Electronically Delivered
January 29, 2024

Licensee
Lincoln Park Assisted Living
208 Oak Street
Detroit Lakes, MN 56501

RE: Project Number(s) SL21201015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 10, 2024, 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 . . ."

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

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued,

including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by 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

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,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21201	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN PARK ASSISTED LIVING	208 OAK STREET DETROIT LAKES, MN 56501

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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: SL21201015 On January 8, 2024, through January 10, 2024, 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 30 residents; all of whom were receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 650 SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled	0 650		

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0 650	Continued From page 1 volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained the required content for one of one employee (unlicensed personnel (ULP)-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:	0 650		

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0 650	Continued From page 2 During the entrance conference on January 8, 2024, at 10:45 a.m., licensed assisted living director (LALD)-A stated the licensee was aware of the required contents of the employee records. ULP-E was hired on December 4, 2023, to provide assisted living services. On January 8, 2024, at 2:15 p.m., ULP-E stated training and competency testing was done by clinical nurse supervisor (CNS)-B. ULP-E's record lacked training and competency evaluation documentation for resident unplanned time away. On January 10, 2024, at 11:36 a.m., CNS-B stated CNS-B completed unplanned time away training and competency evaluation for ULPs with medication administration training and competency, however, ULP-E's record did not contain the documentation of training or competency testing. CNS-B further stated all ULP employee records would lack documentation of training and competency testing for unplanned time away. The licensee's AL (assisted living) Supervision and Delegation of Licensed and Unlicensed Staff policy dated September 20, 2023, indicated a registered nurse (RN) may delegate nursing services to a person (staff) who has been trained in the service to be provided, who has demonstrated to the RN the ability to competently follow the procedures for the resident, and successfully pass competency testing per facility protocol including medication management services. In addition, documentation of supervision activities will be retained in the	0 650		

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0 650	Continued From page 3 employee's record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included completion of a facility risk assessment. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 660		

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0 660	Continued From page 4 safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On January 9, 2024, at 1:08 p.m., the surveyor reviewed the Facility TB Risk Assessment Worksheet for Health Care Settings Licensed by MDH (Minnesota Department of Health) dated January 8, 2024, with licensed assisted living director (LALD)-A. LALD-A stated the facility TB risk assessment form was created yesterday (January 8, 2024) after the surveyor requested to see the facility TB risk assessment. LALD-A stated the licensee was unable to locate previous facility TB risk assessment forms for prior years and the form should be completed on an annual basis. The licensee's Tuberculosis Control Plan dated November 13, 2022, indicated a risk assessment for TB transmission is performed annually, or more frequently if indicated by surveillance data, by Infection Prevention. The Minnesota Department of Health (MDH) guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated a TB risk assessment should be completed initially and then for low-risk settings the risk assessment should be updated every other year. No further information was provided. TIME PERIOD FOR CORRECTION:	0 660		

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0 660	Continued From page 5 Twenty-One (21) days	0 660		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing	01470		

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01470	Continued From page 6 services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted living statutes included all the required content for one of two employees (registered nurse (RN)-D). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on January 8,	01470		

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01470	Continued From page 7 2024, at 10:45 a.m., licensed assisted living director (LALD)-A stated the licensee was aware of the required contents of the employee records. RN-D was hired on April 2, 2013, and had begun to provide supervision and RN on-call services to the assisted living facility on August 1, 2021. RN-D's employee record did not include the following required orientation content: -an overview of chapter 144G; -an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; -handling of emergencies and use of emergency services; -the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; -the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; -handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; -consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other advocacy services; and -a review of the types of assisted living services the employee will be providing and the facility's category of licensure. On January 9, 2024, at 12:54 p.m., LALD-A stated RN-D was an RN employed at the	01470		

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01470	Continued From page 8 licensee's sister skilled nursing facility, however, provided RN on call services to the licensee during weekend hours and would be the main contact for unlicensed personnel (ULPs) for any resident change in condition or concerns. LALD-A stated the licensee did not assign the above noted assisted living orientation topics to RN-D and any RN on call employee record would lack the required content of assisted living orientation. The licensee's AL (assisted living) Orientation-Training-Competency of Staff policy dated September 20, 2023, indicated all staff providing and supervising direct services must complete an orientation to the licensed assisted living facility licensing requirements and regulations before providing assisted living services to residents. Orientation would include the following topics: -an overview of the appropriate assisted living statues and rules; -an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; -handling of emergencies and use of emergency services; -the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; -principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; -consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services;	01470		

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01470	Continued From page 9 -a review of the types of assisted living services the employee will be providing and the facility's category of licensure; and -emergency plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who 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 the steps of the medication administration process was followed for one of one employee (unlicensed personnel (ULP)-F) observed administering medications. This practice resulted in a level two violation (a violation that did not harm a resident's health or	01760		

