021, noted services including medication setup and reminders and housekeeping. The addendum included an attached modification dated March 29, 2022, which also included toileting and incontinence care. Neither document referenced R9's bedrail nor listed any interventions in place or offered to mitigate safety risk. On April 19, 2022, at approximately 2:00 p.m., the surveyor observed R9's bed with registered nurse (RN)-B. R9 was in bed, on his left side. Four pillows were stacked on top of each other between R9 and an upside down U-shaped bedrail. The bed was a hospital style bed, with the bedrail on the left side. The surveyor observed R9 use the bedrail to sit up in bed. The surveyor observed RN-B measure the bedrail, and noted a 7 inch gap horizontally between the bars and a 12 3/4 inch gap vertically from inside the top bar to the top of the mattress with R9 in the bed. The bars curved and extended to the area between the mattress and box spring. The surveyor observed plywood between the mattress and box spring as well. The surveyor was unable to observe if the bedrail was affixed to the plywood, however, R9 stated he had bolted the bedrail to the 3/4-inch-thick plywood to make it stronger, as it had been attached to a thinner board when he bought it. The licensee's plan of correction from the	{02310}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 16 previous survey exited on February 4, 2022, related to bedrail safety noted the following: - Resident (R4) had revised side rail assessment completed, including risk versus benefits, education to resident and documentation of the rail specifications; - All other residents were reviewed for side rails, and if identified, an updated side rail assessment was completed; - Review of comprehensive assessment schedule to ensure side rail assessment is included in assessment schedule; - RN consultant completed education with licensed nursing staff on side rail policy and procedure, use of assessment, risk versus benefits and documentation best practices on February 9, 2022; and - Side rail compliance audits of three residents/week for four weeks, then three residents monthly for two months. The form noted the audit schedule as follows: - Week of March 14th (marked with an X to indicate completed) - Week of March 21st (marked with an X to indicate completed) - Week of March 28th (unmarked, indicating not completed) - Week of April 4th (unmarked, indicating not completed) - Week of April 18th (unmarked, indicating not completed) - Week of May 1st (unmarked, indicating not completed) On April 19, 2022, at approximately 3:30 p.m., RN-B stated she noted R9 had a grab bar when she went into his room to do his 90-day assessment. RN-B stated since she was on vacation the next day, RN-C completed the assessment for R9's device. RN-B confirmed the	{02310}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 17 measurements within the rails was not in accordance with the FDA's guidelines not to exceed 4.75 inches due to entrapment risks. RN-B did confirm the device utilized by R9 was similar to the bedrail utilized by R4 during the initial survey, which she had measured as a part of her assessment when asked during the previous survey for measurements by the surveyors. RN-B stated she measured that device at the time because MDH surveyors requested she do so. RN-B confirmed the plan of correction from the initial survey noted all other residents had been reviewed for side rails, but RN-B stated R9 had a grab bar, and asserted it was not a side rail and was not the same as the picture referenced in the FDA guidance. RN-B stated she could not recall if the training following the initial survey provided by the consultant included to record measurements regardless of the style of bedrail. In addition, licensed assisted living director (LALD)-A stated she was not sure what to say when asked if the licensee's plan of correction was followed. When asked for clarification on how the licensee planned to ensure future compliance for resident safety, RN-B and LALD-A declined to answer or offer further information. On April 20, 2022, at 10:12 a.m., LALD-A sent an email to the surveyor which indicated R9's form dated February 25, 2022, noted it was a portable bed rail or transfer bar, and did not measure like above picture (photo of bedrail referenced on FDA guidance). LALD-A maintained that because the RN indicated the device did not measure like the photo, that illustrated the RN did take a measurement. Additionally, LALD-A wrote, "I also contend there is no requirement that the measurements be recorded and likewise it is not in our policy. You can also know by looking at it	{02310}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 18 that it doesn't meet any of the measurements for a siderail." The licensee's Assessing the Safety of Side Rails policy, dated revised September 2019, noted the RN would train staff to be alert for any side rail or equipment that resembled a side rail and to notify the RN immediately. When a resident had a side rail, the policy indicated the RN would complete an assessment and evaluate the resident needs and assess to determine if the equipment met the FDA standards for side rails. If the side rail did not meet the FDA standards, the RN would recommend the rail be removed, recommend alternate options and would document. The licensee's policy included the photo and FDA guidance noted in the 2006 recommendations for reducing entrapments. The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (space between the rails), should be less than 4 and 3/4 inches. The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bedrails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." No further information was provided.	{02310}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/21/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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	



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 8, 2022

Administrator
Annandale Care Center
600 Park Street East
Annandale, MN 55302

RE: Project Number(s) SL20074015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on February 4, 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, the following fines are assessed pursuant to this evaluation:

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program = \$500.00

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services = \$3,000.00

The total amount you are assessed is \$3,500.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

Free from Maltreatment reconsideration

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

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to

Health.HRD.Appeals@state.mn.us.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

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

Sincerely,

A handwritten signature in black ink that reads "Jessica Chenze". The signature is written in a cursive, flowing style.

