



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

April 10, 2025

Licensee

New Perspective - Cloquet & Barnum

701 Horizon Circle

Cloquet, MN 55720

RE: Project Number(s) SL24315015

Dear Licensee:

On March 14, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the November 6, 2024, survey were corrected. 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 that reads 'Kelly Thorson'.

Kelly Thorson, Supervisor

State Evaluation Team

Email: [Kelly.Thorson@state.mn.us](mailto:Kelly.Thorson@state.mn.us)

Telephone: 320-223-7336 Fax: 1-866-890-9290

KKM





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February 14, 2025

Licensee

New Perspective Cloquet & Barnum

701 Horizon Circle

Cloquet, MN 55720

RE: Project Number(s) SL24315015

Dear Licensee:

On January 6, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on November 6, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the November 6, 2024 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on November 6, 2024, found not corrected at the time of the January 6, 2025, follow-up survey and/or subject to penalty assessment are as follows:

**1290-Background Studies Required-144g.60 Subdivision 1 - \$3,000.00**

The details of the violations noted at the time of this follow-up survey completed on January 6, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on January 6, 2025, we identified the following violation(s):

**0340-Correction Orders-144g.30 Subd. 5 - \$3,000.00**

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$6,000.00**. 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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

**IMPOSITION OF FINES:**

Level 1: no fines or enforcement.

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



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

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in §144G.20.

### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you 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.

We urge you to review these orders carefully. If you have questions, please contact Jessie Chenze at 218-332-5175.

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

Sincerely,



Jessie Chenze, Supervisor  
State Evaluation Team  
Email: [Jessie.Chenze@state.mn.us](mailto:Jessie.Chenze@state.mn.us)  
Telephone: 218-332-5175 Fax: 1-866-890-9290



HHH



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>24315 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | (X3) DATE SURVEY COMPLETED<br><br>R<br>01/06/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                   |
| (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<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER<br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.<br><br>INITIAL COMMENTS:<br>SL24315015-1<br><br>On January 2, 2025, through January 6, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on November 6, 2024. At the time of the survey, there were 42 residents; 42 receiving services under the Assisted Living with Dementia Care license. As a result of the follow-up survey, the following orders were issued and reissued. | {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.<br>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.<br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br>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. |                    |                                                   |
| 0 340<br>SS=I                                                      | 144G.30 Subd. 5 Correction orders<br><br>(a) A correction order may be issued whenever the commissioner finds upon survey or during a complaint investigation that a facility, a managerial official, an agent of the facility, or staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 340                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                   |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                                                          |  |                                                                    |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE - CLOQUET &amp; BA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 HORIZON CIRCLE<br/>CLOQUET, MN 55720</b>                                 |  |                                                                    |
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| 0 340                                                                         | <p>Continued From page 1</p> <p>of the facility is not in compliance with this chapter. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction.</p> <p>(b) The commissioner shall mail or email copies of any correction order to the facility within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the facility and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically.</p> <p>(c) By the correction order date, the facility must:</p> <p>(1) document in the facility's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the facility's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed; and</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to have sufficient documentation with actions taken to comply with the immediate correction order for the initial survey completed on November 6, 2024.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at 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).</p> | 0 340                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| 0 340                                                              | <p>Continued From page 2</p> <p>The findings include:</p> <p>During the entrance conference on January 2, 2025, at 12:32 p.m., licensed assisted living director (LALD)-B stated the licensee had completed a plan of correction for tag identification 1290 background studies.</p> <p>The licensee's undated Plan of Correction for Background Studies indicated the licensee submitted background studies for 2 (two) Clinical Nurse Supervisors (CNS) on November 6, 2024. The licensee was notified that both team members received "Clearance" letters from NETStudy 2.0 on November 6, 2024. The licensee will audit team member files to ensure accuracy.</p> <p>During the follow up survey on January 2, 2025, through January 6, 2025, a review of the licensee's employee records, plan of correction, background study policy, and interviews with LALD-B and human resource director (HRD)-Q lacked evidence to indicate the licensee had corrected the background study order issued on June 26, 2024.</p> <p>As a result of this survey, the following order was reissued 1290.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 340                                                           |                                                                                                                          |  |                                                   |
| {0 470}<br>SS=F                                                    | <p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {0 470}                                                         |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 470}                                                                       | Continued From page 3<br><br>determining its staffing level that:<br>(i) includes an evaluation, to be conducted at<br>least twice a year, of the appropriateness of<br>staffing levels in the facility;<br>(ii) ensures sufficient staffing at all times to meet<br>the scheduled and reasonably foreseeable<br>unscheduled needs of each resident as required<br>by the residents' assessments and service plans<br>on a 24-hour per day basis; and<br>(iii) ensures that the facility can respond promptly<br>and effectively to individual resident emergencies<br>and to emergency, life safety, and disaster<br>situations affecting staff or residents in the facility;<br>(12) ensure that one or more persons are<br>available 24 hours per day, seven days per week,<br>who are responsible for responding to the<br>requests of residents for assistance with health or<br>safety needs. Such persons must be:<br>(i) awake;<br>(ii) located in the same building, in an attached<br>building, or on a contiguous campus with the<br>facility in order to respond within a reasonable<br>amount of time;<br>(iii) capable of communicating with residents;<br>(iv) capable of providing or summoning the<br>appropriate assistance; and<br>(v) capable of following directions;<br><br>This MN Requirement is not met as evidenced<br>by: | {0 470}                                                                                  |                                                                                                                          |                          |                                                                    |
| {0 480}<br>SS=F                                                               | <b>144G.41</b> Subdivision 1 Subd. 1a (a-b) Minimum<br>requirements; required food services<br><br>(a) Except as provided in paragraph (b), food<br>must be prepared and served according to the<br>Minnesota Food Code, Minnesota Rules, chapter<br>4626.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {0 480}                                                                                  | Not reviewed during this survey.                                                                                         |                          |                                                                    |



Minnesota Department of Health

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| {0 480}                                                                       | Continued From page 4<br><br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(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;<br>(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;<br>(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;<br>(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;<br>(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;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant | {0 480}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {0 480}                                                                       | Continued From page 5<br><br>lightbulbs are not required, but if a light bulb<br>breaks, the facility must discard all exposed food<br>and fully clean all equipment, dishes, and<br>surfaces to remove any glass particles; and<br>(7) notwithstanding Minnesota Rules, part<br>4626.1390, toilet rooms are not required to be<br>provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced<br>by:                                                                                                                                                                                                                                                                                                                    | {0 480}                                                                   | Not reviewed during this survey.                                                                                         |  |                                                                    |
| {0 510}<br>SS=D                                                               | 144G.41 Subd. 3 Infection control program<br><br>(a) All assisted living facilities must establish and<br>maintain an infection control program that<br>complies with accepted health care, medical, and<br>nursing standards for infection control.<br>(b)The facility's infection control program must be<br>consistent with current guidelines from the<br>national Centers for Disease Control and<br>Prevention (CDC) for infection prevention and<br>control in long-term care facilities and, as<br>applicable, for infection prevention and control in<br>assisted living facilities.<br>(c) The facility must maintain written evidence of<br>compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced<br>by: | {0 510}                                                                   |                                                                                                                          |  |                                                                    |
| {0 680}<br>SS=F                                                               | 144G.42 Subd. 10 Disaster planning and<br>emergency preparedness<br><br>(a) The facility must meet the following<br>requirements:<br>(1) have a written emergency disaster plan that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {0 680}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                         |                          |                                                   |
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| {0 680}                                                            | Continued From page 6<br><br>contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by: | {0 680}                                                         |                                                                                                                          |                          |                                                   |
| {0 730}<br>SS=E                                                    | 144G.43 Subd. 3 Contents of resident record<br><br>Contents of a resident record include the following for each resident:<br>(1) identifying information, including the resident's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;<br>(3) names, addresses, and telephone numbers of the resident's health and medical service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {0 730}                                                         | Not reviewed during this survey.                                                                                         |                          |                                                   |



Minnesota Department of Health

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| {0 730}                                                            | Continued From page 7<br><br>providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(11) documentation that services have been provided as identified in the service plan;<br>(12) documentation that the resident has received and reviewed the assisted living bill of rights;<br>(13) documentation of complaints received and any resolution;<br>(14) a discharge summary, including service termination notice and related documentation, when applicable; and<br>(15) other documentation required under this chapter and relevant to the resident's services or status.<br><br>This MN Requirement is not met as evidenced by: | {0 730}                                                         |                                                                                                                          |                          |                                                   |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | Not reviewed during this survey.                                                                                         |                          |                                                   |