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01760	Continued From page 10 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on January 8, 2024, at 10:33 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to the residents at the facility. R2's diagnoses included hypertension (HTN-high blood pressure), stroke, and hyperlipidemia (elevated lipids in the blood). R2's service plan dated December 20, 2023, indicated the resident received services to include medication administration two times per day. R2's prescriber orders dated November 22, 2023, included an order for Advair Diskus 100-50 micrograms (mcg) inhale one puff two times a day. R2's January 2024 electronic medication administration record (EMAR) indicated Advair Diskus blister with devise 100-50 mcg/dose; administer one puff twice per day. Special Instructions: Advair Diskus-Inhale one puff twice a day for shortness of breath. wipe end of mouthpiece with alcohol wipe. rinse and spit out water after use. [sic] On January 9, 2024, at 8:35 a.m., the surveyor observed ULP-F conduct a medication pass for	01760		

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01760	Continued From page 11 R2. ULP-F compared the prescription label to the EMAR, handed R2 the Advair Diskus for self-administration, and R2 returned the Advair Diskus back to ULP-F. ULP-F completed the oral scheduled morning medication pass for R2. ULP-F handed R2's scheduled morning medications with a glass of water to R2, R2 took the medication, and swallowed the water. The surveyor did not observe ULP-F offer R2 water to rinse and spit out after inhalation of the Advair Diskus. On January 9, 2024, at 9:23 a.m., ULP-F stated R2 can rinse R2's mouth out on own and ULP-F did not offer water for R2 to rinse and spit out the water after using the Advair Diskus. On January 9, 2024, at 10:03 a.m., CNS-B stated the EMAR would indicate to offer the resident water to rinse and spit out the water after use if it was part of the manufacturer's instructions. CNS-B further stated it should be offered each time even if the resident normally declines to rinse their mouth and spit out the water after use. The manufacturer's instructions for use of Advair inhaler dated August 2020, indicated to rinse mouth with water without swallowing the water. The licensee's AL (Assisted Living) Medication and Treatment Management policy dated September 20, 2023, indicated the registered nurse (RN) would develop written procedures for the ULP administering the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

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01880	Continued From page 12	01880		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored according to manufacturer's instructions for two of two residents (R4, R3) by failing to monitor and document resident refrigerator temperatures that stored medications. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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 January 8, 2024, at 10:33 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to the residents at the facility. R4 On January 9, 2024, at 7:20 a.m., the surveyor reviewed the locked medication box in R4's refrigerator with unlicensed personnel ((ULP)-F) and confirmed the following medications were	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21201	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN PARK ASSISTED LIVING	208 OAK STREET DETROIT LAKES, MN 56501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01880	Continued From page 13 stored in the refrigerator: -16 unopened Levemir FlexTouch 100 units/milliliter (mL) insulin pens -three unopened Novolog Flexpen 100 unit/mL insulin pens Immediately following the observation, ULP-F stated the temperature of R4's refrigerator was unknown due to no thermometer and staff do not monitor the refrigerator temperature. On January 9, 2024, at 8:31 a.m., ULP-F stated medications stored in resident refrigerators were locked in a box, however, staff do not monitor the refrigerator temperatures. R3 On January 9, 2024, at 9:21 a.m., the surveyor reviewed the locked medication box in R3's refrigerator with ULP-F and confirmed the following medications were stored in the refrigerator: -two unopened Lantus Solostar 100 unit/mL insulin pens -three unopened Humalog KwikPen 100 unit/mL insulin pens Immediately following the observation, ULP-F stated the temperature of R3's refrigerator was unknown due to no thermometer and the staff do not monitor the refrigerator temperature. On January 9, 2024, at 10:05 a.m., CNS-B stated medications stored in resident refrigerators were locked in a box, however, staff do not monitor the refrigerator temperatures. CNS-B further stated the licensee would not know if the medications were stored correctly per manufacturer instructions since the refrigerator temperatures were not being monitored.	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21201	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN PARK ASSISTED LIVING	208 OAK STREET DETROIT LAKES, MN 56501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01880	Continued From page 14 The manufacturer's instructions for Levemir dated January 2019, indicated before opening store the pen in the refrigerator (36-46 degrees Fahrenheit). Do not allow Levemir to freeze. The manufacturer's instructions for Novolog dated October 2021, indicated before opening store the pen in the refrigerator (36-46 degrees Fahrenheit). Do not allow Novolog to freeze. The manufacturer's instructions for Lantus dated May 2019, indicated before opening store the pen in the refrigerator (36-46 degrees Fahrenheit). Do not allow Lantus to freeze. The manufacturer's instructions for Humalog dated November 2019, indicated before opening store the pen in the refrigerator (36-46 degrees Fahrenheit). Do not allow Humalog to freeze. The licensee's Security and Storage of Medications and Supplies policy dated January 24, 2023, indicated medications will be stored according to manufacturers' recommendations or in the absence of such information, according to recommendations from pharmacy operations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
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	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21201	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN PARK ASSISTED LIVING	208 OAK STREET DETROIT LAKES, MN 56501