Jessica Chenze, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jessica.chenze@state.mn.us Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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: SL20074015 On February 1, 2022, through February 4, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 65 residents receiving services under the provider's Assisted Living license. An immediate correction order was identified on February 24, 2022, issued for SL20074015, tag identification 2310. On February 25, 2022, the immediacy of correction order 2310 was removed, however non-compliance remained at a scope and level of G.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all of the licensee's 65 current residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report dated February 1, 2022, for the specific Minnesota Food	0 480		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 2 Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical and nursing standards for infection control and current recommendations for COVID-19. This deficient practice had the potential to affect all 65 of the licensee's current residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 510	Continued From page 3 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: EMPLOYEE EYE PROTECTION On February 1, 2022, at approximately 3:27 p.m., the surveyor observed unlicensed personnel (ULP)-K walk into room 100 pushing a garbage container, visit with the resident inside while collecting the garbage and exit the room. ULP-K wore a facemask, but no eye protection. On February 1, 2022, at approximately 3:34 p.m., ULP-K stated she had been given eye protection "a while ago" and was directed to wear it but stated, "Not many people wear it." On February 1, 2022, at approximately 3:40 p.m., the surveyor observed registered nurse (RN)-B walking in the hallway, passing by residents, without eye protection. On February 1, 2022, at approximately 3:52 p.m., ULP-G joined the surveyors in the conference room to discuss medication administration, wearing prescription eyeglasses, but no eye protection. When the surveyor questioned the lack of eye protection, ULP-G stated she was unable to wear eye protection due to wearing hearing devices and eyeglasses. ULP-G indicated staff were told to wear eye protection at the beginning of the pandemic, but it was too painful for her due to having too much on the tops of her ears. On February 1, 2022, at approximately 3:58 p.m., RN-B stated she did not think she needed to wear eye protection unless she was providing care to	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 510	Continued From page 4 residents. RN-B indicated she would educate the staff and provide eye protection that she had in her office. INFECTION CONTROL On February 1, 2022, at approximately 4:04 p.m., the surveyor observed ULP-G prepare to perform blood glucose monitoring on R2 in her room. ULP-G removed a glucometer from the medication cart and stated R2 was out of testing strips, so staff were using the facility owned glucometer. ULP-G entered R2's room, washed her hands in the kitchen sink, donned clean gloves and handed a medication cup with two tablets to R2. ULP-G wiped R2's right index finger with an alcohol wipe and poked it with a lancet to draw blood. A sample of blood was placed on the strip she had placed in the glucometer. ULP-G discussed the results with R2, walked into R2's bathroom to dispose of the lancet into the sharps container and removed her gloves. ULP-G washed her hands in the kitchen sink and exited R2's room. Without cleaning the glucometer, ULP-G placed the glucometer into its case and returned it to the medication cart. On February 3, 2022, at approximately 12:00 p.m., RN-B stated the glucometer should be cleaned after each use. Minnesota Department of Health (MDH) COVID-19 Personal Protective Equipment (PPE) Grid for Congregate Care Settings, dated June 30, 2021, indicated health care workers (HCW's) with face-to-face contact with residents should wear medical grade well-fitting facemask and eye protection. MDH guidance titled, Responding to and	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 510	Continued From page 5 Monitoring COVID-19 Exposures in Health Care Settings, dated December 8, 2021, indicated to institute universal masking of all health care workers for source control. Universal masking is intended to protect both patients and employees from infected health care workers who may shed virus into the environment before onset of symptoms. Institute use of eye protection (e.g., face shield, goggles) as a way to reduce COVID-19 exposure risk. Eye protection is recommended, at a minimum, for all routine outpatient, acute care, and long-term care encounters when PPE supplies allow. Use of all appropriate PPE can reduce the number of exposures for which exclusion from work is recommended. The licensee's Infection Control Policy, dated October 2020, included standard and transmission-based precautions were to be followed to prevent the spread of infections, including hand hygiene with direct care, selection, and use of personal protection equipment (PPE), and provision of facemasks for residents with new respiratory symptoms. The policy did not address use of eye protection during resident contact. The licensee's Shared (House) Equipment policy, dated April 29, 2020, indicated that any house equipment shared between residents would be cleaned/disinfected appropriately according to the equipment manufacturers' instructions using an appropriate sanitizer. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 550	Continued From page 6	0 550		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to post in a conspicuous place, information about the facility's grievance procedure with the required content. This had the potential to affect the licensee's 65 current residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee lacked a posting of the grievance procedure to include the name, telephone	0 550		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 550	Continued From page 7 number and e-mail contact information for the individuals who are responsible for handling resident grievances. In addition, there was no evidence of the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. On February 1, 2022, at approximately 3:00 p.m., the surveyor observed the main entry area of the 600, 660, and 700 buildings. The 700 building's bulletin board, located behind a large wall near the mailboxes, not in a conspicuous place, was noted to lack the required posting of the grievance procedure. The 600 and 660 buildings included the Complaint Policy & Procedure posting on a bulletin board near the entrance; however, lacked the required information to include the telephone number and email contact information for the individual who was responsible for handling resident grievances, and lacked the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. On February 2, 2022, at approximately 10:20 a.m., licensed assisted living director (LALD)-A stated the procedure had been updated to include her name; however, confirmed the required content noted above was not included. The licensee's Complaint Policy & Procedure, revised August 2021, indicated each resident and/or resident representative received written notice of the licensee's process for receiving and resolving complaints in the resident's handbook; however, lacked the requirement to post the required information.	0 550		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 550	Continued From page 8 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 550		
0 630 SS=D	144G.42 Subd. 6 Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include the required content for one of five 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).	0 630		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 630	Continued From page 9 The findings include: R4's record lacked an individualized abuse prevention plan to include all areas of vulnerability, as well as specific measures to minimize the risk of abuse. The resident's Vulnerable Adult Assessment Version 2 dated March 2, 2021, identified vulnerabilities including range of motion, and vision with specific measures to minimize the risk of abuse; however, the plan failed to identify falls as a vulnerability. R4 had a contract dated July 29, 2021, signed by the resident. R4's Addendum A (Section IV-2) dated July 29, 2021, noted services to include assistance with showering and medication set up. On February 4, 2022 at approximately 11:10 a.m., registered nurse (RN)-B stated R4 had falls on November 7, 2021, and December 10, 2021. RN-B confirmed the resident's abuse prevention plan had not been updated to include falls as a vulnerability. The licensee's Initial and On-going Nursing Assessment of Residents policy revised August 2021 noted the comprehensive assessment would include risk indicators including a risk of falls. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 650	Continued From page 10	0 650		
0 650 SS=E	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employee records contained the required content for four of four employees (registered nurse (RN)-B,	0 650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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	
0 650	Continued From page 11 licensed professional nurse (LPN)-E, unlicensed personnel (ULP)-G and ULP-H) 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 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: RN-B RN-B began providing assisted living services on December 22, 2021. RN-B's record lacked documented evidence of the following required content: - a current job description, including qualifications, responsibilities and identification of staff persons providing supervision. LPN-E LPN-E started employment on February 16, 1998, under the comprehensive home care license and began providing assisted living services on August 1, 2021. LPN-E's record lacked documented evidence of the following requirements: - documentation of the background study clearance letter. ULP-G ULP-G started employment on February 16,	0 650			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 650	Continued From page 12 1998, under the comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-G's record lacked documented evidence of the following requirements: - a current job description, including qualifications, responsibilities and identification of staff persons providing supervision; and - documentation of the background study clearance letter. ULP-H ULP-H started employment on May 28, 2020, under the comprehensive home care license and began providing assisted living services on August 1, 2021. On February 2, 2022, from approximately 11:00 a.m. to 11:30 a.m., the surveyor observed ULP-H administer medications to several residents. ULP-H's record lacked documented evidence of the following required content: - a current job description, including qualifications, responsibilities and identification of staff persons providing supervision; and - documentation of an annual performance review. On February 4, 2022, at approximately 10:20 a.m., licensed assisted living director (LALD)-A was able to provide evidence the background studies had been completed, but were not in the employee files as required. In addition, LALD-A confirmed the employee records lacked the above required content. The licensee's Employee Record policy dated revised in August 2021, noted the employee file	0 650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 650	Continued From page 13 would contain evidence of a current job description, including qualifications, responsibilities and identification of staff providing supervision and documentation of an annual performance review. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 680	Continued From page 14 requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to prominently post the facility's emergency disaster plan. This had the potential to affect all 65 residents, staff and visitors of 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). Findings include: On February 1, 2022, at approximately 3:00 p.m., during a tour of the facility the surveyor observed there was no information regarding the licensee's disaster plan posted in a prominent area or elsewhere in the facility. On February 4, 2022, at approximately 12:12 p.m., licensed assisted living director (LALD)-A confirmed that she had not posted the emergency preparedness plan prominently because she was working on it, and stated the licensee's only copy of the emergency preparedness plan was in a binder, in her office and had been in the office for approximately a month. LALD-A verified the emergency preparedness plan was not accessible to staff if needed in an emergency. The licensee's Plans for Natural Disasters and Emergencies, revised July 2018 lacked direction	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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	