Minnesota Department of Health

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| {0 730}                                                                       | Continued From page 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {0 730}                                                                   |                                                                                                                          |                          |                                                                    |
| {0 780}<br>SS=F                                                               | <b>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</b><br><br>for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and<br>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;<br><br>This MN Requirement is not met as evidenced by: | {0 780}                                                                   |                                                                                                                          |                          |                                                                    |
| {0 810}<br>SS=F                                                               | <b>144G.45 Subd. 2 (b-f) Fire protection and physical environment</b><br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {0 810}                                                                   | Not reviewed during this survey.                                                                                         |                          |                                                                    |



Minnesota Department of Health

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| {0 810}                                                            | Continued From page 9<br><br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<br><br>This MN Requirement is not met as evidenced by: | {0 810}                                                         |                                                                                                                          |                          |                                                   |
| {01290}<br>SS=I                                                    | 144G.60 Subdivision 1 Background studies required<br><br>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | {01290}                                                         | Not reviewed during this survey.                                                                                         |                          |                                                   |



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| {01290}                                                            | <p>Continued From page 10</p> <p>the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure current employee records contained all the required content to include a background study clearance letter for three of 16 employees (unlicensed personnel (ULP)-L, ULP-M, ULP-K). In addition, the licensee failed to affiliate employee background studies with the correct healthcare facility identification (HFID) for two of 13 employees (ULP-N, ULP-O). This had the potential to affect all residents living within the facility.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at 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).</p> <p>The findings include:</p> | {01290}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {01290}                                                                       | <p>Continued From page 11</p> <p><b>BACKGROUND STUDY CLEARANCE</b><br/><b>ULP-L</b><br/>ULP-L was hired on October 14, 2024, to provide direct care to residents at the facility.</p> <p>ULP-L's employee record lacked a background study clearance.</p> <p><b>ULP-M</b><br/>ULP-M was hired on February 1, 2010, and had begun working under the assisted living license effective August 1, 2021, to provide direct care to residents at the facility.</p> <p>ULP-M's employee record contained a background study dated April 1, 2015, affiliated to the licensee's previous comprehensive homecare license.</p> <p><b>ULP-K</b><br/>ULP-K was hired on May 22, 2024, to provide direct care to residents at the facility.</p> <p>ULP-K's employee record contained a background study clearance dated February 10, 2023 (over one year prior to hire date), however, ULP-K was not listed on the licensee's current NETStudy 2.0 Roster.</p> <p><b>BACKGROUND AFFILIATION</b><br/><b>ULP-N</b><br/>ULP-N was hired on January 27, 2021, and had begun working under the assisted living license effective August 1, 2021, to provide direct care to residents at the facility.</p> <p>ULP-N's employee record contained a cleared background study dated January 27, 2021,</p> | {01290}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01290}                                                            | <p>Continued From page 12</p> <p>affiliated with HFID 21672 for a sister facility, however, ULP-N's employee record lacked documentation of a cleared background study with HFID 24315.</p> <p>ULP-O<br/>ULP-O was hired on April 12, 2022, to provide direct care to residents at the facility.</p> <p>ULP-O's employee record contained a cleared background study dated December 27, 2022, affiliated with HFID 25969 for a sister facility, however, ULP-O's employee record lacked documentation of a cleared background study with HFID 24315.</p> <p>On January 3, 2025, at 10:04 a.m., licensed assisted living director (LALD)-B and clinical nurse supervisor (CNS)-A stated ULP-L, ULP-M, ULP-K, ULP-N, and ULP-O were current employees for the licensee and provided direct care services without supervision to residents at the facility.</p> <p>On January 3, 2025, at 3:10 p.m., LALD-B stated human resource director (HRD)-Q was responsible for completing employee background checks.</p> <p>On January 6, 2025, from 1:45 p.m. through 2:02 p.m., the surveyor reviewed the licensee's NETStudy 2.0 roster with LALD-B and HRD-Q. HRD-Q stated when HRD-Q searched on the NETStudy 2.0 website for ULP-L, ULP-M, and ULP-K the search results indicated the employee was no longer affiliated and the licensee can no longer view employee results, or no results found. HRD-Q stated ULP-N and ULP-O's background studies were affiliated with the licensee's sister facility, and ULP-N and ULP-O were not listed on</p> | {01290}                                                         |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {01290}                                                                       | <p>Continued From page 13</p> <p>the licensee's NETStudy 2.0 roster. HRD-Q further stated HRD-Q didn't believe the licensee would get notified if an employee background study became ineligible if the employee did not have a current background study on NETStudy 2.0 for the licensee.</p> <p>The licensee's Background Checks policy dated February 14, 2022, indicated background checks must be conducted on all final candidates after a job offer is extended. The policy further indicated the community's (licensee's) executive director is responsible for ensuring all final candidates meet background check requirements and employees may not work on the floor and/or interact with residents until they (employees) have met both company and applicable state requirements for background study results.</p> <p>Continuous Direct Supervision defined in NETStudy 2.0 System User Manual updated November 30, 2022, page 7: Continuous, Direct Supervision - An individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program. Direct Contact Services - Providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the entity.</p> <p>Supervision defined in NETStudy 2.0 System User Manual updated November 30, 2022, page 55: Supervision Status Study subjects must be under continuous, direct supervision until the study subject is determined eligible of until the entity is notified by DHS that the study subject may provide unsupervised services while the background study is being completed. The</p> | {01290}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01290}                                                                       | Continued From page 14<br><br>supervision status is shown in the "Supervision<br>Required" column for convenience. However,<br>programs are instructed to rely on background<br>study notices for supervision status and other<br>background study determination information.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {01290}                                                                   |                                                                                                                          |  |                                                                    |
| {01650}<br>SS=D                                                               | <b>144G.70 Subd. 4 (f) Service plan, implementation<br/>and revisions to</b><br><br>(f) The service plan must include:<br>(1) a description of the services to be provided,<br>the fees for services, and the frequency of each<br>service, according to the resident's current<br>assessment and resident preferences;<br>(2) the identification of staff or categories of staff<br>who will provide the services;<br>(3) the schedule and methods of monitoring<br>assessments of the resident;<br>(4) the schedule and methods of monitoring staff<br>providing services; and<br>(5) a contingency plan that includes:<br>(i) the action to be taken if the scheduled service<br>cannot be provided;<br>(ii) information and a method to contact the<br>facility;<br>(iii) the names and contact information of persons<br>the resident wishes to have notified in an<br>emergency or if there is a significant adverse<br>change in the resident's condition, including<br>identification of and information as to who has<br>authority to sign for the resident in an emergency;<br>and<br>(iv) the circumstances in which emergency<br>medical services are not to be summoned<br>consistent with chapters 145B and 145C, and<br>declarations made by the resident under those<br>chapters. | {01650}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01650}                                                                       | Continued From page 15                                                                                                                                                                                                                                                                                                                                                                                                       | {01650}                                                                   |                                                                                                                          |                          |                                                                    |
|                                                                               | This MN Requirement is not met as evidenced<br>by:                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | Not reviewed during this survey.                                                                                         |                          |                                                                    |
| {01820}<br>SS=D                                                               | 144G.71 Subd. 13 Prescriptions<br><br>There must be a current written or electronically<br>recorded prescription as defined in section<br>151.01, subdivision 16a, for all prescribed<br>medications that the assisted living facility is<br>managing for the resident.<br><br>This MN Requirement is not met as evidenced<br>by:                                                                                            | {01820}                                                                   |                                                                                                                          |                          |                                                                    |
| {01890}<br>SS=F                                                               | 144G.71 Subd. 20 Prescription drugs<br><br>A prescription drug, prior to being set up for<br>immediate or later administration, must be kept in<br>the original container in which it was dispensed<br>by the pharmacy bearing the original prescription<br>label with legible information including the<br>expiration or beyond-use date of a time-dated<br>drug.<br><br>This MN Requirement is not met as evidenced<br>by: | {01890}                                                                   |                                                                                                                          |                          |                                                                    |
| {01910}<br>SS=F                                                               | 144G.71 Subd. 22 Disposition of medications<br><br>(a) Any current medications being managed by<br>the assisted living facility must be provided to the<br>resident when the resident's service plan ends or<br>medication management services are no longer<br>part of the service plan. Medications for a                                                                                                                  | {01910}                                                                   |                                                                                                                          |                          |                                                                    |