(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
01910	Continued From page 15 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 to include the quantity as required for one of one resident (R1) upon discharge. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: During the entrance conference on January 8, 2024, at 10:33 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21201	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01910	Continued From page 16 management services to the residents at the facility. The licensee's Discharged or Deceased Resident Roster dated January 8, 2024, indicated R1 was admitted to the facility on June 24, 2021, and discharged on October 2, 2023. R1's diagnoses included Parkinson's disease, hypertension (HTN-high blood pressure), and glaucoma. R1's service plan dated September 13, 2023, indicated R1 received medication administration five times per day. R1's Electronic Medication Administration Record (EMAR) dated October 2023, indicated the R1 received the following medications: -aspirin (blood thinner) 81 milligrams (mg) tablet- one tablet by mouth daily -carbidopa-levodopa (used to treat Parkinson's symptoms) 25-100 mg tablets- two tablets by mouth four times daily -carbidopa-levodopa extended release 50-200 mg tab- one tablet by mouth every night -levothyroxine (for hypothyroidism) 50 micrograms (mcg) tablet- one tablet by mouth daily -melatonin (to help fall asleep) 10 mg tablet- one tablet by mouth every night -pravastatin (to treat high cholesterol) 40 mg tablet- one tablet by mouth every night -acetaminophen (for pain/fever) 325 mg tablet- 2 tablets by mouth every four hours as needed -vistaril (for anxiety) 25 mg capsule- one capsule by mouth every night and one capsule by mouth every six hours as needed -zoloft (for depression/anxiety) 50 mg tablet- one tablet by mouth every night	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21201	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01910	Continued From page 17 R1's prescriber orders dated September 27, 2023, included the above noted medications. R1's Discharge Summary dated October 10, 2023, indicated R1 moved to another facility out of state to be closer to R1's family. R1's record lacked documentation for the disposition of the following medications to include the medication quantity and prescription number if applicable: -aspirin 81 mg -carbidopa-levodopa 25-100 mg -carbidopa-levodopa extended release 50-200 mg -levothyroxine 50 mcg -melatonin 10 mg -pravastatin 40 mg -acetaminophen 325 mg -Vistaril 25 mg -Zoloft 50 mg On January 8, 2024, at 2:46 p.m., CNS-B stated the quantity of the medications noted above was missed and is aware of the requirement to have the quantity listed for the medication disposition. The licensee's AL (assisted living) Medication and Treatment Management policy dated September 20, 2023, indicated the resident record will include 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. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21201	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN PARK ASSISTED LIVING	208 OAK STREET DETROIT LAKES, MN 56501

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01910	Continued From page 18 days	01910		
01970 SS=D	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 renewed at least every 12 months for one of three residents (R3) who received treatments managed by the provider. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on January 8, 2024, at 10:44 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment services to residents.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21201	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01970	Continued From page 19 R3's diagnoses included congestive heart failure (CHF), and diabetes. R3's service plan dated December 20, 2023, indicated application of TEDS (compression stockings) in the morning, removal of TEDS in the evening, and glucose readings daily using R3's Libre (sensor that is scanned to measure blood glucose levels). R3's Plan of History Report dated January 1, 2024, through January 8, 2024, indicated staff were applying R3's TEDS every morning and removing R3's TEDS every evening. R3's electronic Medication Administration Record (EMAR) dated January 1, 2024, through January 8, 2024, indicated R3's blood sugar was being checked using R3's Libre four times per day and as needed. On January 9, 2024, at 9:07 a.m., the surveyor observed unlicensed personnel (ULP-F) scan R3's Libre sensor for R3's blood glucose reading. At 9:18 a.m., the surveyor observed ULP-F apply R3's TEDS to both lower extremities. R3's record lacked annual prescriber order for TEDS and blood glucose checks. On January 10, 2024, at 12:27 p.m., CNS-B stated CNS-B was unable to locate annual prescriber orders for R3's TEDS and blood glucose checks. CNS-B stated the licensee is aware treatment orders needed to be renewed at least annually and was only able to locate original prescriber orders of R3's TEDS and blood glucose checks from the year of 2021.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21201	A. BUILDING: _____ B. WING _____	01/10/2024