0 680	Continued From page 15 to post the emergency plan prominently, as required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680			
0 730 SS=E	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, 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;	0 730			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 730	Continued From page 16 (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 interview and record review, the licensee failed to ensure resident records included a discharge summary for two of two discharged residents (R6, R7) 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 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: R6	0 730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 730	Continued From page 17 R6's diagnoses included lumbar fracture (lower spine), anemia, post-traumatic stress disorder and obesity. R6 began receiving services on May 24, 2021, and was discharged on November 26, 2021. R6's Service Plan dated May 24, 2021, indicated R6 received services, including meals, laundry, housekeeping, daily wellbeing checks and shower assistance. R6's record included a Certificate of Inventory and Destruction for Non-Controlled Substances with disposition of medications, dated December 29, 2021; however, lacked evidence a discharge summary was completed. R7 R7's diagnoses included hypothyroidism, constipation, gastroesophageal reflux disease and vitamin B deficiency. R7 began receiving services on June 7, 2021, and was discharged on August 31, 2021. R7's Service Plan dated June 7, 2021, indicated R7's received services including meals, laundry, housekeeping, daily wellbeing checks, medication management, shower assistance and pacemaker checks. R7's record included a Certificate of Inventory and Destruction for Non-Controlled Substances with disposition of medications, dated September 2, 2021; however, lacked evidence a discharge summary was completed. On February 2, 2022, at approximately 1:45 p.m., licensed practical nurse (LPN)-E confirmed a	0 730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 730	Continued From page 18 discharge summary had not been completed for R6 or R7. The licensee's Discharge: Transitions of Care and Discharge Summary policy, revised July 2018, indicated upon discharge the nurse would complete a Discharge Summary form, which would be sent with the resident and the original would be kept in the resident's chart. No further information was provided. TIME PERIOD FOR CORRECTIONS: Twenty-one (21) days	0 730		
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 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	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 19 smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms in resident bedrooms, in the 600 building, and ensure smoke alarms are interconnected so that actuation of one alarm causes all alarms in the dwelling to actuate as required. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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 residents). The findings include: On February 01, 2022, between 10:30 a.m. and 1:30 p.m., survey staff toured the facility with the director of maintenance (DM)-D. During the facility tour, survey staff observed that bedrooms in apartments 110, 104, 200, and 203 did not have smoke alarms installed. Smoke alarms in the hallway outside the bedrooms looked to be more than ten years old. DM-D verbally confirmed survey staff observations during the facility tour. DM-D stated that all apartments in the 600-building were the same and none of them have smoke alarms installed in the bedrooms.	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 20 The facility did not have any policy or maintenance plan stating when smoke alarms would be installed or replaced. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		
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.	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 21 (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 interview and record review, the licensee failed to provide the required fire safety training and evacuation plans for residents and staff. This has the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all residents). The findings include: On February 01, 2022, at approximately 1:45 p.m., the surveyor requested to review the licensee's fire safety and evacuation policy, plans, procedures, schedules, and logs, if available. Upon review the following items were not documented: 1. No record of required employee evacuation drills. Licensed Assisted Living Director (LALD)-A stated that required evacuation drills had not been started in the 700-building, and only two	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 22 evacuation drills had been completed for the 600-building and the 660-building. A minimum of three evacuation drills should have been completed by the time of the survey. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 900 SS=E	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the	0 900		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 900	Continued From page 23 contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for four of five residents (R1, R2, 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 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: R1, R2, R4 and R5's records contained a letter sent out to the licensee's residents / representatives, dated August 27, 2021, as an addendum to the contract. The letter contained updated information to include the licensed assisted living director (LALD) name, address and telephone number, the authorized agent to accept service on behalf of the provider's name, address and telephone number, and the license number. In addition, a fee schedule was attached as an addendum to the contract, but no signature	0 900		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 900	Continued From page 24 was obtained to document agreement as required. R1 R1 had a contract dated July 27, 2021, signed by the resident. R1's Addendum A (Section IV-2) dated July 27, 2021, noted services to include medication administration, medication assessment, monitoring, and reassessment, reminders and mental health support plan, nail care, oxygen support, blood glucose monitoring, and anticoagulation therapy. R2 R2 had a contract dated August 1, 2021, signed by the resident. R2's Addendum A (Section IV-2) dated July 27, 2021, noted services to include medication administration and blood glucose monitoring. R4 R4 had a contract dated July 29, 2021, signed by the resident. R4's Addendum A (Section IV-2) dated July 29, 2021, noted services to include assistance with showering and medication set up. R5 R5 had a contract dated July 26, 2021, signed by the resident. R5's Addendum A (Section IV-2) dated July 26, 2021, noted services to include assistance with showering. On February 4, 2022, at approximately 10:30	0 900		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 900	Continued From page 25 a.m., licensed assisted living director (LALD)-A confirmed the licensee had not obtained signatures for any of the letter addendums sent out as required. A policy on content of assisted living contracts was requested but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
0 920 SS=C	144G.50 Subd. 2 Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be discharged, evicted, or transferred or have services terminated; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide	0 920		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 920	Continued From page 26 specialized diets. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for five of five residents (R1, R2, R3, R4 and R5) with records reviewed. 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: R1, R2, R3, R4, and R5's records lacked a written contract to include: - a disclosure of the facility's ability to provide specialized diets. R1 R1 had a contract dated July 27, 2021, signed by the resident. R1's Addendum A (Section IV-2) dated July 27, 2021, noted services to include medication administration, medication assessment, monitoring and reassessment, reminders and mental health support plan, nail care, oxygen support, blood glucose monitoring and anticoagulation therapy. R2 R2 had a contract dated August 1, 2021, signed by the resident.	0 920		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 920	Continued From page 27 R2's Addendum A (Section IV-2) dated July 27, 2021, noted services to include medication administration and blood glucose monitoring. R3 R3 had a contract dated September 8, 2021, signed by the resident. R3's Addendum A (Section IV-2) dated September 8, 2021, noted services to include medication administration. R4 R4 had a contract dated July 29, 2021, signed by the resident. R4's Addendum A (Section IV-2) dated July 29, 2021, noted services to include assistance with showering and medication set up. R5 R5 had a contract dated July 26, 2021, signed by the resident. R5's Addendum A (Section IV-2) dated July 26, 2021, noted services to include assistance with showering. On February 4, 2022, at approximately 10:30 a.m., licensed assisted living director (LALD)-A confirmed the contracts lacked the above required content, and confirmed the contracts had the same content for all the licensee's residents. A policy on content of assisted living contracts was requested but not provided. No further information was provided.	0 920		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
0 920	Continued From page 28	0 920		
	TIME PERIOD FOR CORRECTION: Twenty-One (21) days			
0 970 SS=F	144.50 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 assisted living contract did not include language waiving the facility'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 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 February 1, 2022, at approximately 10:00 a.m., a copy of the facility's assisted living contract was requested.	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 29 The assisted living contract included two clauses that indicated the resident would waive the facility's liability for health, safety, or personal property of a resident. Page 15, section 2 of the contract indicated a resident would indemnify or hold harmless the provider, its employees, and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by resident of the rented premises or any other part of the provider's property, or caused wholly or in part by an act or omission of resident or resident's guests or agents. Page 15-16, section 4 of the contract indicated the provider was not liable to resident or resident's guests for any injury, death or property damage occurring in the apartment unit or on provider's premises unless such injury, death or property damage occurred as a result of an equipment malfunction or hazardous conditions within the building not caused by the resident or resident's guests. On February 4, 2022, at approximately 10:30 a.m., licensed assisted living director (LALD)-A confirmed the assisted living contract contained the above content, and stated the same contract was utilized for all residents at the facility. A policy on content of assisted living contract was requested but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01470	Continued From page 30	01470			