Minnesota Department of Health

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| {01910}                                                            | Continued From page 16<br><br>resident who is deceased or that have been discontinued or have expired may be provided for disposal.<br>(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.<br>(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.<br><br>This MN Requirement is not met as evidenced by: | {01910}                                                         | Not reviewed during this survey.                                                                                         |                          |                                                   |
| {01940}<br>SS=D                                                    | 144G.72 Subd. 3 Individualized treatment or therapy managemen<br><br>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:<br>(1) a statement of the type of services that will be provided;<br>(2) documentation of specific resident instructions relating to the treatments or therapy administration;                                                                                                                         | {01940}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {01940}                                                            | Continued From page 17<br><br>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;<br>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and<br>(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.<br><br>This MN Requirement is not met as evidenced by:                           | {01940}                                                         | Not reviewed during this survey.                                                                                         |                          |                                                   |
| {02110}<br>SS=F                                                    | 144G.82 Subd. 3 Policies<br><br>(a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the:<br>(1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;<br>(2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed;<br>(3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; | {02110}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {02110}                                                                       | Continued From page 18<br><br>(4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications;<br>(5) staff training specific to dementia care;<br>(6) description of life enrichment programs and how activities are implemented;<br>(7) description of family support programs and efforts to keep the family engaged;<br>(8) limiting the use of public address and intercom systems for emergencies and evacuation drills only;<br>(9) transportation coordination and assistance to and from outside medical appointments; and<br>(10) safekeeping of residents' possessions.<br>(b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in.<br><br>This MN Requirement is not met as evidenced by: | {02110}                                                                | Not reviewed during this survey.                                                                                         |                          |                                                                 |
| {02170}<br>SS=D                                                               | <b>144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA</b><br><br>(b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following:<br>(1) past and current interests;<br>(2) current abilities and skills;<br>(3) emotional and social needs and patterns;<br>(4) physical abilities and limitations;<br>(5) adaptations necessary for the resident to participate; and<br>(6) identification of activities for behavioral interventions.                                                                                                                                                                                                                                                                                                                                        | {02170}                                                                |                                                                                                                          |                          |                                                                 |



Minnesota Department of Health

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| {02170}                                                                       | Continued From page 19<br><br>(c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs.<br>(d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to:<br>(1) occupation or chore related tasks;<br>(2) scheduled and planned events such as entertainment or outings;<br>(3) spontaneous activities for enjoyment or those that may help defuse a behavior;<br>(4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music;<br>(5) spiritual, creative, and intellectual activities;<br>(6) sensory stimulation activities;<br>(7) physical activities that enhance or maintain a resident's ability to ambulate or move; and<br>(8) outdoor activities.<br><br>This MN Requirement is not met as evidenced by: | {02170}                                                                   | Not reviewed during this survey.                                                                                         |                          |                                                                    |
| {02310}<br>SS=D                                                               | 144G.91 Subd. 4 (a) Appropriate care and services<br><br>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.<br><br>This MN Requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {02310}                                                                   |                                                                                                                          |                          |                                                                    |



Minnesota Department of Health

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| {02310}                                                                       | Continued From page 20                                                                                                       | {02310}                                                                   | Not reviewed during this survey.                                                                                         |  |                                                                    |





*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

December 13, 2024

Licensee

New Perspective - Cloquet & Barnum

701 Horizon Circle

Cloquet, MN 55720

RE: Project Number(s) SL24315015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 6, 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 . . ."

### **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 for widespread violations;

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

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

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



**St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00**

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](mailto: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 cursive script that reads "Jessie Chenze".

Jessie Chenze, Supervisor

State Evaluation Team

Email: [Jessie.Chenze@state.mn.us](mailto:Jessie.Chenze@state.mn.us)

Telephone: 218-332-5175 Fax: 1-866-890-9290

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>24315</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/06/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE - CLOQUET &amp; BA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 HORIZON CIRCLE<br/>CLOQUET, MN 55720</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                        |
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| 0 000                                                                         | <p>Initial Comments</p> <p><b>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL24315015-0</p> <p>On November 4, 2024, through November 6,<br/>2024, the Minnesota Department of Health<br/>conducted a full survey at the above provider. At<br/>the time of the survey, there were 41 residents;<br/>41 receiving services under the Assisted Living<br/>Facility with Dementia Care license.</p> <p>An immediate correction order was issued on<br/>November 6, 2024, for SL24315015-0, tag<br/>identification 1290, at a scope and level of<br/>widespread, level three (I).</p> | 0 000                                                                     | <p>Minnesota Department of Health is<br/>documenting the State Correction Orders<br/>using federal software. Tag numbers have<br/>been assigned to Minnesota State<br/>Statutes for Assisted Living Facilities. The<br/>assigned tag number appears in the far<br/>left column entitled "ID Prefix Tag." The<br/>state Statute number and the<br/>corresponding text of the state Statute out<br/>of compliance is listed in the "Summary<br/>Statement of Deficiencies" column. This<br/>column also includes the findings which<br/>are in violation of the state requirement<br/>after the statement, "This Minnesota<br/>requirement is not met as evidenced by."<br/>Following the evaluators ' findings is the<br/>Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF<br/>THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS<br/>USED FOR TRACKING PURPOSES AND<br/>REFLECTS THE SCOPE AND LEVEL<br/>ISSUED PURSUANT TO 144G.31<br/>SUBDIVISION 1-3.</p> |  |                                                        |
| 0 470<br>SS=F                                                                 | <p><b>144G.41 Subdivision 1 Minimum requirements</b></p> <p>(11) develop and implement a staffing plan for</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 470                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                        |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE - CLOQUET &amp; BA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 HORIZON CIRCLE<br/>CLOQUET, MN 55720</b>                                 |  |                                                        |
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| 0 470                                                                         | <p>Continued From page 1</p> <p>determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</p> <p>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;</p> <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <p>(i) awake;</p> <p>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to ensure the staffing schedule was posted with the required content. This had the potential to affect residents, staff, and any visitors.</p> <p>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</p> | 0 470                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                         |                          |                                              |
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| 0 470                                                              | <p>Continued From page 2</p> <p>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).</p> <p>The findings include:</p> <p>The licensee held an Assisted Living with Dementia Care license issued on October 1, 2024, was licensed for a capacity of 55 residents, and at the time of the survey had a census of 41 residents.</p> <p>During the entrance conference on November 4, 2024, at 11:15 a.m., sales director (SD)-I and clinical nurse supervisor (CNS)-A stated there were four buildings. Building number five had one staff each shift, and six, seven, and eight have two staff each shift for the day and evening shifts. On the night shift, each building had one staff and there was also one float staff.</p> <p>During the initial tour of the facility with SD-I on November 4, 2024, at 12:05 p.m., the surveyor observed four individual buildings with a main entrance at each building.</p> <p>On November 6, 2024, at 7:55 a.m., the surveyor observed building 5 to have the staff posting dated October 23, 2024.</p> <p>On November 6, 2024, at 9:54 a.m., licensed assisted living director (LALD)-B stated the staffing schedule should be posted for the current date.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One</p> | 0 470                                                           |                                                                                                                          |                          |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE - CLOQUET &amp; BA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 HORIZON CIRCLE<br/>CLOQUET, MN 55720</b> |                                                                                                                          |  |                                                        |
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| 0 470                                                                         | Continued From page 3<br><br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 470                                                                                    |                                                                                                                          |  |                                                        |
| 0 480<br>SS=F                                                                 | <b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b><br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>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).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 5, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480                                                                                    |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 510<br>SS=D                                                                 | <p><b>144G.41 Subd. 3 Infection control program</b></p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program to comply with accepted health care, medical, and nursing standards for infection control for one of one employee (unlicensed personnel/ULP-C) observed to provide catheter cares.</p> <p>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).</p> <p>The findings include:</p> <p>On November 5, 2024, at 7:30 a.m., the surveyor observed ULP-C empty R2's catheter. With gloved hands, ULP-C wiped the end of the</p> | 0 510                                                                                    |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 510                                                                         | <p>Continued From page 5</p> <p>catheter tubing with an alcohol wipe and emptied the urine into a urinal, closed the tubing and wiped it with an alcohol wipe. The surveyor then observed ULP-C to empty the urine into the toilet, rinse the urinal with water from the sink faucet and dump it in the toilet, remove the gloves, and place clean gloves without performing hand hygiene, place the sling behind R2's back, and assist R2 into the Broda chair (a tilting, adjustable wheelchair), remove the sling, and bring R2 to the dining room. At this time, ULP-C removed the gloves and washed her hands at the sink in the kitchen area.</p> <p>On November 5, 2024, at 1:20 p.m., ULP-C stated she should have sanitized her hands after removing the gloves, but no sanitizer was available in the resident's room.</p> <p>On November 5, 2024, at 1:55 p.m., clinical nurse supervisor (CNS)-A stated staff are to wash their hands after each glove change.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 510                                                                     |                                                                                                                          |  |                                                        |
| 0 680<br>SS=F                                                                 | <p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:<br/>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 680                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE - CLOQUET &amp; BA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 HORIZON CIRCLE<br/>CLOQUET, MN 55720</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 0 680                                                                         | <p>Continued From page 6</p> <p>(2) post an emergency disaster plan prominently;<br/>(3) provide building emergency exit diagrams to all residents;<br/>(4) post emergency exit diagrams on each floor; and<br/>(5) have a written policy and procedure regarding missing residents.<br/>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.<br/>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content defined in Appendix Z. This had the potential to affect residents receiving services under the assisted living license, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> | 0 680                                                                                    |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                         |                          |                                              |
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| 0 680                                                              | Continued From page 7<br><br>During the initial tour of the facility with sales director (SD)-I on November 4, 2024, at 12:05 p.m., the surveyor observed four individual buildings with a main entrance at each building. Each building consisted of several resident rooms, dining area, and common living area for residents.<br><br>The licensee's EPP dated reviewed on May 1, 2023, lacked an annual review of the the emergency preparedness plan.<br><br>On November 6, 2024, at approximately 4:00 p.m., licensed assisted living director (LALD)-B stated the plan should be reviewed annually.<br><br>Per Assisted Living Facilities: Minnesota Rules Chapter 4695, 4659.0100, sections A and B, effective October 2022, assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance," which is incorporated by reference.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 680                                                           |                                                                                                                          |                          |                                              |
| 0 730<br>SS=E                                                      | 144G.43 Subd. 3 Contents of resident record<br><br>Contents of a resident record include the following for each resident:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0 730                                                           |                                                                                                                          |                          |                                              |



