



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 27, 2026

Licensee
Mill City Senior Living
1520 17th Street Northwest
Faribault, MN 55021

RE: Project Number(s) SL34320016

Dear Licensee:

On January 7, 2026, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on October 22, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jodi Johnson'.

Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 17, 2025

Licensee

Mill City Senior Living
1520 17th Street Northwest
Faribault, MN 55021

RE: Project Number(s) SL34320016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 22, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

1620 - 144g.70 Subd. 2 (c-E) - Initial Reviews, Assessments, And Monitoring - \$1,000.00

1760 - 144g.71 Subd. 8 - Documentation Of Administration Of Medication - \$1,000.00

2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00.** You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a stylized flourish at the end.

Jodi Johnson, Supervisor

State Evaluation Team

Email: jodi.johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER MILL CITY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1520 17TH STREET NW FARIBAULT, MN 55021			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL34320016-0 On October 20, 2025, through October 22, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 83 residents; 73 receiving services under the Assisted Living Facility with Dementia Care license. 1760: An immediate order was issued on October 22, 2025, at a level 3/Isolated (G) The licensee took action on October 22, 2025; however, the scope and level remain at G. 2310: An immediate order was issued on October 22, 2025, at a level 3/Isolated (I) The licensee took action on October 22, 2025; however, the scope and level remain at G.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1	0 480			
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;	0 480			

Minnesota Department of Health

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0 480	Continued From page 2 (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 20, 2025, for the specific Minnesota Food Code violations. The Inspection	0 480			

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0 480	Continued From page 3 Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480			
0 630 SS=E	144G.42 Subd. 6 (b) 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 observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for three of four residents (R2, R3, and R4). 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	0 630			

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0 630	Continued From page 4 found to be pervasive). The findings include: R2 R2 was admitted On September 19, 2019, with diagnoses that included congestive heart failure. On October 21, 2025, at 9:16 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R2. R2's service plan dated September 24, 2025, indicated R2 received services to include grooming, dressing, bathing, compression stockings, escorts, safety checks, oxygen delivery, daily oxygen saturation checks, daily weights, monthly vital signs and medication administration. R2's IAPP dated October 15, 2025, indicated R2 was at risk to abuse other vulnerable adults; however, it did not include statements of specific measures to be taken to minimize the risk of abuse to others from R2. R3 R3 was admitted on September 23, 2024, with diagnoses that included dementia. On October 21, 2025, at 8:00 a.m., the surveyor observed ULP-D administer medications to R3. R3's service plan dated September 18, 2025, indicated R3 received services to include grooming, dressing, bathing, toileting, transfers, escorts, safety checks, and medication administration.	0 630			

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0 630	Continued From page 5 R3's IAPP dated September 18, 2025, indicated R3 was at risk to abuse other vulnerable adults; however, it did not include statements of specific measures to be taken to minimize the risk of abuse to others from R3. R4 R4 was admitted on November 1, 2024, with diagnoses that included hypertension (high blood pressure). On October 21, 2025, at 8:22 a.m., the surveyor observed ULP-E administer medications to R4. R4's service plan dated May 16, 2025, indicated R4 received services to include grooming, dressing, catheter care, bathing, transfer assistance, escorts, meal assistance and medication administration three times a day. R4's IAPP dated August 13, 2025, indicated R4 was at risk to abuse other vulnerable adults; however, it did not include statements of specific measures to be taken to minimize the risk of abuse to others from R4. On October 22, 2025, at 1:06 p.m., clinical nurse supervisor (CNS)-B stated R2 and R4 did not have a history of any type of violence or abuse towards others but thought every resident had to be marked as at risk to abuse others. CNS-B stated R3 did have a history of aggression towards others as indicated in her IAPP, but stated the IAPP did not include interventions to minimize the risk of abuse to others from R3. The licensee's Individual Abuse Prevention Plan policy dated February 5, 2024, indicated the licensee would develop and implement an	0 630			

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0 630	Continued From page 6 individual abuse prevention plan for each vulnerable adult. The plan will 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 the statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. . No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
01620 SS=G	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living 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. (c) Resident reassessment and monitoring must be conducted by a registered nurse:	01620			

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01620	Continued From page 7 (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) 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. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to complete fall assessments/follow up for one of one resident (R3). This practice resulted in a level three violation (a violation that harmed a resident's health or	01620			

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01620	Continued From page 8 safety, or a violation that had the potential to cause more than minimal harm to the resident) 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 was admitted on September 23, 2024, with diagnoses that included dementia. On October 21, 2025, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R3. R3's service plan dated September 18, 2025, indicated R3 received services to include grooming, dressing, bathing, toileting, transfers, escorts, safety checks, and medication administration. R3's service plan did not include TED stockings. R3's fall reports and record review indicated the following falls and findings: -Resident incident report dated January 12, 2025, indicated R3 had a witnessed fall in the hallway. -Resident follow up and prevention: General: "Education on safety". -Resident follow up and prevention: Fall Reduction Interventions Implemented: "None". -Resident incident report dated January 19, 2025, indicated R3 had a witnessed fall in the hallway. -Resident follow up and prevention: General:	01620			

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01620	Continued From page 9 "None". -Resident follow up and prevention: Fall Reduction Interventions Implemented: "None". -Resident incident report dated March 7, 2025, indicated R3 had an unwitnessed fall in the kitchen. -Resident follow up and prevention: General: "Education on safety, medication review, nursing assessment/evaluation conducted, reminders, redirection, cues, service schedule reviewed, documentation in the resident progress notes". -Resident follow up and prevention: Fall Reduction Interventions Implemented: "Other: continue with current plan of care". -Resident incident report dated March 20, 2025, indicated R3 had an unwitnessed fall in the kitchen. -Resident follow up and prevention: General: "Education on safety, Re-educated on pendant use". -Resident follow up and prevention: Fall Reduction Interventions Implemented: "Re-education on safety, family aware of frequent falls". -Resident incident report dated April 12, 2025, indicated R3 had an unwitnessed fall in the living room. -Resident follow up and prevention: General: "Education on safety" -Resident follow up and prevention: Fall Reduction Interventions Implemented: "Re-education on safety". -Resident incident report dated April 15, 2025, indicated R3 had an unwitnessed fall in her room. -Resident follow up and prevention: General:	01620			

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01620	Continued From page 10 "Education on safety". -Resident follow up and prevention: Fall Reduction Interventions Implemented: "None" -Resident incident report dated April 24, 2025, indicated R3 had an unwitnessed fall in her bedroom. -Resident follow up and prevention: General: "Education on safety". -Resident follow up and prevention: Fall Reduction Interventions Implemented: "Re-education on safety". -Fall incident report dated May 26, 2025, indicated R3 had an unwitnessed fall in the living room. -Actions taken to prevent future falls: "Resident walker needs to be placed closer to the residents chair so she is in reach of the device at all times". -Review of fall including a root cause analysis: "resident went to get up with her walker and it rolled away from her and she went to the floor by sliding down the front of the her chair,". -Fall incident report dated May 28, 2025, indicated R3 had an unwitnessed fall in the living room. -Actions taken to prevent future falls: "Resident continues to transfers self and does not wait until she gets her balance while standing with walker". -Review of fall including a root cause analysis: "she raises up to fast and gets weak and falls". -Fall incident report dated June 2, 2025, indicated R3 had an unwitnessed fall in the bedroom while reaching for something. -Actions taken to prevent future falls: "wait	01620			