01470 SS=F	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 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	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01470	Continued From page 31 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 observation, interview and record review, the licensee failed to ensure employees received orientation to assisted living licensing requirements and regulations prior to providing services for five of five employees (licensed assisted living director (LALD)-A, registered nurse (RN)-B, unlicensed personnel (ULP)-H, ULP-G and licensed practical nurse (LPN)-E) 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 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).	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01470	Continued From page 32 The findings include: LALD-A LALD-A started employment on April 1, 1982, under the comprehensive home care license and began providing assisted living services on August 1, 2021. LALD-A's record lacked documented evidence of the following requirements: - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; and - a review of the types of assisted living services the employee will be providing and the facility's category of licensure. RN-B RN-B began providing assisted living services on December 22, 2021. RN-B's record lacked documented evidence of the following requirements: - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - handling of emergencies and use of emergency services;	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01470	Continued From page 33 - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health 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; and - a review of the types of assisted living services the employee will be providing and the facility's category of licensure. ULP-H ULP-H started employment on May 28, 2020, under the comprehensive home care license and began providing assisted living services on August 1, 2021. On February 2, 2022, from approximately 11:00 a.m. to 11:30 a.m., the surveyor observed ULP-H administer medications to several residents. ULP-H's record lacked documented evidence of the following requirements: - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - the assisted living bill of rights and staff responsibilities related to ensuring the exercise	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01470	Continued From page 34 and protection of those rights; - 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. ULP-G ULP-G started employment on February 16, 1998, under the comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-G's record lacked documented evidence of the following requirements: - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - handling of emergencies and use of emergency services; - reporting maltreatment of vulnerable adults ; - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health 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	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01470	Continued From page 35 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. LPN-E LPN-E started employment on February 16, 1998, under the comprehensive home care license and began providing assisted living services on August 1, 2021. LPN-E's record lacked documented evidence of the following requirements: - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - handling of emergencies and use of emergency services; - reporting maltreatment of vulnerable adults ; - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health 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; and - a review of the types of assisted living services	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01470	Continued From page 36 the employee will be providing and the facility's category of licensure. On February 4, 2022, at approximately 10:20 a.m., LALD-A confirmed the employees lacked the above required training. The licensee's Orientation, Competency and Annual Training Requirements policy dated revised September 2019, noted training content for unlicensed personnel would include an overview of chapter 144G. introduction and review of the provider's policies and procedures related to the provision of assisted living services, the assisted living bill of rights, handling resident complaints, consumer advocacy services, and a review of the types of services the employee would be providing and the licensee's category of license. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470		
01530 SS=E	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics	01530		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01530	Continued From page 37 specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure two of four employees (registered nurse (RN)-B and unlicensed personnel (ULP)-H) received the required amount of dementia care training, in the required time frame 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 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: The licensee provided services under an assisted living license.	01530		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01530	Continued From page 38 During the entrance conference on February 1, 2022, at approximately 10:00 a.m., licensed assisted living director (LALD)-A and RN-B stated the licensee currently had no residents with the diagnosis of dementia. RN-B RN-B began providing assisted living services and regularly scheduled supervision of direct-care staff on December 22, 2021. RN-B reached 120 working hours on January 26, 2022. RN-B's record contained evidence the employee had received 3.0 hours training, less than the required 8.0 hours required within 120 working hours. ULP-H ULP-H started employment on May 28, 2020, under the comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-H reached 160 working hours on July 8, 2020. On February 2, 2022, from approximately 11:00 a.m. to 11:30 a.m., ULP-H was observed to administer medications to several residents. ULP-H's record contained evidence the employee had received 6.5 hours training, less than the required 8.0 hours within 160 working hours. On February 4, 2022, at approximately 10:20 a.m., LALD-A confirmed the employees lacked the required amount of initial training in dementia care. The licensee's Orientation, Competency and Annual Training Requirements policy dated	01530		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01530	Continued From page 39 revised in September 2019, noted required training for unlicensed personnel included a current explanation of Alzheimer's disease and related disorders, assistance with activities of daily living, effective approaches to use to problem solve when working with challenging behaviors, and how to communicate with a resident with Alzheimer's disease and related disorders. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530			
01610 SS=D	144G.70 Subd. 2 Initial reviews, assessments, and monitoring (a) Residents who are not receiving any services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan 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. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by:	01610			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01610	Continued From page 40 Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) conducted an initial assessment for one of one resident (R3) 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: R3 admitted to services on September 9, 2021. R3 had a contract dated September 8, 2021, signed by the resident. R3's Addendum A (Section IV-2) dated September 8, 2021, noted services to include medication administration. On February 4, 2022, at approximately 11:35 a.m., RN-B confirmed no initial comprehensive assessments had been done prior to the date the resident had moved in or executed a contract. The licensee's Initial and On-going Nursing Assessment of Residents policy dated revised August 2021, noted the RN would complete a comprehensive nursing assessment pre-admission. No further information was provided.	01610		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01610	Continued From page 41 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01610		
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 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 interview, and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment for two of five residents (R2 and R3) with records reviewed.	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01620	Continued From page 42 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 R2 admitted to services on July 7, 2021. R2 had a contract dated July 27, 2021, signed by the resident. R2's Addendum A (Section IV-2) dated July 27, 2021, noted services to include medication administration and blood glucose monitoring. R2's record included an RN Comprehensive Assessment, dated October 10, 2021, intended as R1's 90 day ongoing reassessment and monitoring, and another RN Comprehensive Assessment dated January 20, 2022, or 102 days from the last date of the assessment, exceeding 90 calendar days. R3 R3 admitted to services on September 9, 2021. R3 had a contract dated September 8, 2021, signed by the resident. R3's Addendum A (Section IV-2) dated September 8, 2021, noted services to include medication administration. On February 4, 2022, at approximately 11:35 a.m., RN-B confirmed no comprehensive	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01620	Continued From page 43 assessments had been done no more than 14 days after initiation of services and every 90 days as required. The licensee's Initial and On-going Nursing Assessment of Residents policy dated revised August 2021, noted the RN would complete a comprehensive nursing assessment pre-admission, within 14 days after starting services, with a change in condition, and no less than every 90 days. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
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	01650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 44 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 interview and record review, the licensee failed to ensure the service plan included the required content for five of five residents (R1, R2, 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, 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: R1, R2, R3, R4 and R5's service plans lacked the following required content: - a contingency plan that included: - 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. R1 R1 had a contract dated effective August 1, 2021, signed by R1 on July 27, 2021.	01650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 45 R1's Addendum A (Section IV-2) dated July 27, 2021, noted services to include medication administration, medication assessment, monitoring, and reassessment, reminders and mental health support plan, nail care, oxygen support, blood glucose monitoring, and anticoagulation therapy. R2 R2 had a contract dated effective August 1, 2021, signed by R2 on July 27, 2021. R2's Addendum A (Section IV-2) dated July 27, 2021, noted services to include medication administration and blood glucose monitoring. R3 R3 had a contract dated September 8, 2021, signed by the resident. R3's Addendum A (Section IV-2) dated September 8, 2021, noted services to include medication administration. R4 R4 had a contract dated July 29, 2021, signed by the resident. R4's Addendum A (Section IV-2) dated July 29, 2021, noted services to include assistance with showering and medication set up. R5 R5 had a contract dated July 26, 2021, signed by the resident. R5's Addendum A (Section IV-2) dated July 26, 2021, noted services to include assistance with showering.	01650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 46 On February 4, 2022, at approximately 10:30 a.m., licensed assisted living director (LALD)-A confirmed the contracts and service plan addendum lacked the above required content. The licensee's Service Plan policy dated revised September 2019, noted the service plan would include a contingency plan which included the circumstances in which emergency medical services were not to be summoned. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01700 SS=F	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 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	01700		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 47 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 interview and record review, the licensee failed to ensure the registered nurse (RN) conducted an individualized assessment with the required content for four of four residents (R1, R2, 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 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on February 1, 2022, at approximately 10:00 a.m., licensed assisted living director (LALD)-A and RN-B stated the licensee provided medication management services to the licensee's residents. R1 R1's record lacked evidence the RN had conducted a medication assessment to include: - identification and review of all medication.	01700		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 48 R1 had a contract dated effective August 1, 2021, signed by R1 on July 27, 2021. R1's Addendum A (Section IV-2) dated July 27, 2021, noted services to include medication administration, medication assessment, monitoring, and reassessment, reminders and mental health support plan, nail care, oxygen support, blood glucose monitoring, and anticoagulation therapy. R1's Individual Medication Treatment Therapy Management Plan dated May 18, 2021, lacked the above required content. R1's prescriber orders dated October 25, 2021, included but was not limited to, one antidepressant, one oral medication to lower blood sugar, one medication to help lower blood pressure, and one insulin pen. R1's February, 2022, Medications Administration History listed medications as prescribed, times to administer, and staff initials on each date to indicate the medications had been given. R2 R2's record lacked evidence the RN had conducted a medication assessment to include: - identification and review of all medications. R2 had a contract dated effective August 1, 2021, signed by R2 on July 27, 2021. R2's Addendum A (Section IV-2) dated July 27, 2021, noted services to include medication administration and blood glucose monitoring. R2's Individual Medication Treatment Therapy Management Plan dated July 12, 2021, lacked	01700		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 49 the above required content. R2's prescriber orders dated August 13, 2021, included but was not limited to, an insulin pen, a pain reliever, and an allergy medication. R2's January, 2022, Medications Administration History listed medications as prescribed, times to administer, and staff initials on each date to indicate the medications had been given. R3 R3's record lacked evidence the RN had conducted a medication assessment to include: - identification and review of all medications. R3 had a contract dated September 8, 2021, signed by the resident. R3's Addendum A (Section IV-2) dated September 8, 2021, noted services to include medication administration. R3's Individual Medication Treatment Therapy Management Plan dated September 8, 2021, lacked the above required content. The resident's prescriber orders dated January 27, 2022, included one antidepressant and one medication to help lower blood pressure. R3's December 2021, Medication Administration History listed medications as prescribed, times to administer, and staff initials on each date to indicate the medications had been given. R4 R4's record lacked evidence the RN had conducted a medication assessment to include: - identification and review of all medications.	01700			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 50 The resident's Individual Medication Treatment Therapy Management Plan dated May 21, 2021, lacked the above required content. R4 had a contract dated July 29, 2021, signed by the resident. R4's Addendum A (Section IV-2) dated July 29, 2021, noted services to include assistance with showering and medication set up. On February 4, 2022, at approximately 11:35 a.m., RN-B confirmed the assessments lacked the above required content, and stated the same form was utilized for all residents. The licensee's Initial and On-going Nursing Assessment of Residents policy revised on August 2021 noted the comprehensive assessment would include a medication review of the over-the-counter medications, prescription medications, and supplements. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01780 SS=F	144G.71 Subd. 10 Medication management for residents who will (a) An assisted living facility that is providing medication management services to the resident must develop and implement policies and procedures for giving accurate and current medications to residents for planned or unplanned times away from home according to the resident's individualized medication	01780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01780	Continued From page 51 management plan. The policies and procedures must state that: (1) for planned time away, the medications must be obtained from the pharmacy or set up by the licensed nurse according to appropriate state and federal laws and nursing standards of practice; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement policies and procedures for giving accurate and current medications for those residents who received medication management services during planned times away from home. This has the potential to affect 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) 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 February 1, 2022, at approximately 10:00 a.m., licensed assisted living director (LALD)-A and registered nurse (RN)-B confirmed the licensee provided medication management to residents. On February 3, 2022, at approximately 11:17 a.m., unlicensed personnel (ULP)-H stated R8 had left for her regular day program, and ULP-H set up R8's medications to send along with her. ULP-H stated she set up the medications in an envelope with the facility information on it,	01780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
01780	Continued From page 52 completed the required paperwork and provided it to the nurse for review. In addition, ULP-H stated the nurse was available when the medications were set up. On February 3, 2022, at approximately 12:00 p.m., registered nurse (RN)-B stated she was not aware the nurse was required to set up medications for a planned leave. The licensee's Tenant Leave of Absence (LOA): Medications policy dated effective February 15, 2020, noted for residents who have regularly scheduled times away from home, the RN may set up a separate medication container with medications in amounts and dosages needed for the period of time. In addition, it noted the RN could delegate this to the licensed practical nurse. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01780			
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed 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	01890			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 53 were maintained bearing the original prescription label with legible information and failed to date time sensitive medications with a date when opened for two of two residents (R1 and R2) with records reviewed with insulin. 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 February 1, 2022, at approximately 10:00 a.m., licensed assisted living director (LALD)-A and registered nurse (RN)-B stated the licensee provided medication management services to the licensee's residents. On February 3, 2022, at 9:15 a.m., the surveyor completed a review of the licensee's two medication carts in the presence of unlicensed personnel (ULP)-H, whom confirmed the findings. R2's Tresiba FlexTouch insulin pen lacked an original prescription label. In addition, the pen lacked a date to indicate when staff opened it, or when it would expire. ULP-H stated she opened the pen on Monday, February 1, 2022. The manufacturer's instructions for Tresiba dated March 2016, indicated Tresiba lasts 8 weeks without refrigeration once in use, if kept at room temperature.	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 54 R1's Lantus SoloStar insulin pen lacked a date to indicate when staff opened it, or when it would expire. The pharmacy label indicated the pen was dispensed in June 2021. The manufacturer's instructions for Lantus dated 2020 directed to discard the pen 28 days after opening, even if it had insulin in it. On February 3, 2022, at approximately 9:40 a.m., licensed practical nurse (LPN)-E confirmed the insulin pens should have a prescription label from the pharmacy, and the pen should be dated when opened. A policy related to insulin was not available. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy management 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	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (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, 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). Findings include: During the entrance conference on February 1, 2021, at approximately 9:38 a.m., licensed	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 practical nurse (LPN)-E stated the licensee provided treatment management services to residents, including, but not limited to, blood glucose checks and oxygen assistance. R1's record lacked a treatment management plan to include the following required content: - a statement of the type of service that would be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that would be delegated to unlicensed personnel; - procedures for notifying a registered nurse when a problem arose with treatments or therapy services; and - 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. R1 had a contract dated effective August 1, 2021, signed by R1 on July 27, 2021. R1's Addendum A (Section IV-2) dated July 27, 2021, indicated R1 received services including, medication administration, medication assessment, oxygen support, and blood glucose monitoring. During an interview on February 4, 2022, at approximately 8:45 a.m., R1 stated she performed her own blood glucose checks every morning before eating breakfast, and the unlicensed personnel came in each morning to check her glucometer history to record the results on their computer. R1 stated she used oxygen at	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 night; however, she did not need any assistance with the tank or tubing. R1's prescriber orders dated October 25, 2021, indicated R1 checked her own blood glucose once daily prior to breakfast, and stored her blood sugar equipment in her apartment. The order indicated R1 would report the results to the staff and staff would record the results on the Medication Administration Record (MAR). R1's Medication Administration History, dated January 1, 2022, through January 31, 2022, listed blood sugars, frequency of once daily, special instructions including R1 performed self-checks before breakfast and reported to staff to record, results and staff initials on each date to indicate the blood glucose results had been recorded. On February 4, 2022, at approximately 1:15 p.m., licensed practical nurse (LPN)-E verified a treatment management plan with the required content had not been developed for R1. The licensee's Medication, Treatment & Therapy Management Services policy, revised September 2019, indicated based on the medication, treatment and/or therapy management assessment, the registered nurse (RN) would develop an individualized management plan for each resident receiving any type of these services, consistent with current practice standards and guidelines, and would develop specific procedures for services that the staff would provide. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 SS=G	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 acceptable health care and medical or nursing standards for one of one resident (R4) with bedrails. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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 diagnoses included major depressive disorder, chronic pain, muscle spasm, and osteoporosis. R4's record included Side Rails (bedrail) Assessment dated March 28, 2019, and noted R4 had a U-shaped bar on the left side of the bed, which R4 utilized to assist with transfers and for bed mobility. R4's assessment indicated the licensee reviewed the risks versus benefits of the bedrail with the resident and/or resident's representative, however, the assessment lacked documentation of the bedrail measurements. R4's record contained no further assessment documentation of R4's bedrails.	02310	On February 25, 2022, the immediacy of correction order 2310 was removed, however non-compliance remained at a scope and level of G.	