Minnesota Department of Health

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| 0 730                                                              | Continued From page 8<br><br>(1) identifying information, including the resident's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;<br>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(11) documentation that services have been provided as identified in the service plan;<br>(12) documentation that the resident has received and reviewed the assisted living bill of rights;<br>(13) documentation of complaints received and any resolution;<br>(14) a discharge summary, including service | 0 730                                                           |                                                                                                                          |                          |                                              |



Minnesota Department of Health

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| 0 730                                                                         | <p>Continued From page 9</p> <p>termination notice and related documentation, when applicable; and<br/>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the resident record included documentation of incidents involving the resident and actions taken in response to the needs of the resident for two of three residents (R5, R6) with reports to Minnesota Adult Abuse Reporting Center (MAARC).</p> <p>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).</p> <p>The findings include:</p> <p>R5<br/>R5 admitted to the facility on April 28, 2022, and discharged upon death on September 29, 2024.</p> <p>R5's diagnoses included Alzheimer's disease.</p> <p>A MAARC report submitted on July 16, 2024, at 2:13 p.m., noted on July 13, 2024, at 7:30 p.m., "a team member was speaking in a 'verbally aggressive tone' to the resident. The team member has been suspended pending</p> | 0 730                                                                                    |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 730                                                                         | <p>Continued From page 10</p> <p>investigation."</p> <p>R5's record lacked documented evidence of the investigation for the incident.</p> <p>R6</p> <p>R6 admitted to the facility on December 20, 2021, and discharged upon death on October 5, 2024.</p> <p>R6's diagnoses included dementia.</p> <p>A MAARC report submitted on July 16, 2024, at 2:22 p.m., noted on July 13, 2024, at 5:45 p.m., a team member reported "another team member allegedly removed this resident's plate of food and coffee cup before she finished the meal and was aggressively speaking to the resident. The team member has been suspended pending investigation."</p> <p>R6's record lacked documented evidence of the investigation for the incident.</p> <p>On November 4, 2024, at 3:35 p.m., district director of operations (DDO)-F stated the incidents occurred with a previous licensed assisted living director, and they were unable to locate any investigation for these MAARC reports.</p> <p>The licensee's Health Record Standards policy dated revised May 9, 2024, noted the record would contain all healthcare documentation pertinent to the resident's stay in the community.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 730                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 780                                                                         | Continued From page 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 780                                                                                    |                                                                                                                          |  |                                                        |
| 0 780<br>SS=F                                                                 | <p><b>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</b></p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>    (i) provide smoke alarms in each room used for sleeping purposes;</p> <p>    (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>    (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>    (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>    (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to keep the facility in compliance with the Minnesota Fire Code. The deficient condition has the ability to affect all staff and residents.</p> <p>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</p> | 0 780                                                                                    |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 780                                                                         | <p>Continued From page 12</p> <p>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).</p> <p>Findings include:</p> <p>On facility tour with the licensed environmental services director (ESD)-F on November 6, 2024, between 9:00 a.m. and 12:00 p.m. the following deficient conditions were observed:</p> <p><b>EMERGENCY/EXIT LIGHTS:</b></p> <p>The surveyor observed that some of the emergency/exit lights failed to operate when push button tested. This condition was found in all four facilities.</p> <p>The surveyor explained to the ESD-F that all emergency/exit lights shall be push button tested monthly and the 30-minute annual test and this shall be documented.</p> <p><b>GAS LINE:</b></p> <p>The surveyor observed the gas line behind the dryer in cottage 7 was not capped.</p> <p>The surveyor explained to the ESD-F that all gas lines shall be capped to prevent gas from escaping if the valve is accidentally opened.</p> <p>These deficient conditions were visually verified by the ESD-F accompanying on the tour.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Seven (7) days.</p> | 0 780                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 810                                                              | Continued From page 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 810                                                           |                                                                                                                          |                          |                                              |
| 0 810<br>SS=F                                                      | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<br><br>This MN Requirement is not met as evidenced by: | 0 810                                                           |                                                                                                                          |                          |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                         |                          |                                              |
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| 0 810                                                              | <p>Continued From page 14</p> <p>Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content. This had the potential to directly affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>A record review and interview were conducted on November 6, 2024, at approximately 12:00 p.m. with the licensed environmental services director (ESD)-F on the fire safety and evacuation plan for the facility.</p> <p>FIRE/EVACUATION PLAN:</p> <p>During record review the ESD-F stated they do not have a signed contract with another facility to house and a transportation company to move residents to if the facility needs to be evacuated.</p> <p>Also, the fire safety and evacuation plan binder were missing resident evacuation capabilities and the facility diagram.</p> <p>The surveyor explained to the ESD-F that a written signed agreement shall be in place with another facility and a transportation company and shall be updated annually. The fire safety and evacuation plan shall be always available and</p> | 0 810                                                           |                                                                                                                          |                          |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE - CLOQUET &amp; BA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 HORIZON CIRCLE<br/>CLOQUET, MN 55720</b>                                 |  |                                                        |
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| 0 810                                                                         | Continued From page 15<br><br>accessible within the facility, shall be specific to<br>each cottage, resident capability and that and<br>diagram shall be added.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0 810                                                                     |                                                                                                                          |  |                                                        |
| 01290<br>SS=I                                                                 | 144G.60 Subdivision 1 Background studies<br>required<br><br>(a) Employees, contractors, and regularly<br>scheduled volunteers of the facility are subject to<br>the background study required by section<br>144.057 and may be disqualified under chapter<br>245C. Nothing in this subdivision shall be<br>construed to prohibit the facility from requiring<br>self-disclosure of criminal conviction information.<br>(b) Data collected under this subdivision shall be<br>classified as private data on individuals under<br>section 13.02, subdivision 12.<br>(c) Termination of an employee in good faith<br>reliance on information or records obtained under<br>this section regarding a confirmed conviction<br>does not subject the assisted living facility to civil<br>liability or liability for unemployment benefits.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation, interview, and record<br>review, the licensee failed to ensure all<br>employees with access to residents and resident<br>records had a cleared background study<br>completed via NetStudy 2.0 for two of five<br>employees (clinical nurse supervisor/CNS-A,<br>registered nurse/RN-G). This had the potential to<br>affect all residents, employees, and visitors.<br><br>This practice resulted in a level three violation (a<br>violation that harmed a resident's health or safety, | 01290                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01290                                                              | <p>Continued From page 16</p> <p>not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at 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).</p> <p>The findings include:</p> <p>This resulted in an immediate correction order on November 6, 2024.</p> <p>CNS-A<br/>CNS-A was hired on May 13, 2024, to provide direct care services to residents of the facility. CNS-A's employee record lacked documentation of a cleared background study. Review of the licensee's Employee Roster provided by the sensitive information person (business office manager) BOM-I did not include CNS-A's name. CNS-A obtained her RN license on June 24, 2015.</p> <p>On November 4, 2024, during the survey, the surveyor observed CNS-A interacting with residents and having access to resident records, without direct supervision.</p> <p>RN-G<br/>RN-G was hired on February 19, 2018, to provide direct care services to residents of the facility. RN-G's employee record lacked documentation of a cleared background study. Review of the licensee's Employee Roster provided by the sensitive information person BOM-I did not include RN-G's name. RN-G obtained her RN license on July 10, 2017.</p> <p>On November 6, 2024, at 12:00 p.m., licensed</p> | 01290                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 01290                                                              | Continued From page 17<br><br>assisted living director (LALD)-B stated the licensee had not completed a background study for CNS-A or RN-G and the licensee was not aware of the requirement to do so.<br><br>The licensee's Background Checks policy dated revised February 14, 2022, noted "Background checks must be conducted on all final candidates after a job offer is extended."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: IMMEDIATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 01290                                                           |                                                                                                                          |  |                                              |
| 01650<br>SS=D                                                      | 144G.70 Subd. 4 (f) Service plan, implementation and revisions to<br><br>(f) The service plan must include:<br>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;<br>(2) the identification of staff or categories of staff who will provide the services;<br>(3) the schedule and methods of monitoring assessments of the resident;<br>(4) the schedule and methods of monitoring staff providing services; and<br>(5) a contingency plan that includes:<br>(i) the action to be taken if the scheduled service cannot be provided;<br>(ii) information and a method to contact the facility;<br>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; | 01650                                                           |                                                                                                                          |  |                                              |