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01620	Continued From page 11 and allow the staff assist with reaching something that could cause a fall when they are in to do cares". -Review of fall including a root cause analysis: "Resident was reaching for a piece of paper and lost her balance resulting in her falling, she claims no pain related and has no bruising or breakdown of skin. Resident was fully aware of the root cause of the fall and stated that "she would not do that again". -Fall incident report dated June 5, 2025, indicated R3 had an unwitnessed fall in the living room when reaching for a cup. -Actions taken to prevent future falls: "place objects of need with in reach for the resident so that she does not over extend the reach and fall from her couch or chair". -Review of fall including a root cause analysis: "resident was reaching for an item and over extended and fell from couch". -Fall incident report dated June 14, 2025, indicated R3 was walking in the hallway with staff when she tripped and fell. -Actions taken to prevent future falls: "writer spoke with resident about proper body mechanics when walker with her walker. Resident does not remember falling". -Review of fall including a root cause analysis: "resident sometimes shuffles her feet when she is ambulating. Staff were walking with her at this time but she somehow got her feet tripped up on each other". -Fall incident report dated June 25, 2025, indicated R3 had an unwitnessed fall in the living room. -Actions taken to prevent future falls:	01620			

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01620	Continued From page 12 "residents family was contacted and a follow up to the care conference recommending that she move to MC (memory care) where she can be monitored closer and possibly prevent falls". -Review of fall including a root cause analysis: "resident is unsteady on her feet and gets weak when she tries to transfer per self. Family is aware of this and continue to decline the move to MC. Resident is not safe with transfers and refuses to use the pendent to alert staff for assistance. Resident has the rights to make unsafe choices, staff will continue to support the residents needs to try to keep her safe". -Fall incident report dated July 16, 2025, indicated R3 had an unwitnessed fall in the living room. -Actions taken to prevent future falls: "resident is compulsive and does not ask for assist with transfers or when ambulating. Forgets to use her walker. Hallucinates at times hearing things or seeing things". -Review of fall including a root cause analysis: "dementia". -Fall incident report dated July 25, 2025, indicated R3 had an unwitnessed fall in the living room. -Actions taken to prevent future falls: "education provided about asking for staff assistance". -Review of fall including a root cause analysis: "Resident is impulsive and has poor balance". -Fall incident report dated August 6, 2025, indicated R3 had an unwitnessed fall in her room. -Actions taken to prevent future falls: "went over safety for resident with resident and requested that she pus pendent when she wants	01620			

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01620	Continued From page 13 to get up and go to BR (bathroom), do not do it on her own as she is a fall risk". -Review of fall including a root cause analysis: "resident makes poor decisions for herself and does not ask for assistance-but did push pendent one on the floor". -Fall incident report dated August 6, 2025, indicated R3 had an unwitnessed fall in her bedroom. -Actions taken to prevent future falls: "encouraged resident to call for staff assistance". -Review of fall including a root cause analysis: "resident is impulsive and has a history of falling". -Fall incident report dated August 7, 2025, indicated R3 had an unwitnessed fall in the doorway of kitchen/bathroom. -Actions taken to prevent future falls: "educated resident to take her time when transferring". -Review of fall including a root cause analysis: "resident has poor safety judgement". -Fall incident report dated August 11, 2025, indicated R3 had an unwitnessed fall in the living room. -Actions taken to prevent future falls: "Follow care plan". -Review of fall including a root cause analysis: "Resident is impulsive and tries to stand and ambulate alone, not knowing her limits to her strength. Resident gets weak very fast and her legs give out, she falls to the floor". -Fall incident report dated August 14, 2025, indicated R3 had an unwitnessed fall in her room. -Actions taken to prevent future falls: "Follow care plan and safety checks as scheduled".	01620			

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01620	Continued From page 14 -Review of fall including a root cause analysis: "Impulsive behavior and ambulating with walker for far distances". -Fall incident report dated August 14, 2025, indicated R3 had an unwitnessed fall coming out of her apartment. -Actions taken to prevent future falls: "care conference scheduled 8/20/25". -Review of fall including a root cause analysis: "weakness and impulsive behavior of trying to ambulate without assistance". -Fall incident report dated August 17, 2025, indicated R3 had an unwitnessed fall in the hallway by the theater. -Actions taken to prevent future falls: "monitor and follow care plan as written". -Review of fall including a root cause analysis: "resident was in the hallway looking for children". -Fall incident report dated August 17, 2025, indicated R3 had an unwitnessed fall in the kitchen. -Actions taken to prevent future falls: "care conference is scheduled for Wednesday Aug 20 at 3:30 with daughter, suggestion is to move to MC where she can be monitored closer when she is impulsive and tries to stand up and ambulate without assistance from staff". -Review of fall including a root cause analysis: "Resident was having hallucinations and was Chasing children in her mind and lost her balance in the process and fell to the floor". -Fall incident report dated August 25, 2025, indicated R3 had an unwitnessed fall in the living room. -Actions taken to prevent future falls:	01620			

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01620	Continued From page 15 "constant reminders to ask for assist with all her transfers". -Review of fall including a root cause analysis: "Resident is compulsive and does not ask for assist with her transfers and does always use her walker". -Fall incident report dated August 29, 2025, indicated R3 had an unwitnessed fall by the elevator. -Actions taken to prevent future falls: "AM follow care plan and safety checks as scheduled". -Review of fall including a root cause analysis: "resident did not put the breaks on her walker when she went to turn around the walker got away from her and she fell forward, holding on to the walker and went down forward". -Fall incident dated September 13, 2025, indicated R3 had an unwitnessed fall in the common area. -Actions taken to prevent future falls: "encourage resident to walk with staff". -Review of fall including a root cause analysis: "Resident is impulsive and does not make the best judgment at times". -Fall incident dated September 21, 2025, indicated R3 had an unwitnessed fall in the bedroom. -Actions taken to prevent future falls: "Resident was re-educated to lock her breaks and to make sure that her knees are touching the back of her chair before she goes to sit down, the breaks were not on and the walker came out from under her when sitting". -Review of fall including a root cause analysis: "resident is impulsive and has issues with her	01620			

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01620	Continued From page 16 balance and mobility. Does not know her own strength and weakness". -Fall incident report dated September 22, 2025, indicated R3 had an unwitnessed fall in the hallway. -Actions taken to prevent future falls: "keep in common area as much as possible to help prevent falls". -Review of fall including a root cause analysis: "trying to pick up a door stop". -Fall incident report dated September 23, 2025, indicated R3 had an unwitnessed fall in the bathroom. -Actions taken to prevent future falls: "constant reminders to ask for staff to assist her with ADLs (activities of daily living)". -Review of fall including a root cause analysis: "resident has issues with balance and mobility at times, she can be impulsive and does not always want staff to help her". -Fall incident report dated September 27, 2025, indicated R3 had an unwitnessed fall in her room. -Actions taken to prevent future falls: "constant reminders to let staff help her". -Review of fall including a root cause analysis: "resident is impulsive and has issues with her balance and mobility". -Fall incident report October 2, 2025, indicated R3 had an unwitnessed fall in her room. -Actions taken to prevent future falls: "staff tested pendent to make sure it was working. Reminded resident to push it for help". -Review of fall including a root cause analysis: "resident is impulsive and has issues with her balance and mobility".	01620			