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 59 R4 had a contract dated July 29, 2021, signed by the resident. R4's Addendum A (Section IV-2) dated July 29, 2021, noted services to include assistance with showering and medication set-up. On February 4, 2022, the surveyor made multiple attempts to observe R4's bedrails, but R4 was not available in her room or did not choose to answer the door. On February 4, 2022, at approximately 11:10 a.m., registered nurse (RN)-B confirmed R4's bedrail assessment lacked measurements to ensure it was within the FDA recommended dimensional measurements. The licensee's Assessing the Safety of Side Rails policy, dated revised September 2019, noted when a resident had a side rail, the RN would complete an assessment and evaluate the resident needs and assess to determine if the equipment met the FDA standards for side rails. The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (space between the rails), should be less than 4 and 3/4 inches. The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bedrails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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 60 bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	02310		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors Subd. 8. Notice to visitors. (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the required notice was posted at two of three (600 and 700 buildings) main entryways of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all current residents in the assisted living facility, staff, and any visitors of the licensee. This practice resulted in a level one violation (a violation that has not 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	03090		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER ANNANDALE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 600 PARK STREET EAST ANNANDALE, MN 55302		
(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
03090	Continued From page 61 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 February 1, 2022, at approximately 9:30 a.m., upon entering the facility, the surveyor observed the outside and inside the front entrance to the 600 building, which revealed no posting for electronic monitoring devices as required. At approximately 3:00 p.m. during a tour, the surveyor observed no posting for electronic monitoring outside or inside the 700 building as required. On February 4, 2022, at approximately 10:29 a.m., licensed assisted living director (LALD)-A verified each of the licensee's three buildings had a front entrance and should have included the required posting for electronic monitoring devices. The licensee's Electronic Monitoring Policy and Procedure dated January 1, 2020, noted the licensee would post a sign at each facility entrance accessible to visitors that stated "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	03090		