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LINCOLN PARK ASSISTED LIVING	208 OAK STREET DETROIT LAKES, MN 56501

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01970	Continued From page 20 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Minnesota Department of Health
Fergus Falls District
2312 College Way
Fergus Falls
218-332-5150

Type: Full
Date: *01/09/24*
Time: 12:00:00
Report: 1049241005

Food and Beverage Establishment Inspection Report

Location:
Lincoln Park Assisted Living
208 Oak Street
Detroit Lakes, MN56501
Becker County, 03

Establishment Info:
ID #: 0039071
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2188440701
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 ppm at Degrees Fahrenheit
Location: Sanitizer Spray Bottle
Violation Issued: No

Hot Water: = at 169 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 34 Degrees Fahrenheit - Location: Coleslaw
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 33 Degrees Fahrenheit - Location: Grapes
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 30 Degrees Fahrenheit - Location: Shredded Cheese
Violation Issued: No

Process/Item: Hot Holding
Temperature: 169 Degrees Fahrenheit - Location: Meat Loaf
Violation Issued: No

Process/Item: Hot Holding
Temperature: 177 Degrees Fahrenheit - Location: Mashed Potatoes
Violation Issued: No

Type: Full
Date: *01/09/24*
Time: 12:00:00
Report: 1049241005
Lincoln Park Assisted Living

Food and Beverage Establishment Inspection Report

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

THERE WERE NO VIOLATIONS FOUND DURING THIS ROUTINE INSPECTION.

MET WITH MDH NURSE SURVEYOR, SARA UMLAUF, AND ESTABLISHMENT REPRESENTATIVE, CHRISTY BRINKMAN. NO FOLLOW-UP INSPECTION REQUIRED.

DISCUSSED THE FOLLOWING:
-EMPLOYEE ILLNESS POLICY AND LOG

ESTABLISHMENT HAS A TILED CEILING, POURED CONCRETE FLOOR WITH COATING AND METAL CABINETS WITH LAMINATE COUNTERTOPS.

DISHWASHER HAS A SANITIZER CYCLE THAT REACHES CORRECT TEMPERATURE REQUIRED BY CODE.

Things to Remember:

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.

2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.

4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1049241005 of 01/09/24.

Certified Food Protection Manager: Stacy Koll

Certification Number: FM83197 Expires: 03/29/25

Signed: _____
Establishment Representative

Signed: *Stephanie Reynolds*

Stephanie Reynolds
Public Health Sanitarian
Fergus Falls
218-332-5179
stephanie.reynolds@state.mn.us

Report #: 1049241005

Food Establishment Inspection Report

Minnesota Department of Health
Fergus Falls District
2312 College Way
Fergus Falls

No. of RF/PHI Categories Out	0
No. of Repeat RF/PHI Categories Out	0
Legal Authority MN Rules Chapter 4626	

Date 01/09/24
Time In 12:00:00
Time Out

Lincoln Park Assisted Living	Address: 208 Oak Street	City/State: Detroit Lakes, MN	Zip Code: 56501	Telephone: 2188440701
License/Permit #: 0039071	Permit Holder	Purpose of Inspection: Full	Est Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

Compliance Status		COS	R
Surpervision			
1	IN OUT		
2	IN OUT N/A		
Employee Health			
3	IN OUT		
4	IN OUT		
5	IN OUT		
Good Hygenic Practices			
6	IN OUT N/O		
7	IN OUT N/O		
Preventing Contamination by Hands			
8	IN OUT N/O		
9	IN OUT N/A N/O		
10	IN OUT		
Approved Source			
11	IN OUT		
12	IN OUT N/A N/O		
13	IN OUT		
14	IN OUT N/A N/O		
Protection from Contamination			
15	IN OUT N/A N/O		
16	IN OUT N/A		
17	IN OUT		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	IN OUT N/A N/O		
19	IN OUT N/A N/O		
20	IN OUT N/A N/O		
21	IN OUT N/A N/O		
22	IN OUT N/A		
23	IN OUT N/A N/O		
24	IN OUT N/A N/O		
Consumer Advisory			
25	IN OUT N/A		
Highly Susceptible Populations			
26	IN OUT N/A		
Food and Color Additives and Toxic Substances			
27	IN OUT N/A		
28	IN OUT		
Conformance with Approved Procedures			
29	IN OUT N/A		

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

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS=** corrected on-site during inspection **R=** repeat violation

			COS	R
Safe Food and Water				
30	IN OUT N/A	Pasteurized eggs used where required		
31		Water & ice obtained from an approved source		
32	IN OUT N/A	Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A N/O	Plant food properly cooked for hot holding		
35	IN OUT N/A N/O	Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37		Food properly labled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single service articles: properly stored & used		
46		Gloves used properly		
Utensil Equipment and Vending				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) **Date:** 01/09/24

Inspector (Signature) Stephanie Reynolds