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| 01650                                                                         | <p>Continued From page 18</p> <p>and<br/>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure a service plan included the required content for one of two residents (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1's diagnoses included hemiplegia (total or partial paralysis to one side of the body), diabetes mellitus type II, and hypertension.</p> <p>On November 6, 2024, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-J administer medications to R1.</p> <p>R1's Service Plan Agreement dated August 22, 2024, indicated R1 received services including assistance with transfers, bathing, and medication administration. However it lacked:<br/>- identification of and information as to who had authority to sign for the resident in an emergency.</p> | 01650                                                                     |                                                                                                                          |  |                                                        |



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| 01650                                                              | Continued From page 19<br><br>On November 5, 2024, at 2:25 p.m., clinical nurse supervisor (CNS)-A stated the service plan lacked the required content for R1.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01650                                                           |                                                                                                                          |  |                                              |
| 01820<br>SS=D                                                      | 144G.71 Subd. 13 Prescriptions<br><br>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for one of three residents (R2).<br><br>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).<br><br>The findings include:<br><br>During the entrance conference on November 4, 2024, at 11:15 a.m., clinical nurse supervisor | 01820                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 01820                                                              | <p>Continued From page 20</p> <p>(CNS)-A stated the licensee provided medication management services to residents at the facility.</p> <p>R2's record lacked a prescriber order for:<br/>- discontinuation of albuterol nebulizer.</p> <p>R2's diagnoses included dementia, hypertension (high blood pressure), and depression.</p> <p>On November 5, 2024, at 7:30 a.m., the surveyor observed unlicensed personnel (ULP)-C and ULP-D transfer R2 to her wheelchair and bring her to the dining room for breakfast.</p> <p>R2's Resident Service Agreement dated January 24, 2024, indicated R2 received services including assistance with activities, bathing, dining, medication administration, and activities of daily living.</p> <p>R2's November 2024, Medication Administration Record (MAR) included:<br/>- albuterol nebulizer 0.083% nebulize contents of one vial every four hours as needed for shortness of breath.</p> <p>R2's prescriber orders dated September 18, 2024, lacked an order for albuterol nebulizer.</p> <p>On November 6, 2024, at 1:30 p.m., CNS-A stated the nebulizer for R2 had been discontinued since she was unable to hold it, but no order had been received for the discontinuation.</p> <p>The licensee's Medication Management policy dated April 12, 2023, noted "All new or changes in medication orders will be implemented within 24 hours of the Community's receipt of the physician order. All new or changes in medications will be transcribed into eMAR [electronic MAR] by a</p> | 01820                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                         |                          |                                              |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                              |
| 01820                                                              | Continued From page 21<br><br>licensed nurse."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 01820                                                           |                                                                                                                          |                          |                                              |
| 01890<br>SS=F                                                      | 144G.71 Subd. 20 Prescription drugs<br><br>A prescription drug, prior to being set up for<br>immediate or later administration, must be kept in<br>the original container in which it was dispensed<br>by the pharmacy bearing the original prescription<br>label with legible information including the<br>expiration or beyond-use date of a time-dated<br>drug.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation, interview, and record<br>review, the licensee failed to ensure medications<br>were maintained bearing a prescription label with<br>legible information for two of two residents with<br>inhaled medication (R9, R7), and failed to date<br>time-sensitive medications with an open date for<br>two of two residents (R7, R8).<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety, but was not likely to<br>cause serious injury, impairment, or death), and<br>is issued at a widespread scope (when problems<br>are pervasive or represent a systemic failure that<br>has affected or has the potential to affect a large<br>portion or all of the residents).<br><br>The findings include: | 01890                                                           |                                                                                                                          |                          |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                         |                          |                                              |
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| 01890                                                              | <p>Continued From page 22</p> <p>During the entrance conference on November 4, 2024, at 11:15 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided medication management services to residents at the facility.</p> <p>On November 6, 2024, at 8:30 a.m., the surveyor observed the licensee's medication cart in cottage 7 with unlicensed personnel (ULP)-J, and noted the following:</p> <ul style="list-style-type: none"><li>- R9's Ellipta inhaler had no prescription label.</li><li>- Albuterol Sulfate inhaler in R7's section had no prescription label;</li><li>- R7's Ellipta not dated when opened; and</li><li>- R8's Lantus SoloStar insulin pen not dated when opened.</li></ul> <p>At this time, ULP-J stated the Albuterol was in the section for R7 but was not sure who it belonged to.</p> <p>On November 6, 2024, at 1:15 p.m., CNS-A stated all inhalers and insulin were to be dated when opened, and all medications were required to have a prescription label.</p> <p>The manufacturer's instructions for use for Ellipta dated May 2024, noted the expiration date was six weeks after opening the foil tray or when the counter reads 0, which ever comes first.</p> <p>The manufacturer's instructions for Lantus SoloStar insulin pen dated 2022, noted the expiration date was 28 days after it is first used.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01890                                                           |                                                                                                                          |                          |                                              |