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01620	Continued From page 17 -Fall incident report dated October 3, 2025, indicated R3 had an unwitnessed fall in the living room. -Actions taken to prevent future falls: "remind resident to pick up her feet". -Review of fall including a root cause analysis: "resident has poor balance and drags her feet occasionally". The licensee's RN failed to identify root cause analysis of R3's falls and implement interventions to minimize future falls. On October 22, 2025, at 1:43 p.m., clinical nurse supervisor (CNS)-B stated after each fall, the nurse would assess the resident and implement interventions to prevent future falls. However, CNS-B stated R3's record lacked documentation of specific root cause analysis, and the specific interventions implemented after each fall to prevent future falls. CNS-B stated she would provide education to the nurses that stating R3 was impulsive and had weakness was not a specific root cause analysis and/or intervention for fall prevention. The licensee's Incident Report policy dated February 23, 2024, indicated the licensee an incident report form would be completed to document what happened. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01620			
01640 SS=E	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to	01640			

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01640	Continued From page 18 (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for four of four residents (R1, R2, R3, and R4). 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	01640			

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01640	Continued From page 19 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 R1 was admitted on November 22, 2022, with diagnoses that included diabetes. On October 21, 2025, at 7:04 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1. R1 had bilateral thrombo-embolic deterrent (TED) stockings (stockings designed to prevent blood clots and swelling in legs) on. R1's service plan dated June 16, 2025, indicated R1 received services to include grooming, dressing, bathing, toileting, escorts, meal assistance, safety checks, medication administration and blood glucose checks. R1's service plan did not include TED stockings. R1's prescriber orders dated October 15, 2025, included the following: -TED Stockings during the day and off at night R1's Services Delivered dated October 2025, indicated the ULP assisted R1 with compression stockings twice a day. On October 22, 2025, at 1:12 p.m., clinical nurse supervisor (CNS)-B reviewed R1's service plan and stated TED stockings were not included in R1's services. R2 R2 was admitted On September 19, 2019, with	01640			

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01640	Continued From page 20 diagnoses that included congestive heart failure. On October 21, 2025, at 9:16 a.m., the surveyor observed ULP-D administer medications to R2 which included metoprolol tartrate. ULP-D did not check R2's heart rate prior to the administration of metoprolol tartrate. R2's service plan dated September 24, 2025, indicated R2 received services to include grooming, dressing, bathing, compression stockings, escorts, safety checks, oxygen delivery, daily oxygen saturation checks, daily weights, monthly vital signs and medication administration. R2's service plan did not include twice daily heart rate checks. R2's prescriber orders dated October 15, 2025, included the following: -metoprolol tartrate 25 milligrams (mg); take one tablet by mouth two times daily. HOLD for heart rate less than 55 R2's MAR dated October 2025, included the following: -metoprolol tartrate 25 mg; one tablet by mouth twice daily (hold for heart rate less than 55). R2's record lacked documentation of twice daily heart rate checks prior to administration of metoprolol. On October 22, 2025, at 1:15 p.m., CNS-B reviewed R2's service plan and stated it did not include twice daily heart rate checks. CNS-B stated she would update the service plan and review it with R2's representative. R3	01640			

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01640	Continued From page 21 R3 was admitted on September 23, 2024, with diagnoses that included dementia. On October 21, 2025, at 8:00 a.m., the surveyor observed ULP-D administer medications to R3. R3 had bilateral TED stockings on. R3's service plan dated September 18, 2025, indicated R3 received services to include grooming, dressing, bathing, toileting, transfers, escorts, safety checks, and medication administration. R3's service plan did not include TED stockings. R3's record lacked prescriber orders for TED stockings. R3's services delivered dated October 2025, indicated the ULP assisted R3 with compression stockings twice a day. On October 22, 2025, at 1:19 p.m., CNS-B reviewed R3's service plan and stated it did not include TED stockings. R4 R4 was admitted on November 1, 2024, with diagnoses that included hypertension (high blood pressure). On October 21, 2025, at 8:22 a.m., the surveyor observed ULP-E administer medications to R4. R4's service plan dated May 16, 2025, indicated R4 received services to include grooming, dressing, catheter care, bathing, transfer assistance, escorts, meal assistance and medication administration three times a day. R4's service plan did not include oxygen	01640			

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01640	Continued From page 22 management. R4's prescriber orders included the following: -oxygen gas for inhalation, 2 liters as needed for shortness of breath, order dated May 20, 2025 R4's MAR dated October 2025, indicated R4 received medication administration twice daily (8:00 a.m., and 8:00 p.m.) On October 22, 2025, at 1:22 p.m., CNS-B reviewed R4's service plan and stated it did not include oxygen management. CNS-B further stated R4 used to have medication administration three times a day, but it had changed to twice daily and the service plan was not updated. The licensee's Service Plan policy dated February 5, 2024, indicated all residents receiving assisted living services will have a service plan in place. The service plan and any revisions shall include a signature or other authentication by the licensee and by the resident, or resident's representative, documenting agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse	01730			

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01730	Continued From page 23 must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.	01730			

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01730	Continued From page 24 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for four of four residents (R1, R2, R3 and R4). This practice resulted in a level two violation (a violation that did no 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: During the entrance conference on October 20, 2025, at approximately 9:30 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to the residents living at the facility. CNS-B stated the licensee stored medication in medication carts, refrigerator, and central storage medication rooms. R1 R1 was admitted on November 22, 2022, with diagnoses that included diabetes. On October 21, 2025, at 7:04 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1. R1's service plan dated June 16, 2025, indicated	01730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER MILL CITY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 17TH STREET NW FARIBAULT, MN 55021		
(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
01730	Continued From page 25 R1 received services to include medication administration. R1's medication administration record (MAR) dated October 2025, included the following medications: -amlodipine 5 milligrams (mg); one tablet by mouth once daily (blood pressure) -furosemide 40 mg; one tablet by mouth once daily (diuretic) -losartan potassium 100 mg; one tablet by mouth once daily (blood pressure) -methotrexate 2.5 mg; take four tablets by mouth every week (inflammation) -pantoprazole 40 mg; one tablet by mouth twice daily (reflux) -prochlorperazine 40 mg; one tablet by mouth three times daily (nausea) -Toujeo Max Injection 300 milliliters (ml); Inject 14 units subcutaneously twice daily (insulin) -Humalog 100/ml; inject 10 units subcutaneously three times daily after meals. Hold for nausea, vomiting or consumes less than 50% of meals. -haloperidol 0.5 mg; one tablet sublingually every four hours as needed for agitation -acetaminophen suppository 650 mg; unwrap and insert one suppository rectally every six hours as needed for pain/fever -acetaminophen 500 mg; one tablet by mouth every six hours as needed for pain -Anti-Diarrhea 2 mg; one tablet by mouth every four hours as needed for diarrhea -bisacodyl suppository 10 mg; unwrap and insert one suppository rectally daily as needed for constipation -hyoscyamine 0.125 mg; one tablet sublingually every six hours as needed for excessive secretions -Lidocaine cream 3%; apply to affected area	01730			