Type: Full
Date: 02/01/22
Time: 15:47:15
Report: 8042221017

Food and Beverage Establishment Inspection Report

Page 1

Location:

Annandale Care Center
600 Park Street East
Annandale, MN55302
Wright County, 86

Establishment Info:

ID #: 0038608
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3202743737
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.

2-300 Personal Cleanliness

2-301.12A

**** Priority 1 ****

MN Rule 4626.0070A Food employees must clean their hands and exposed portions of their arms for 20 seconds, using soap in a handwashing sink that is properly equipped.

700-HAND SINKS NOT STOCKED WITH SOAP AND PAPER TOWELS.

Comply By: 02/22/22

4-500 Equipment Maintenance and Operation

4-501.114C1

**** Priority 1 ****

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

660-DISH MACHINE AT 0PPM CHLORINE. DISCONTINUE USING UNTIL MACHINE IS REPAIRED. SERVICE TO BE CALLED TODAY. ALL DISHES WILL BE BROUGHT TO ANOTHER KITCHEN UNTIL DISH MACHINE IS REPAIRED.

Comply By: 02/01/22

4-300 Equipment Numbers and Capacities

4-302.12B

**** Priority 2 ****

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

660-PROVIDE A THIN TIP THERMOMETER TO ACCURATELY MEASURE THE TEMPERATURE OF THIN FOODS

Comply By: 02/08/22

Type: Full
Date: 02/01/22
Time: 15:47:15
Report: 8042221017
Annandale Care Center

Food and Beverage Establishment Inspection Report

Page 2

4-200 Equipment Design and Construction

4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

600-DISCONTINUE USING RESIDENTIAL STOVE TO PREPARE FOOD ITEMS

660-REPLACE RESIDENTIAL REFRIGERATOR WITH AN ANSI APPROVED MODEL

Comply By: 04/01/22

6-200 Physical Facility Design and Construction

6-202.11A

MN Rule 4626.1375A Provide effective shielding, coated or shatter-resistant light bulbs for all light fixtures where there is exposed food, clean equipment, utensils and linens, or unwrapped single-service or single-use articles.