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| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                         |  |                                              |
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| 01910                                                              | Continued From page 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01910                                                           |                                                                                                                          |  |                                              |
| 01910<br>SS=F                                                      | <p>144G.71 Subd. 22 Disposition of medications</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as required for one of one resident (R4) upon discharge.</p> <p>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</p> | 01910                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE - CLOQUET &amp; BA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 HORIZON CIRCLE<br/>CLOQUET, MN 55720</b>                                 |  |                                                        |
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| 01910                                                                         | <p>Continued From page 24</p> <p>portion or all of the residents).</p> <p>The findings include:</p> <p>R4 admitted to the facility on September 19, 2024, and discharged on October 14, 2024.</p> <p>R4's diagnoses included atrial fibrillation (rapid, irregular heartbeat).</p> <p>R4's Service Agreement dated September 25, 2024, indicated R4 received assistance with bathing and medication administration.</p> <p>R4's Medication Disposition Record dated October 22, 2024, included the date of disposition, medication name, dosage, quantity, and method of disposition. However, it lacked the prescription number of the medications.</p> <p>On November 5, 2024, at 2:10 p.m., clinical nurse supervisor (CNS)-A stated they typically did not include the prescription numbers on the medication disposition records.</p> <p>The licensee's Medication Management - Medication Disposition policy dated revised March 13, 2023, noted the licensed nurse or designee would document drug destruction including the prescription number.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01910                                                                     |                                                                                                                          |  |                                                        |
| 01940<br>SS=D                                                                 | <p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01940                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01940                                                              | <p>Continued From page 25</p> <p>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:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to include in the service plan a written statement of the treatment or therapy services that would be provided for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a</p> | 01940                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 01940                                                              | <p>Continued From page 26</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on November 4, 2024, at 11:15 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided treatment management services to residents at the facility.</p> <p>R1's diagnoses included hemiplegia (total or partial paralysis to one side of the body), diabetes mellitus type II, and hypertension.</p> <p>On November 6, 2024, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-J administer medications to R1.</p> <p>R1's Service Plan Agreement dated August 22, 2024, indicated R1 received services including assistance with transfers, bathing, and medication administration. However, it lacked identification of the prescribed Ted hose (compression stockings).</p> <p>R1's prescriber orders dated August 16, 2024, included Ted hose.</p> <p>R1's Medication Administration Record (MAR) for November 2024, included anti-embolism stockings on in the morning and off in the evening.</p> <p>On November 5, 2024, at 2:25 p.m., CNS-A</p> | 01940                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 01940                                                              | Continued From page 27<br><br>stated the Ted hose were not listed on the service plan as required.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01940                                                           |                                                                                                                          |                          |                                              |
| 02110<br>SS=F                                                      | 144G.82 Subd. 3 Policies<br><br>(a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the:<br>(1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;<br>(2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed;<br>(3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes;<br>(4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications;<br>(5) staff training specific to dementia care;<br>(6) description of life enrichment programs and how activities are implemented;<br>(7) description of family support programs and efforts to keep the family engaged;<br>(8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; | 02110                                                           |                                                                                                                          |                          |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE - CLOQUET &amp; BA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 HORIZON CIRCLE<br/>CLOQUET, MN 55720</b> |                                                                                                                          |  |                                                        |
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| 02110                                                                         | <p>Continued From page 28</p> <p>(9) transportation coordination and assistance to and from outside medical appointments; and<br/>(10) safekeeping of residents' possessions.<br/>(b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure policies and procedures required in the licensing of assisted living facilities with dementia care were developed and provided to each resident and the residents' legal and designated representative at the time of move-in. This had the potential to affect all current residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee held an Assisted Living with Dementia Care license issued on October 1, 2024, was licensed for a capacity of 55 residents, and at the time of the survey had a census of 41 residents.</p> <p>The licensee lacked the required policies to include:<br/>- philosophy of how services are provided based</p> | 02110                                                                                    |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE - CLOQUET &amp; BA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 HORIZON CIRCLE<br/>CLOQUET, MN 55720</b>                                 |  |                                                     |
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| 02110                                                                         | <p>Continued From page 29</p> <p>upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;</p> <ul style="list-style-type: none"><li>- description of family support programs and efforts to keep the family engaged;</li><li>- limiting the use of public address and intercom systems for emergencies and evacuation drills only; and</li><li>- transportation coordination and assistance to and from outside medical appointments.</li></ul> <p>On November 5, 2024, at 2:20 p.m., clinical nurse supervisor (CNS)-A stated they were unable to find the above required policies.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>                | 02110                                                                  |                                                                                                                          |  |                                                     |
| 02170<br>SS=D                                                                 | <p><b>144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA</b></p> <p>(b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following:</p> <ul style="list-style-type: none"><li>(1) past and current interests;</li><li>(2) current abilities and skills;</li><li>(3) emotional and social needs and patterns;</li><li>(4) physical abilities and limitations;</li><li>(5) adaptations necessary for the resident to participate; and</li><li>(6) identification of activities for behavioral interventions.</li></ul> <p>(c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs.</p> | 02170                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                         |                          |                                              |
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| 02170                                                              | <p>Continued From page 30</p> <p>(d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to:</p> <ul style="list-style-type: none"><li>(1) occupation or chore related tasks;</li><li>(2) scheduled and planned events such as entertainment or outings;</li><li>(3) spontaneous activities for enjoyment or those that may help defuse a behavior;</li><li>(4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music;</li><li>(5) spiritual, creative, and intellectual activities;</li><li>(6) sensory stimulation activities;</li><li>(7) physical activities that enhance or maintain a resident's ability to ambulate or move; and</li><li>(8) outdoor activities.</li></ul> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to conduct an evaluation for activities that addressed all provisions and failed to develop an individualized activity plan based on the evaluation for one of three residents (R2) who resided in an assisted living with dementia care facility.</p> <p>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).</p> | 02170                                                           |                                                                                                                          |                          |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                         |  |                                              |
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| 02170                                                              | <p>Continued From page 31</p> <p>The findings include:</p> <p>The licensee had an Assisted Living with Dementia Care (ALFDC) license effective October 1, 2024.</p> <p>R2's record lacked an evaluation of activities to include current abilities and skills to reflect R2's current preferences and needs.</p> <p>R2's diagnoses included dementia, hypertension (high blood pressure), and depression.</p> <p>R2's Resident Service Agreement dated January 24, 2024, indicated R2 received services including assistance with activities, bathing, dining, medication administration, and activities of daily living.</p> <p>R2's Individualized Activity Plan dated September 12, 2023, noted preferred activities included scheduled and planned events, spontaneous activities, one to one activities, creative activities, and outdoor activities. It also noted the activity plan included BINGO.</p> <p>On November 5, 2024, at 10:45 a.m., the surveyor observed several residents playing BINGO in cottage number 8. At this time, R2 was observed in her room asleep in her chair.</p> <p>On November 6, 2024, at 1:30 p.m., clinical nurse supervisor (CNS)-A stated R2's activity plan had not been updated to reflect R2's current abilities since a change in condition.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 02170                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE - CLOQUET &amp; BA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 HORIZON CIRCLE<br/>CLOQUET, MN 55720</b> |                                                                                                                          |  |                                                        |
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| 02310<br>SS=D                                                                 | <p><b>144G.91 Subd. 4 (a) Appropriate care and services</b></p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for one of one resident (R1) with an assistive device.</p> <p>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).</p> <p>The findings include:</p> <p>R1's diagnoses included hemiplegia (total or partial paralysis to one side of the body), diabetes mellitus type II, and hypertension.</p> <p>On November 6, 2024, at 8:10 a.m., the surveyor observed R1's bed to have a Halo brand assistive device on the upper right side of the single hospital style bed.</p> <p>R1's Service Plan Agreement dated August 22, 2024, indicated R1 received services including</p> | 02310                                                                                    |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>NEW PERSPECTIVE - CLOQUET & BA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>701 HORIZON CIRCLE<br>CLOQUET, MN 55720                                         |  |                                              |
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| 02310                                                              | <p>Continued From page 33</p> <p>assistance with transfers, bathing, and medication administration. It also noted R1 had a bed rail on the bed to assist with transfers and bed mobility.</p> <p>R1's Individualized Bed Rail Assessment dated October 22, 2024, noted R1 had a consumer bedrail, the name and model number, noted it had been checked for a recall quarterly, that it was installed per manufacturer guidelines, and R1 utilized the rail for mobility and transfer. However, the assessment lacked:</p> <ul style="list-style-type: none"><li>- the resident's risk for falls or entrapment;</li><li>- uncontrolled body movement;</li><li>- R1's ability to transfer in and out of bed without assistance;</li><li>- whether the device had the effect of being an improper restraint; and</li><li>- documentation that the device was securely attached to the bed per manufacturer guidelines.</li></ul> <p>On November 5, 2024, at 2:25 p.m., clinical nurse supervisor (CNS)-A stated the assessment lacked the above required content.</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources &amp; Frequently-Asked Questions (FAQs), indicated a bed rail assessment should include whether the person was at high risk for entrapment or falls, uncontrolled body movement, ability to transfer in and out of bed without assistance, and whether the bed rail had the effect of being an improper restraint. In addition, it noted documentation should include a physical inspection of the bed rail and mattress for areas of entrapment, stability, and correct installation.</p> <p>The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When</p> | 02310                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 02310                                                                         | <p>Continued From page 34</p> <p>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."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 02310                                                                     |                                                                                                                          |  |                                                        |





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

Type: Full  
Date: 11/05/24  
Time: 12:00:00  
Report: 1027241138

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

New Perspective - Cloquet & Ba - Cottage 5  
701 Horizon Circle  
Cloquet, MN55720  
Carlton County, 09

### Establishment Info:

ID #: 0037472  
Risk:  
Announced Inspection: Yes

### License Categories:

Expires on: / /

### Operator:

Phone #: 2188780085  
ID #:

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

The following orders were issued during this inspection.

### 4-300 Equipment Numbers and Capacities

#### 4-302.13B

**\*\* Priority 2 \*\***

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

AT TIME OF INSPECTION THE KITCHEN IN COTTAGE 5 DID NOT HAVE A THERMOMETER OR THERMO LABELS FOR MEASURING DISH MACHINE HOT WATER TEMPERATURE. MANAGER PROVIDED A THERMOMETER AND THERMO LABELS FOR KITCHEN. COS

*Corrected on Site*

### Surface and Equipment Sanitizers

Hot Water: = at 170 Degrees Fahrenheit  
Location: DISH MACHINE  
Violation Issued: No

Hot Water: = 400PPM at Degrees Fahrenheit  
Location: SANITIZER BUCKET  
Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Upright Cooler  
Temperature: 38 Degrees Fahrenheit - Location: THERMOMETER  
Violation Issued: No

Process/Item: Upright Cooler  
Temperature: 37 Degrees Fahrenheit - Location: ORANGES  
Violation Issued: No



Type: Full  
Date: 11/05/24  
Time: 12:00:00  
Report: 1027241138  
New Perspective - Cloquet & Ba - Cottage 5

# Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Receiving

Temperature: 171 Degrees Fahrenheit - Location: WILD RICE HOT DISH

Violation Issued: No

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

DISCUSSED EMPLOYEE ILLNESS AND EXCLUSIONS, REQUIRED SANITIZER STRENGTHS, AND AVOIDING 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 MN Department of Health inspection report number 1027241138 of 11/05/24.