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NAME OF PROVIDER OR SUPPLIER MILL CITY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 17TH STREET NW FARIBAULT, MN 55021		
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01730	Continued From page 26 three times daily as needed for pain -lorazepam 0.5 mg; one tablet sublingually every four hours as needed for anxiety/restlessness -Morphine 5 mg; one tablet sublingually every four hours as needed for pain or shortness of breath -Nystatin powder 1000,000; apply topically under breast twice daily as needed for redness -polyethylene glycol powder; mix 17 grams in liquid and take by mouth daily for constipation -prochlorperazine 5 mg; one tablet every eight hours as needed for nausea/vomiting -stool softener 8.6-50 mg; one tablet by mouth daily as needed for constipation R1's Individualized Medication Management Plan dated August 13, 2025, indicated the following: -Nurse monitors medication supply and reorders as needed, specify: Yes -secure storage of controlled medications, specify: Double locked medication cart -secure storage of all other medications, specify: locked medication cart R1's medication management plan lacked the following required content: - central storage in medication room or refrigeration for insulin - hospice staff was responsible for monitoring some medication supplies and ensuring medication refills were ordered on a timely basis R2 R2 was admitted On September 19, 2019, with diagnoses that included congestive heart failure. On October 21, 2025, at 9:16 a.m., the surveyor observed ULP-D administer medications to R2.	01730			

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01730	Continued From page 27 R2's service plan dated September 24, 2025, indicated R2 received services to include medication administration. R2's MAR dated October 2025, included the following medications: -torsemide 20 mg; one and one-half tablet by mouth once daily (diuretic) -acetaminophen 500 mg; two tablets by mouth three times daily (pain) -aspercream 4%; apply to bilateral legs/knees three times a daily (pain) -aspirin 81 mg; one tablet by mouth once daily (supplement) -calcium antacid 500 mg; chew, swallow one tablet by mouth three times daily (reflux) -calcium/Vitamin D3 600-5; one tablet by mouth every morning (supplement) -ferosul 325 mg; one tablet by mouth daily on Monday, Wednesday and Friday (supplement) -metoprolol tartrate 25 mg; one tablet by mouth twice daily (hold for heart rate less than 55). -Nystatin powder 100,000 units; apply to perineal area twice daily (skin rash) -omeprazole 20 mg; one capsule by mouth once daily (reflux) -Refresh Classic eye drops; instill two drops into both eyes twice daily (dry eyes) -Vitamin B-12 1,000 micrograms (mcg); one tablet by mouth once daily (supplement) -escitalopram 5 mg; one tablet by mouth once daily (with 10 mg to equal 15 mg per dose) (depression) -acetaminophen 500 mg; two tablets by mouth daily as needed for breakthrough pain -bisacodyl suppository 10 mg; unwrap and insert one suppository rectally daily as needed for constipation for no bowel movement in three days	01730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
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01730	Continued From page 28 -calcium antacid 500 mg; chew, swallow one tablet by mouth every six hours as needed (reflux) -haloperidol 0.5 mg; one tablet sublingually every one hour as needed for restlessness, agitation, nausea, itching -lorazepam 0.5 mg; one tablet by mouth or sublingually every one hour as needed for anxiety, agitation -Morphine 5 mg; one tablet every one hour as needed for pain or shortness of breath -Norco; take one tablet by mouth every six hours as needed for severe pain -Polyethylene glycol powder; Mix 17 grams in liquid and take by mouth daily as needed for constipation R2's Individualized Medication Management Plan dated October 15, 2025, indicated the following: -Nurse monitors medications supply and reorders as needed, specify: Yes, pharmacy -secure storage of all other medications, specify: locked medication cart R2's medication management plan lacked the following required content: -central storage in medication room -hospice staff was responsible for monitoring some medication supplies and ensuring medication refills were ordered on a timely basis R3 R3 was admitted on September 23, 2024, with diagnoses that included dementia. On October 21, 2025, at 8:00 a.m., the surveyor observed ULP-D administer medications to R3. R3's service plan dated September 18, 2025,	01730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
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01730	Continued From page 29 indicated R3 received services to include medication administration. R3's MAR dated October 2025, included the following medications: -acetaminophen 500 mg; two tablets by mouth three times daily (pain) -aspirin 81 mg; one tablet by mouth once daily (heart heath) -gabapentin 300 mg; one capsule by mouth twice daily (nervous system disorder) -levothyroxine 125 mcg; one tablet by mouth once daily (thyroid) -lisinopril 20 mg; one tablet by mouth once daily (blood pressure) -metoprolol succinate 100 mg; one tablet by mouth once daily (blood pressure) -Nystatin powder 100,000 units; apply to bilateral groin folds twice daily (skin rash) -potassium chloride 10 milliequivalent (meq); two capsules by mouth once daily (supplement) -torsemide 20 mg; one and one-half tablet by mouth daily (diuretic) -quetiapine 25 mg; one tablet by mouth daily in the evening (anxiety) -atorvastatin 80 mg; one tablet by mouth daily at bedtime (cholesterol) -Ezetimibe 10 mg; one tablet by mouth daily at bedtime (cholesterol) -sertraline 100 mg; two tablets by mouth daily (depression) -acetaminophen 500 mg; two tablets by mouth daily as needed for pain -albuterol Inhaler; two puffs by mouth every four hours as needed for shortness of breath or wheezing -diclofenac gel 1%; apply 2 grams to lower back three times daily as needed for pain -loperamide 2 mg; two capsules by mouth after	01730			

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01730	Continued From page 30 first loose stool, then one capsule by mouth every six hours as needed for five days for diarrhea -quetiapine 25 mg; one tablet by mouth twice daily as needed for hallucinations and/or agitation -senna 8.6 mg; two tablets by mouth twice daily as needed for constipation R3's Individualized Medication Management Plan dated September 18, 2025, indicated the following: -Nurse monitors medications supply and reorders as needed, specify: Yes, weekly and as needed -secure storage of controlled medications, specify: double locked medication cart -secure storage of all other medications, specify: locked medication cart R3's medication management plan lacked the following required content: -central storage in medication room -identification of medication management tasks that may be delegated to unlicensed personnel R4 R4 was admitted on November 1, 2024, with diagnoses that included hypertension (high blood pressure). On October 21, 2025, at 8:22 a.m., the surveyor observed ULP-E administer medications to R4. R4's service plan dated May 16, 2025, indicated R4 received services to include medication administration. R4's MAR dated October 2025, included the following medications:	01730			

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01730	Continued From page 31 -amlodipine 5 mg; one tablet by mouth once daily (blood pressure) -fluoxetine 10 mg; one capsule by mouth once daily (depression) -losartan potassium 100 mg; one tablet by mouth once daily (blood pressure) -Nystatin powder 100,000 units; apply topically to redness in bilateral groin folds -acetaminophen 500 mg; one tablet by mouth daily at bedtime (pain) -Genteal Gel 0.3%; apply to both eyes daily at bedtime (dry eyes) -acetaminophen suppository 650 mg; unwrap and insert one suppository rectally every six hours as needed for pain -acetaminophen 500 mg; two tablets by mouth twice daily as needed for pain -anti-diarrhea 2 mg; two tablets after first loose stool then one tablet after each loose stool as needed up to eight tablets in 24 hours -bisacodyl suppository 10 mg; insert one rectally every day as needed for constipation -haloperidol 0.5 mg; one tablet by mouth every four hours as needed if Ativan is ineffective (hallucinations) -hyoscyamine 0.125 mg; one tablet sublingually every four hours as needed for secretions -lorazepam 0.5 mg; one tablet by mouth every four hours as needed for anxiety, agitation -Morphine 5 mg; one tablet by mouth or sublingually every two hours as needed for pain or shortness of breath -prochlorperazine 10 mg; one tablet by mouth every six hours as needed for nausea/vomiting -stool softener 9.6-50 mg; one tablet by mouth daily as needed for constipation R4's Individualized Medication Management Plan dated August 13, 2025, indicated the following:	01730			