600-PROVIDE A LIGHT COVER IN DISH ROOM

Comply By: 02/08/22

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

700-HAND WASH SIGNS NEEDED AT ALL HAND SINKS

Comply By: 02/22/22

Surface and Equipment Sanitizers

Chlorine: = 100 at Degrees Fahrenheit

Location: 600-DISH MACHINE

Violation Issued: No

Chlorine: = 0 at Degrees Fahrenheit

Location: 660-DISH MACHINE

Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Hot Holding

Temperature: 163 Degrees Fahrenheit - Location: 660-MASHED POTATO

Violation Issued: No

Process/Item: Hot Holding

Temperature: 147 Degrees Fahrenheit - Location: 660-TURKEY GRAVY

Violation Issued: No

Process/Item: Upright Cooler

Temperature: 41 Degrees Fahrenheit - Location: 600-CHEESE

Violation Issued: No

Type: Full
Date: 02/01/22
Time: 15:47:15
Report: 8042221017
Annandale Care Center

Food and Beverage Establishment Inspection Report

Page 3

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: 660-MILK
Violation Issued: No

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

700 KITCHEN IS NEW AND NOT OPERATIONAL AT THIS TIME. ESTABLISHMENT TO NOTIFY MDH WHEN THE KITCHEN WILL BE UTILIZED.

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 8042221017 of 02/01/22.

Certified Food Protection Manager: CHELSEY LOGEAIS

Certification Number: 89945 Expires: 07/15/23

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: EH _____
8042

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

Report #: 8042221017

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out

3

Date 02/01/22

No. of Repeat RF/PHI Categories Out

0

Time In 15:47:15

Legal Authority MN Rules Chapter 4626

Time Out

Annandale Care Center

Address

600 Park Street East

City/State

Annandale, MN

Zip Code

55302

Telephone

3202743737

License/Permit #
0038608

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

Compliance Status

COS R

Supervision

1	IN	OUT	PIC knowledgeable; duties & oversight		
2	IN	OUT N/A	Certified food protection manager, duties		

Employee Health

3	IN	OUT	Mgmt/Staff; knowledge, responsibilities & reporting		
4	IN	OUT	Proper use of reporting, restriction & exclusion		
5	IN	OUT	Procedures for responding to vomiting & diarrheal events		

Good Hygienic Practices

6	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use		
7	IN	OUT	N/O	No discharge from eyes, nose, & mouth		

Preventing Contamination by Hands

8	IN	OUT	N/O	Hands clean & properly washed		
9	IN	OUT N/A	N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10	IN	OUT		Adequate handwashing sinks supplied/accessible		

Approved Source

1	IN	OUT			Food obtained from approved source		
12	IN	OUT	N/A	N/O	Food received at proper temperature		
13	IN	OUT			Food in good condition, safe, & unadulterated		
14	IN	OUT	N/A	N/O	Required records available; shellstock tags, parasite destruction		

Protection from Contamination

15	IN	OUT	N/A	N/O	Food separated and protected		
16	IN	OUT	N/A		Food contact surfaces: cleaned & sanitized		
17	IN	OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status

COS R

Time/Temperature Control for Safety

18	IN	OUT	N/A	N/O	Proper cooking time & temperature		
19	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding		
20	IN	OUT	N/A	N/O	Proper cooling time & temperature		
21	IN	OUT	N/A	N/O	Proper hot holding temperatures		
22	IN	OUT	N/A		Proper cold holding temperatures		
23	IN	OUT	N/A	N/O	Proper date marking & disposition		
24	IN	OUT	N/A	N/O	Time as a public health control: procedures & records		

Consumer Advisory

25	IN	OUT	N/A		Consumer advisory provided for raw/undercooked food		
----	----	-----	-----	--	---	--	--

Highly Susceptible Populations

26	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered		
----	----	-----	-----	--	--	--	--

Food and Color Additives and Toxic Substances

27	IN	OUT	N/A		Food additives: approved & properly used		
28	IN	OUT			Toxic substances properly identified, stored, & used		

Conformance with Approved Procedures

29	IN	OUT	N/A		Compliance with variance/specialized process/HACCP		
----	----	-----	-----	--	--	--	--

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

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

Safe Food and Water

30	IN	OUT	N/A		Pasteurized eggs used where required		
31					Water & ice obtained from an approved source		
32	IN	OUT	N/A		Variance obtained for specialized processing methods		

Food Temperature Control

33					Proper cooling methods used; adequate equipment for temperature control		
34	IN	OUT	N/A	N/O	Plant food properly cooked for hot holding		
35	IN	OUT	N/A	N/O	Approved thawing methods used		
36	X				Thermometers provided & accurate		

Food Identification

37					Food properly labeled; original container		
----	--	--	--	--	---	--	--

Prevention of Food Contamination

38					Insects, rodents, & animals not present		
39					Contamination prevented during food prep, storage & display		
40					Personal cleanliness		
41					Wiping cloths: properly used & stored		
42					Washing fruits & vegetables		

Proper Use of Utensils

43					In-use utensils: properly stored		
44					Utensils, equipment & linens: properly stored, dried, & handled		
45					Single-use/single service articles: properly stored & used		
46					Gloves used properly		

Utensil Equipment and Vending

47	X				Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48					Warewashing facilities: installed, maintained, & used; test strips		
49					Non-food contact surfaces clean		

Physical Facilities

50					Hot & cold water available; adequate pressure		
51					Plumbing installed; proper backflow devices		
52					Sewage & waste water properly disposed		
53					Toilet facilities: properly constructed, supplied, & cleaned		
54					Garbage & refuse properly disposed; facilities maintained		
55					Physical facilities installed, maintained, & clean		
56	X				Adequate ventilation & lighting; designated areas used		
57					Compliance with MCIAA		
58					Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 02/01/22

Inspector (Signature)

EH