Certified Food Protection Manager: TRAVIS SMITKE

Certification Number: FM61676 Expires: 07/23/27

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

TRAVIS SMITKE  
MANAGER

Signed: Ian Harrison

Ian H

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



Report #: 1027241138

DEPARTMENT OF HEALTH

MN Department of Health

Food, Pools, & Lodging Services

P.O. Box 64975

Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out

0

No. of Repeat RF/PHI Categories Out

0

Legal Authority MN Rules Chapter 4626

Date

11/05/24

Time In

12:00:00

Time Out

New Perspective - Cloquet & Ba Cottage 5

Address

701 Horizon Circle

City/State

Cloquet, MN

Zip Code

55720

Telephone

2188780085

License/Permit #

0037472

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 complianceOUT= not in complianceN/O= not observedN/A= not applicableCOS=corrected on-site during inspectionR= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceeedures 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 complianceMark "X" in appropriate box for COS and/or RCOS=corrected on-site during inspectionR= 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 labeled; original container

Prevention of Food Contamination

38

Insects, rodents, & animals not present

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

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

X

Warewashing facilities: installed, maintained, & used; test strips

X

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:

11/06/24

Inspector (Signature)





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

Type: Full  
Date: 11/05/24  
Time: 12:15:00  
Report: 1027241139

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

New Perspective - Cloquet & Ba - Cottage 6  
701 Horizon Circle  
Cloquet, MN55720  
Carlton County, 09

### Establishment Info:

ID #: 0037472  
Risk:  
Announced Inspection: Yes

### License Categories:

Expires on: / /

### Operator:

Phone #: 2188780085  
ID #:

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

The following orders were issued during this inspection.

### 4-300 Equipment Numbers and Capacities

#### 4-302.13B

**\*\* Priority 2 \*\***

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

AT TIME OF INSPECTION THERE WAS NO THERMOMETERS OR THERMAL LABELS IN KITCHEN OF COTTAGE 6 FOR MEASURING HOT WATER TEMPERATURE OF DISH MACHINE. MANAGER PROVIDED THERMAL LABELS AND THERMOMETER FOR DISH MACHINE. COS

*Corrected on Site*

### Surface and Equipment Sanitizers

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit  
Location: SANITIZER BUCKET  
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit  
Location: DISH MACHINE  
Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Upright Cooler  
Temperature: 39 Degrees Fahrenheit - Location: MILK  
Violation Issued: No

Process/Item: Upright Cooler  
Temperature: 40 Degrees Fahrenheit - Location: THERMOMETER  
Violation Issued: No



Type: Full  
Date: 11/05/24  
Time: 12:15:00  
Report: 1027241139

New Perspective - Cloquet & Ba - Cottage 6

# Food and Beverage Establishment Inspection Report

Page 2

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

---

DISCUSSED EMPLOYEE ILLNESS AND EXCLUSIONS, REQUIRED SANITIZER STRENGTHS, AND AVOIDING 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 MN Department of Health inspection report number 1027241139 of 11/05/24.

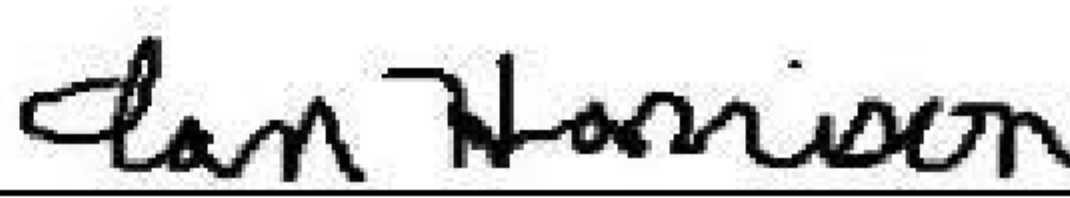
Certified Food Protection Manager: TRAVIS SMITKE

Certification Number: FM61676 Expires: 07/23/27

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

TRAVIS SMITKE  
MANAGER

Signed: 

Ian H

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



|                                                                                                                                                                                                              |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------|--|-------------------------|--|
| Report #: 1027241139                                                                                                                                                                                         |    | Food Establishment Inspection Report  |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
|  <div>MN Department of Health<br/>Food, Pools, &amp; Lodging Services<br/>P.O. Box 64975<br/>Saint Paul, MN 55164-0975</div> |    | No. of RF/PHI Categories Out          |                                                          | 0                                                                               |                                                                                            | Date 11/05/24     |  |                         |  |
|                                                                                                                                                                                                              |    | No. of Repeat RF/PHI Categories Out   |                                                          | 0                                                                               |                                                                                            | Time In 12:15:00  |  |                         |  |
|                                                                                                                                                                                                              |    | Legal Authority MN Rules Chapter 4626 |                                                          |                                                                                 |                                                                                            | Time Out          |  |                         |  |
| New Perspective - Cloquet & Ba Cottage 6                                                                                                                                                                     |    | Address<br>701 Horizon Circle         |                                                          | City/State<br>Cloquet, MN                                                       |                                                                                            | Zip Code<br>55720 |  | Telephone<br>2188780085 |  |
| License/Permit #<br>0037472                                                                                                                                                                                  |    | Permit Holder                         |                                                          | Purpose of Inspection<br>Full                                                   |                                                                                            | Est Type          |  | Risk Category           |  |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS                                                                                                                                               |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item                                                                                                                               |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| Mark "X" in appropriate box for COS and/or R                                                                                                                                                                 |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| IN= in compliance    OUT= not in compliance    N/O= not observed    N/A= not applicable    COS=corrected on-site during inspection    R= repeat violation                                                    |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| Compliance Status                                                                                                                                                                                            |    |                                       |                                                          | COS                                                                             |                                                                                            | R                 |  |                         |  |
| Supervision                                                                                                                                                                                                  |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| 1                                                                                                                                                                                                            | IN | OUT                                   | PIC knowledgeable; duties & oversight                    |                                                                                 |                                                                                            |                   |  |                         |  |
| 2                                                                                                                                                                                                            | IN | OUT                                   | N/A                                                      | Certified food protection manager, duties                                       |                                                                                            |                   |  |                         |  |
| Employee Health                                                                                                                                                                                              |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| 3                                                                                                                                                                                                            | IN | OUT                                   | Mgmt/Staff;knowledge,responsibilities&reporting          |                                                                                 |                                                                                            |                   |  |                         |  |
| 4                                                                                                                                                                                                            | IN | OUT                                   | Proper use of reporting, restriction & exclusion         |                                                                                 |                                                                                            |                   |  |                         |  |
| 5                                                                                                                                                                                                            | IN | OUT                                   | Procedures for responding to vomiting & diarrheal events |                                                                                 |                                                                                            |                   |  |                         |  |
| Good Hygienic Practices                                                                                                                                                                                      |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| 6                                                                                                                                                                                                            | IN | OUT                                   | N/O                                                      | Proper eating, tasting, drinking, or tobacco use                                |                                                                                            |                   |  |                         |  |
| 7                                                                                                                                                                                                            | IN | OUT                                   | N/O                                                      | No discharge from eyes, nose, & mouth                                           |                                                                                            |                   |  |                         |  |
| Preventing Contamination by Hands                                                                                                                                                                            |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| 8                                                                                                                                                                                                            | IN | OUT                                   | N/O                                                      | Hands clean & properly washed                                                   |                                                                                            |                   |  |                         |  |
| 9                                                                                                                                                                                                            | IN | OUT                                   | N/A                                                      | N/O                                                                             | No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed |                   |  |                         |  |
| 10                                                                                                                                                                                                           | IN | OUT                                   |                                                          | Adequate handwashing sinks supplied/accessible                                  |                                                                                            |                   |  |                         |  |
| Approved Source                                                                                                                                                                                              |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| 11                                                                                                                                                                                                           | IN | OUT                                   |                                                          | Food obtained from approved source                                              |                                                                                            |                   |  |                         |  |
| 12                                                                                                                                                                                                           | IN | OUT                                   | N/A                                                      | N/O                                                                             | Food received at proper temperature                                                        |                   |  |                         |  |
| 13                                                                                                                                                                                                           | IN | OUT                                   |                                                          | Food in good condition, safe, & unadulterated                                   |                                                                                            |                   |  |                         |  |
| 14                                                                                                                                                                                                           | IN | OUT                                   | N/A                                                      | N/O                                                                             | Required records available; shellstock tags, parasite destruction                          |                   |  |                         |  |
| Protection from Contamination                                                                                                                                                                                |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| 15                                                                                                                                                                                                           | IN | OUT                                   | N/A                                                      | N/O                                                                             | Food separated and protected                                                               |                   |  |                         |  |
| 16                                                                                                                                                                                                           | IN | OUT                                   | N/A                                                      |                                                                                 | Food contact surfaces: cleaned & sanitized                                                 |                   |  |                         |  |
| 17                                                                                                                                                                                                           | IN | OUT                                   |                                                          | Proper disposition of returned, previously served, reconditioned, & unsafe food |                                                                                            |                   |  |                         |  |
| 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 labeled; original container                                       |                                                                                            |                   |  |                         |  |
| Prevention of Food Contamination                                                                                                                                                                             |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| 38                                                                                                                                                                                                           |    |                                       |                                                          | Insects, rodents, & animals not present                                         |                                                                                            |                   |  |                         |  |
| 39                                                                                                                                                                                                           |    |                                       |                                                          | Contamination prevented during food prep, storage & display                     |                                                                                            |                   |  |                         |  |
| 40                                                                                                                                                                                                           |    |                                       |                                                          | Personal cleanliness                                                            |                                                                                            |                   |  |                         |  |
| 41                                                                                                                                                                                                           |    |                                       |                                                          | Wiping cloths: properly used & stored                                           |                                                                                            |                   |  |                         |  |
| 42                                                                                                                                                                                                           |    |                                       |                                                          | Washing fruits & vegetables                                                     |                                                                                            |                   |  |                         |  |
| Food Recalls:                                                                                                                                                                                                |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| Person in Charge (Signature)                                                                                                                                                                                 |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| Date: 11/06/24                                                                                                                                                                                               |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |
| Inspector (Signature) <i>Clan Harrison</i>                                                                                                                                                                   |    |                                       |                                                          |                                                                                 |                                                                                            |                   |  |                         |  |