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01730	Continued From page 32 -secure storage of controlled medications, specify: Double locked medication cart -secure storage of all other medications, specify: locked medication cart R4's medication management plan lacked the following required content: -central storage in medication room -identification of medication management tasks that may be delegated to unlicensed personnel On October 22, 2025, at 1:14 p.m., CNS-B and assistant clinical nurse supervisor (ACNS)-C reviewed R1, R2, R3 and R4's medication management plans and stated they did not include the required content as noted above. CNS-B stated none of the resident's medication plans included central storage or refrigeration storage. CNS-B stated the licensee had recently transitioned to a new electronic health record system and was still learning how to complete each area of the assessments. The licensee's Medication Management Individualized Plan policy dated February 5, 2024, indicated the licensee would develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: -a statement describing the medication management services that will be provided -a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions -documentation of specific resident instructions relating to the administration of medications -identification of persons responsible for	01730			

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01730	Continued From page 33 monitoring medication supplies and ensuring that medication refills are ordered on a timely basis -identification of medication management tasks that may be delegated to unlicensed personnel -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services -any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01750 SS=E	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01750			

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01750	Continued From page 34 licensee failed to specify in writing, specific instructions for as needed (PRN) medications and documented those instructions for three of four residents (R1, R2, and R4) for medication administration delegated to unlicensed personnel (ULP). 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 R1 was admitted on November 22, 2022, with diagnoses that included diabetes. On October 21, 2025, at 7:04 a.m., the surveyor observed ULP-D administer medications to R1. R1's service plan dated June 16, 2025, indicated R1 received services to include medication administration. CONSTIPATION R1's medication administration record dated October 2025, included the following PRN medications for constipation: -bisacodyl suppository 10 milligrams (mg); unwrap and insert one suppository rectally daily as needed for constipation -polyethylene glycol powder; mix 17 grams in	01750			

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01750	Continued From page 35 liquid and take by mouth daily for constipation -stool softener 8.6-50 mg; one tablet by mouth daily as needed for constipation PAIN R1's MAR dated October 2025, included the following PRN medications for pain: -acetaminophen suppository 650 mg; unwrap and insert one suppository rectally every six hours as needed for pain/fever -acetaminophen 500 mg; one tablet by mouth every six hours as needed for pain -Lidocaine cream 3%; apply to affected area three times daily as needed for pain -Morphine 5 mg; one tablet sublingually every four hours as needed for pain or shortness of breath The licensee failed to provide instructions for the ULP to understand which PRN medication for constipation and pain should be used in which order. R2 R2 was admitted On September 19, 2019, with diagnoses that included congestive heart failure. On October 21, 2025, at 9:16 a.m., the surveyor observed ULP-D administer medications to R2. R2's service plan dated September 24, 2025, indicated R2 received services to include medication administration. ANXIETY/AGITATION R2's MAR dated October 2025, included the following PRN medications for anxiety/agitation: -haloperidol 0.5 mg; one tablet sublingually every one hour as needed for restlessness,	01750			

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01750	Continued From page 36 agitation, nausea, itching -lorazepam 0.5 mg; one tablet by mouth or sublingually every one hour as needed for anxiety, agitation CONSTIPATION R2's MAR dated October 2025, included the following PRN medications for constipation: -bisacodyl suppository 10 mg; unwrap and insert one suppository rectally daily as needed for constipation for no bowel movement in three days -Polyethylene glycol powder; mix 17 grams in liquid and take by mouth daily as needed for constipation PAIN R2's MAR dated October 2025, included the following PRN medications for pain: -acetaminophen 500 mg; two tablets by mouth daily as needed for breakthrough pain -Morphine 5 mg; one tablet every one hour as needed for pain or shortness of breath -Norco; take one tablet by mouth every six hours as needed for severe pain The licensee failed to provide instructions for the ULP to understand which PRN medication for anxiety/agitation, constipation and pain should be used in which order. R4 R4 was admitted on November 1, 2024, with diagnoses that included hypertension (high blood pressure). On October 21, 2025, at 8:22 a.m., the surveyor observed ULP-E administer medications to R4.	01750			

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01750	Continued From page 37 R4's service plan dated May 16, 2025, indicated R4 received services to include medication administration. CONSTIPATION R4's MAR dated October 2025, included the following PRN medications for constipation: -bisacodyl suppository 10 mg; insert one rectally every day as needed for constipation -stool softener 9.6-50 mg; one tablet by mouth daily as needed for constipation PAIN R4's MAR dated October 2025, included the following PRN medications for pain: -acetaminophen suppository 650 mg; unwrap and insert one suppository rectally every six hours as needed for pain -acetaminophen 500 mg; two tablets by mouth twice daily as needed for pain -Morphine 5 mg; one tablet by mouth or sublingually every two hours as needed for pain or shortness of breath The licensee failed to provide instructions for the ULP to understand which PRN medication for constipation and pain should be used in which order. On October 22, 2025, at 1:26 p.m., clinical nurse supervisor (CNS)-B stated there were no written instructions regarding which PRN medications should be given in which order for R1, R2, and R4's PRN medications as listed above. The licensee's Medication and Treatment Orders policy dated February 5, 2024, indicated the licensee would obtain all medications and treatment orders either in writing, verbally, or	01750			

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01750	Continued From page 38 electronically by an authorized prescriber. The content of medication orders must contain the name of the drug, dosage, frequency, route, indication and directions for use. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
01760 SS=G	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure vital signs were obtained prior to medication administration as prescribed for one of one resident (R2). This resulted in an immediate correction order issued on October 22, 2025. This practice resulted in a level three violation (a violation that harmed a resident's health or	01760			

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NAME OF PROVIDER OR SUPPLIER MILL CITY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 17TH STREET NW FARIBAULT, MN 55021		
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01760	Continued From page 39 safety, or a violation that had the potential to cause more than minimal harm to the resident), 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 was admitted on September 19, 2019, with diagnoses that included congestive heart failure (CHF) and atrial fibrillation (A-Fib) (heart rhythm disorder where heartbeat is irregular and rapid). R2's service plan dated September 24, 2025, indicated R2 received services to include bathing, dressing, grooming, toileting, compression stockings, escorts, transfer assistance, safety checks, oxygen delivery, daily oxygen saturation checks, daily weights, and medication administration. The service plan did not include twice daily heart rate checks. R2's signed prescriber orders dated October 15, 2025, included the following medications: -metoprolol tartrate 25 mg; take one tablet (25 mg) by mouth two times daily. HOLD for heart rate less than 55. On October 21, 2025, at 9:35 a.m., the surveyor observed unlicensed personnel (ULP)-E prepare and administer R2's medications which included metoprolol 25 mg. ULP-E did not check R2's heart rate prior to administration. R2's medication administration record (MAR) dated October 2025, included the following medication:	01760			

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01760	Continued From page 40 -metoprolol tartrate 25 milligrams (mg); one tablet by mouth twice daily (hold for heart rate (HR) less than 55). R2's Vital Sign Results dated September 21, 2025, through October 21, 2025, included monthly vital signs; however, there was no evidence of heart rate checks completed twice daily with metoprolol administration. The licensee failed to obtain R2's heart rate prior to administering metoprolol as ordered. On October 22, 2025, at 9:44 a.m., the surveyor inquired with clinical nurse supervisor (CNS)-B on if R2's heart rate was checked twice a day prior to the administration of metoprolol as ordered. CNS-B reviewed R2's record and stated a note was made in R2's MAR under metoprolol to hold if heart rate was less than 55; however, the actual task of checking R2's heart rate was not added as a service. CNS-B stated if the task of checking R2's heart rate had been entered correctly, the electronic health system (EHR) would not allow the ULP to administer the metoprolol until they entered R2's heart rate results. CNS-B added the task immediately to R2's services. CNS-B stated the ULP would start heart rate checks with this evening's administration of metoprolol. The licensee's Medication Management-Administration and Setup policy dated February 5, 2024, indicated the licensee would document any medication administration provided accurately in each resident record. No further information was provided.	01760			

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01760	Continued From page 41 TIME PERIOD FOR CORRECTION: IMMEDIATE On October 22, 2025, the licensee implemented actions to mitigate the risk to R2. Scope and severity remain at G.	01760			
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of medication set up included all the required content for one of one resident (R6). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on October 20, 2025, at approximately 9:30 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to their residents, including medication set up.	01770			

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01770	Continued From page 42 R6 was admitted on May 24, 2023, with diagnoses that included diabetes. R6's medication administration record (MAR) dated October 2025, included the following medications: -acetaminophen 500 milligrams (mg); two tablets by mouth twice daily (pain) -amlodipine 5 mg; one tablet by mouth once daily (blood pressure) -finasteride 5 mg; one tablet by mouth once daily (prostate) -fish oil 1200 mg; one capsule by mouth once daily (supplement) -fluoxetine 10 mg; one capsule by mouth every morning (depression) -folic acid 1 mg; one tablet by mouth once daily (supplement) -methotrexate 2.5 mg; one tablet by mouth every week -modafinil 200 mg; one tablet by mouth twice daily (pain) -pregabalin 50 mg; one capsule by mouth every morning (restless legs) -senna-time 8.6 mg; one tablet by mouth once daily (constipation) -torsemide 20 mg; one tablet by mouth once daily (diuretic) -Vitamin D3 25 micrograms (mcg); two tablets by mouth once daily (supplement) -pregabalin 50 mg; give two capsules by mouth in the evening (restless legs) -acetaminophen 500 mg; two tablets by mouth twice daily (pain) -doxazosin 8 mg; one tablet by mouth at bedtime (prostate) -duloxetine 60 mg; give one capsule by mouth daily (depression)	01770			

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01770	Continued From page 43 -melatonin 3 mg; three tablets by mouth daily at bedtime (sleep) -Baclofen 10 mg; one tablet by mouth every six hours as needed (leg spasms) -stool softener 8.6-50 mg; one tablet by mouth twice daily as needed (constipation) -Trazodone 50 mg; one tablet by mouth at bedtime as needed (sleep) R6's progress notes dated September 2, 2025, through October 21, 2025, included the following: - September 10, 2025, Meds (Medications) Nurse Note: "Blistered up 30 days of medications except Lyrica and Folic Acid. I R/O from VA Doxazosin, Duloxetine, Finasteride, Fluoxetine, Folic Acid, Melatonin, Modafinil Pregabalin and Ozempic". - September 30, 2025, Medications Nurse Note: "Blistered up 30 days of all medications except narcotics". - October 13, 2025, Modafinil Nurse Note: "Blistered up 30 days of Modafinil 200 mg". R1's record lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration. On October 22, 2025, at 9:43 a.m., CNS-B stated R6's medications were delivered by the VA pharmacy in bottles and the nurses would remove the medications from the bottles and set them up into blister pack cards for the unlicensed personnel to administer. CNS-B stated the medication set up was documented in a progress note. However, she was not aware of the required content to be included when documenting the medication setup.	01770			

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01770	Continued From page 44 The licensee's Medication Management-Dosage Box Setup policy dated February 5, 2024, indicated when the licensed nurse has completed setting up the medications the set-up is documented on the MAR. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) Days	01770			
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as	01910			

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01910	Continued From page 45 required for one of one discharged resident (R5). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R5 was admitted to the licensee on August 1, 2019, and discharged on April 17, 2025. R5's Drug Disposal Record dated April 17, 2025, had eight columns that identified the date of disposal, prescription number, reason for disposal, drug name and strength, amount disposed, method of disposition, 1st person disposing of drug and 2nd person disposing of drug. The prescription number column was left blank. On October 22, 2025, at 1:18 p.m., clinical nurse supervisor (CNS)-B reviewed R5's drug disposal record and stated the prescription number column was not filled in as required. The licensee's Disposition of Medication policy dated February 5, 2024, indicated the documentation record would include medication name, strength, quantity, date of disposal, method, and witness signatures. No further information was provided.	01910			

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01910	Continued From page 46	01910			
	TIME PERIOD FOR CORRECTION: Seven (7) days				
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy 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:	01940			

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01940	Continued From page 47 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 four of four residents (R1, R2, R3, and R4) with treatments. This practice resulted in a level two violation (a violation that did no 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: R1 R1 was admitted on November 22, 2022, with diagnoses that included diabetes. On October 21, 2025, at 7:04 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1. R1 had bilateral thrombo-embolic deterrent (TED) stockings (stockings designed to prevent blood clots and swelling in legs) on. R1's service plan dated June 16, 2025, indicated R1 received services to include blood glucose checks. R1's service plan did not include TED stockings. R1's prescriber orders included the following: -Dexcom- use as directed to test blood glucose four times daily, order dated April 1, 2025 -TED Stockings during the day and off at night, order dated October 15, 2025	01940			

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01940	Continued From page 48 R1's medication administration record (MAR) dated October 2025, indicated R1's blood glucose was checked four times a day. R1's services delivered dated October 2025, indicated the ULP assisted R1 with compression stockings twice a day. R1's record lacked a treatment management plan to include the following required content: -a statement of the type of services that will be provided; -documentation of specific resident instructions relating to the treatments or therapy administration; -identification of treatment or therapy tasks that will be delegated to unlicensed personnel; -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises 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. R2 R2 was admitted On September 19, 2019, with diagnoses that included congestive heart failure. On October 21, 2025, at 9:16 a.m., the surveyor observed ULP-D administer medications to R2 which included metoprolol tartrate. ULP-D did not check R2's heart rate prior to the administration of metoprolol tartrate. R2's service plan dated September 24, 2025,	01940			

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01940	Continued From page 49 indicated R2 received services to include compression stockings, oxygen delivery, daily oxygen saturation checks, daily weights. R2's service plan did not include twice daily heart rate checks. R2's prescriber orders included the following: -TED Hose; on in the morning, off at bedtime, order dated April 7, 2025 -Okay to wean supplemental oxygen to keep oxygen saturations greater than 92%, order dated August 6, 2025 -metoprolol tartrate 25 milligrams (mg); take one tablet by mouth two times daily. HOLD for heart rate less than 55, order dated October 15, 2025 R2's record lacked prescriber orders for daily weights. R2's MAR dated October 2025, included the following: -metoprolol tartrate 25 mg; one tablet by mouth twice daily (hold for heart rate less than 55). R2's services delivered dated October 2025, indicated the ULP assisted R2 with oxygen delivery, oxygen saturation checks, daily weights, and compression stockings. R2's record lacked a treatment management plan to include the following required content: -a statement of the type of services that will be provided; -documentation of specific resident instructions relating to the treatments or therapy administration; -identification of treatment or therapy tasks that will be delegated to unlicensed personnel; -procedures for notifying a registered nurse or	01940			

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01940	Continued From page 50 appropriate licensed health professional when a problem arises 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. R3 R3 was admitted on September 23, 2024, with diagnoses that included dementia. On October 21, 2025, at 8:00 a.m., the surveyor observed ULP-D administer medications to R3. R3 had bilateral TED stockings on. R3's service plan dated September 18, 2025, indicated R3 received services to include grooming, dressing, bathing, toileting, transfers, escorts, safety checks, and medication administration. R3's service plan did not include TED stockings. R3's record lacked prescriber orders for TED stockings. R3's services delivered dated October 2025, indicated the ULP assisted R3 with compression stockings twice a day. R3's record lacked a treatment management plan to include the following required content: -a statement of the type of services that will be provided; -documentation of specific resident instructions relating to the treatments or therapy administration;	01940			

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01940	Continued From page 51 -identification of treatment or therapy tasks that will be delegated to unlicensed personnel; -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises 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. R4 R4 was admitted on November 1, 2024, with diagnoses that included hypertension (high blood pressure). On October 21, 2025, at 8:22 a.m., the surveyor observed ULP-E administer medications to R4. R4's service plan dated May 16, 2025, indicated R4 received services to include grooming, dressing, catheter care, bathing, transfer assistance, escorts, meal assistance and medication administration three times a day. R4's service plan did not include oxygen management. R4's prescriber orders included the following: -start nectar thickened liquids, ensure all beverages are thickened included water and soups), order dated July 24, 2025 -oxygen gas for inhalation, 2 liters as needed for shortness of breath, order dated May 20, 2025 R4's record lacked a treatment management plan to include the following required content: -a statement of the type of services that will be	01940			

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NAME OF PROVIDER OR SUPPLIER MILL CITY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1520 17TH STREET NW FARIBAULT, MN 55021			
(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 52 provided; -documentation of specific resident instructions relating to the treatments or therapy administration; -identification of treatment or therapy tasks that will be delegated to unlicensed personnel; -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises 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. On October 22, 2025, at 1:37 p.m., clinical nurse supervisor (CNS)-B stated R1, R2, R3, and R4's records lacked an individualized treatment and therapy management plan. CNS-B stated the licensee recently transitioned to a new electronic health record (EHR) system and though the treatment plan automatically developed based off of the comprehensive assessment. CNS-B stated they have reached out to the EHR representative to learn how to develop and implement treatment plans for residents who received treatments. The licensee's Treatment and Therapy Management policy dated February 5, 2024, indicated the licensee would develop and maintain a current individualized treatment therapy management record for each resident which must contain at least the following: a. a statement of the type of services provided in the service plan b. documentation of specific resident instructions relating to the treatments or therapy	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER MILL CITY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 17TH STREET NW FARIBAULT, MN 55021		
(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 53 administration. c. identification of treatment or therapy tasks that will be delegated to ULP d. procedures for notifying a RN or appropriate licensed professional when a problem arises with treatment or therapy services e. any resident-specific requirements related to documentation of treatment and therapy received, verification that all treatments and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions; and f. the treatment or therapy management record must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			
01970 SS=E	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for three of four residents (R2, R3	01970			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER MILL CITY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1520 17TH STREET NW FARIBAULT, MN 55021			
(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
01970	Continued From page 54 and R4) receiving treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at 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: R2 R2 was admitted On September 19, 2019, with diagnoses that included congestive heart failure. On October 21, 2025, at 9:32 a.m., the surveyor observed unlicensed personnel (ULP)-D check R2's weight. R2's service plan dated September 24, 2025, indicated R2 received services to include compression stockings, oxygen delivery, daily oxygen saturation checks, daily weights. R2's service delivered record dated October 2025, indicated the ULP checked R2's weight once a day. R2's record lacked prescriber orders for daily weights. R3 R3 was admitted on September 23, 2024, with diagnoses that included dementia.	01970			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER MILL CITY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1520 17TH STREET NW FARIBAULT, MN 55021			
(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
01970	Continued From page 55 On October 21, 2025, at 8:00 a.m., the surveyor observed ULP-D administer medications to R3. R3 had bilateral thrombo-embolic deterrent (TED) stockings (stockings designed to prevent blood clots and swelling in legs) on. R3's service plan dated September 18, 2025, indicated R3 received services to include grooming, dressing, bathing, toileting, transfers, escorts, safety checks, and medication administration. R3's service plan did not include TED stockings. R3's services delivered dated October 2025, indicated the ULP assisted R3 with compression stockings twice a day. R3's record lacked prescriber orders for TED stockings. R4 R4 was admitted on November 1, 2024, with diagnoses that included hypertension (high blood pressure). On October 21, 2025, at 8:22 a.m., the surveyor observed ULP-E administer medications to R4. R4's service plan dated May 16, 2025, indicated R4 received services to include grooming, dressing, catheter care, bathing, transfer assistance, escorts, meal assistance and medication administration three times a day. R4's service plan did not include oxygen management. R4's medication administration record (MAR) dated October 2025, included the following: -Morphine 5 milligrams (mg); one tablet by mouth	01970			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER MILL CITY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1520 17TH STREET NW FARIBAULT, MN 55021			
(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
01970	Continued From page 56 or sublingually every two hours as needed for pain or shortness of breath -Oxygen: 2 liters per nasal cannula as needed for shortness of breath R4's prescriber orders included the following: -oxygen gas for inhalation, 2 liters as needed for shortness of breath, order dated May 20, 2025 The prescriber order for oxygen failed to include resident specific instructions regarding the administration of PRN oxygen (ex: check oxygen saturations, administer PRN medications for complaints of shortness of breath, duration of use, etc.). On October 22, 2025, at 1:37 p.m., clinical nurse supervisor (CNS)-B stated R2 and R3 lacked prescriber orders as noted above. CNS-B stated R4's as needed oxygen order was incomplete and would follow up with Hospice to obtain more specific details for oxygen use. The licensee's Medication and Treatment Orders policy dated February 5, 2024, indicated the licensee would obtain all medication and treatment orders wither in writing, verbally, or electronically by an authorized prescriber. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970			
02310 SS=G	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
02310	Continued From page 57 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 care and services were provided according to acceptable health care and medical or nursing standards for one of two residents (R2) with bed rails. This resulted in an immediate correction order issued on October 22, 2025. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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 was admitted on September 19, 2019, with diagnoses that included congestive heart failure (CHF). R2's service plan dated September 24, 2025, indicated R2 received services to include bathing, dressing, grooming, toileting, compression stockings, escorts, transfer assistance, safety checks, oxygen delivery, daily oxygen saturation checks, daily weights, and medication administration. On October 21, 2025, at 9:26 a.m., the surveyor observed R2's hospital bed with bilateral upper	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
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02310	Continued From page 58 side rails. R2's comprehensive assessment dated October 15, 2025, under the category Bed Safety indicated the following: -No assistive device needed for bed -the bed safety zone assessment is not applicable, either has no bed rails in use or has portable bed rails that are installed on a consumer bed. R2's record lacked evidence of the following: - bed rail assessment - measurements of zones 1-4 - documentation of a risk versus benefits discussion On October 22, 2025, at 8:09 a.m., clinical nurse manager (CNS)-B stated the nurses were not aware that R2 had side rails until yesterday (October 21, 2025), when the staff notified her that the surveyor was asking questions about R2's side rails. CNS-B stated R2 was admitted to hospice (end of life care) on October 15, 2025, and was re-assessed by the assistant clinical nurse supervisor (ACNS)-C due to change in condition. At the time of the assessment R2 did not have side rails. CNS-B stated hospice ordered a hospital bed which was delivered in the evening when the nurses were not on-site. The hospital bed did not arrive with side rails, however, R2's daughter requested them, and hospice provided and installed bilateral upper side rails later that evening. CNS-B states the licensee had communicated with this hospice agency that if a resident requested side rails that they prefer to have halo bars and did not recommend side rails. CNS-B stated R2's record lacked the required documentation for side rail	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
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02310	Continued From page 59 use as listed above because the licensee was not aware of them and after notified of the side rails. CNS-B stated she removed them. The surveyor explained to CNS-B that the resident had the right to utilize side rails, even if they are not the preferred type. CNS-B stated she would contact R2's daughter to discuss re-installing the side rails and/or see if R2's daughter would be okay with halo bars being installed instead. The licensee's Side Rails policy dated October 21, 2025, indicated when a resident is utilizing side rails on a bed, the licensee will assess the use, educate the resident, and when appropriate, the responsible person, regarding the risks and benefits of side rails, and verify that the side rail in use is of a safe design and utilized consist with the manufacturer's directions. This policy shall be followed regardless of who owns or is supplying the side rail. The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails 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". The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER MILL CITY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1520 17TH STREET NW FARIBAULT, MN 55021			
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02310	Continued From page 60 bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Installation and use according to manufacturer's guidelines; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE On October 22, 2025, the licensee implemented actions to mitigate the risk to R2. Scope and severity remain at G.	02310			



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

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Establishment Info

MILL CITY SENIOR LIVING
1520 17TH STREET NW
Faribault, MN 55021
Rice County
Parcel:

Phone:

License Info

License: HFID 34320

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F7990251014
Inspection Type: Full - Single
Date: 10/20/2025 Time: 10:38 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 2
Total Priority 3 Orders: 1
Delivery:

New Order: 2-100 Supervision

2-102.12AMN *Priority Level: Priority 3 CFP#: 2*

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

COMMENT: AT LEAST ONE EMPLOYEE MUST HAVE THE MDH CERTIFIED FOOD PROTECTION MANAGER LICENSE AS DISCUSSED.

Comply By: 10/20/2025 Originally Issued On: 10/20/2025

New Order: 3-500A Microbial Control: cooling

3-501.15A *Priority Level: Priority 2 CFP#: 33*

MN Rule 4626.0390A Cool food by: 1) placing the food in shallow pans; 2) separating the food into smaller portions 3) using rapid cooling equipment; 4) stirring the food in a container placed in an ice water bath; 5) using containers that facilitate heat transfer; 6) adding ice as an ingredient; or other effective methods.

COMMENT: AT THE TIME OF INSPECTION CHICKEN WILD RICE SOUP IN THE WALK IN COOLER THAT WAS PREPARED THE PREVIOUS DAY WAS BEING COOLED IN A LARGE PLASTIC CONTAINER. THE SOUP WAS AT 45 DEGREES F AND WAS DISCARDED. COOLING METHODS WERE DISCUSSED.

Comply By: 10/20/2025 Originally Issued On: 10/20/2025

New Order: 4-300 Equipment Numbers and Capacities

4-302.14 *Priority Level: Priority 2 CFP#: 48*

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

COMMENT: PROVIDE A SINK AND SURFACE SANITIZER TEST KIT TO MONITOR SANITIZER CONCENTRATION AS DISCUSSED.

Comply By: 10/20/2025 Originally Issued On: 10/20/2025

Food & Beverage General Comment

WE DISCUSSED EMPLOYEE ILLNESS, NOROVIRUS PREVENTION, HANDWASHING, AND BAREHAND CONTACT PREVENTION.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Mankato District Office inspection report number F7990251014 from 10/20/2025

Benjamin D. Ische

Nyeshia Lockwood

Ben Ische,
Public Health Sanitarian Supervisor
507-344-2710
ben.ische@state.mn.us



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Page: 1

Establishment Info

MILL CITY SENIOR LIVING
Faribault
County/Group: Rice County

Inspection Info

Report Number: F7990251014
Inspection Type: Full
Date: 10/20/2025
Time: 10:38 AM

Food Temperature: Product/Item/Unit: Diced Tomatoes; **Temperature Process:** Cold-Holding

Location: Walk-in Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: Ham; **Temperature Process:** Cold-Holding

Location: Prep Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Continental Reach in Memory Care; **Temperature Process:** Ambient Air

Location: Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Continental Reach in Main Kitchen; **Temperature Process:** Ambient Air

Location: Cooler at 36 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: Cooking Ham; **Temperature Process:** Cooking

Location: Oven at 192 Degrees F.

Comment:

Violation Issued?: No



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Sanitizer Observations/Recordings

Page: 1

Establishment Info	Inspection Info
MILL CITY SENIOR LIVING	Report Number: F7990251014
Faribault	Inspection Type: Full
County/Group: Rice County	Date: 10/20/2025
	Time: 10:38 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

MILL CITY SENIOR LIVING
1520 17TH STREET NW
Faribault, MN 55021
Rice County
Parcel:

Phone:

License Info

License: HFID 34320

Risk:
License:
Expires on:
CFPM: Cathy A. Kaplan
CFPM #: 123661; Exp: 5/23/2027

Inspection Info

Report Number: F7990251016
Inspection Type: Follow-up - Single
Date: 10/29/2025 Time: 10:49:15 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 2
Total Priority 3 Orders: 0
Delivery:

Previous Order: 3-500A Microbial Control: cooling

3-501.15A Priority Level: Priority 2 CFP#: 33

MN Rule 4626.0390A Cool food by: 1) placing the food in shallow pans; 2) separating the food into smaller portions 3) using rapid cooling equipment; 4) stirring the food in a container placed in an ice water bath; 5) using containers that facilitate heat transfer; 6) adding ice as an ingredient; or other effective methods.

COMMENT: AT THE TIME OF INSPECTION CHICKEN WILD RICE SOUP IN THE WALK IN COOLER THAT WAS PREPARED THE PREVIOUS DAY WAS BEING COOLED IN A LARGE PLASTIC CONTAINER. THE SOUP WAS AT 45 DEGREES F AND WAS DISCARDED. COOLING METHODS WERE DISCUSSED.

Comply By: 10/20/2025 Originally Issued On: 10/20/2025

Previous Order: 4-300 Equipment Numbers and Capacities

4-302.14 Priority Level: Priority 2 CFP#: 48

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

COMMENT: PROVIDE A SINK AND SURFACE SANITIZER TEST KIT TO MONITOR SANITIZER CONCENTRATION AS DISCUSSED.

Comply By: 10/20/2025 Originally Issued On: 10/20/2025

Food & Beverage General Comment

FOLLOW UP TO PREVIOUS REPORT TO ADD CURRENT CFPM CATHY KAPLAN AND TO REMOVE THE ORDER TO EMPLOY A CFPM.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Mankato District Office inspection report number F7990251016 from 10/29/2025

Nyeshia Lockwood

Ben Ische,
Public Health Sanitarian Supervisor
507-344-2710
ben.ische@state.mn.us