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

Type: Full  
Date: 11/05/24  
Time: 11:00:00  
Report: 1027241136

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

New Perspective - Cloquet & Ba - Cottage 7  
701 Horizon Circle  
Cloquet, MN55720  
Carlton County, 09

### Establishment Info:

ID #: 0037472  
Risk:  
Announced Inspection: No

### License Categories:

Expires on: / /

### Operator:

Phone #: 2188780085  
ID #:

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

The following orders were issued during this inspection.

### 4-500 Equipment Maintenance and Operation

#### 4-501.114C1 **\*\* Priority 1 \*\***

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

AT TIME OF INSPECTION DISH MACHINE IN COTTAGE 7 ONLY REACHED 10 PPM CHLORINE SANITIZER. MANAGER STATED A SINK WOULD BE SET UP WITH SANITIZER TO SANITIZE DISHES AFTER WASHING UNTIL DISH MACHINE COULD BE SERVICED. COS

*Corrected on Site*

### 4-300 Equipment Numbers and Capacities

#### 4-302.14 **\*\* Priority 2 \*\***

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

AT TIME OF INSPECTION THE ONLY CHLORINE TEST STRIPS IN COTTAGE 7 EXPIRED IN 2020. PROVIDE CHLORINE TEST STRIPS FOR MEASURING CHLORINE SANITIZER IN DISH MACHINE.

*Comply By: 11/19/24*

### Surface and Equipment Sanitizers

Chlorine: = 10 PPM at Degrees Fahrenheit  
Location: DISH MACHINE  
Violation Issued: Yes



Type: Full  
Date: 11/05/24  
Time: 11:00:00  
Report: 1027241136  
New Perspective - Cloquet & Ba - Cottage 7

# Food and Beverage Establishment Inspection Report

Page 2

---

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit  
Location: SANITIZER BUCKET  
Violation Issued: No

---

## Food and Equipment Temperatures

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

---

Process/Item: Upright Cooler  
Temperature: 39 Degrees Fahrenheit - Location: PASTA SALAD  
Violation Issued: No

---

Process/Item: Upright Cooler  
Temperature: 38 Degrees Fahrenheit - Location: SLICED CHEESE  
Violation Issued: No

---

Process/Item: Upright Freezer  
Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN  
Violation Issued: No

---

Process/Item: Upright Freezer  
Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN  
Violation Issued: No

---

Process/Item: Upright Freezer  
Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN  
Violation Issued: No

---

Process/Item: Upright Freezer  
Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN  
Violation Issued: No

---

Process/Item: Walk-In Cooler  
Temperature: 34 Degrees Fahrenheit - Location: THERMOMETER  
Violation Issued: No

---

Process/Item: Walk-In Cooler  
Temperature: 33 Degrees Fahrenheit - Location: THERMOMETER  
Violation Issued: No

---

Process/Item: Walk-In Cooler  
Temperature: 40 Degrees Fahrenheit - Location: BUTTER  
Violation Issued: No

---

Process/Item: Hot Holding  
Temperature: 157 Degrees Fahrenheit - Location: SLICED VEGGIES  
Violation Issued: No

---



Type: Full  
Date: 11/05/24  
Time: 11:00:00  
Report: 1027241136  
New Perspective - Cloquet & Ba - Cottage 7

# Food and Beverage Establishment Inspection Report

Page 3

---

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

---

DISCUSSED EMPLOYEE ILLNESS AND EXCLUSIONS, REQUIRED SANITIZER STRENGTHS, AND AVOIDING 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 MN Department of Health inspection report number 1027241136 of 11/05/24.

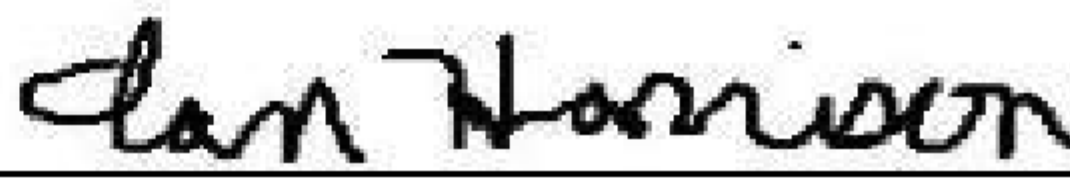
Certified Food Protection Manager: TRAVIS SMITKE

Certification Number: FM61676 Expires: 07/23/27

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

TRAVIS SMITKE  
MANAGER

Signed: 

Ian H

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



Report #: 1027241136

DEPARTMENT OF HEALTH

MN Department of Health

Food, Pools, & Lodging Services

P.O. Box 64975

Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out

1

No. of Repeat RF/PHI Categories Out

0

Legal Authority MN Rules Chapter 4626

Date

11/05/24

Time In

11:00:00

Time Out

New Perspective - Cloquet & Ba Cottage 7

Address

701 Horizon Circle

City/State

Cloquet, MN

Zip Code

55720

Telephone

2188780085

License/Permit #

0037472

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS=corrected on-site during inspection

R= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

X

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceeedures 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 labeled; original container

Prevention of Food Contamination

38

Insects, rodents, & animals not present

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

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

X

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:

11/06/24

Inspector (Signature)





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

Type: Full  
Date: 11/05/24  
Time: 11:30:00  
Report: 1027241137

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

New Perspective - Cloquet & Ba - Cottage 8  
701 Horizon Circle  
Cloquet, MN55720  
Carlton County, 09

### Establishment Info:

ID #: 0037472  
Risk:  
Announced Inspection: Yes

### License Categories:

Expires on: / /

### Operator:

Phone #: 2188780085  
ID #:

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

The following orders were issued during this inspection.

### 4-300 Equipment Numbers and Capacities

#### 4-302.14 **\*\* Priority 2 \*\***

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

PROVIDE CHLORINE TEST STRIPS IN COTTAGE 8 KITCHEN FOR MEASURING DISH MACHINE  
SANITIZER STRENGTH.

*Comply By: 11/19/24*

### 6-300 Physical Facility Numbers and Capacities

#### 6-301.14A

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

AT TIME OF INSPECTION THERE WAS NO HANDWASHING SIGN AT THE HANDWASHING SINK  
IN THE KITCHEN. A SIGN WAS GIVEN TO MANAGER TO POST. COS

*Corrected on Site*

### Surface and Equipment Sanitizers

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit  
Location: SANITIZER BUCKET  
Violation Issued: No

Chlorine: = 100 PPM at Degrees Fahrenheit  
Location: DISH MACHINE  
Violation Issued: No

### Food and Equipment Temperatures



Type: Full  
Date: 11/05/24  
Time: 11:30:00  
Report: 1027241137

# Food and Beverage Establishment Inspection Report

Page 2

New Perspective - Cloquet & Ba - Cottage 8

---

Process/Item: Upright Cooler  
Temperature: 38 Degrees Fahrenheit - Location: THERMOMETER  
Violation Issued: No

---

Process/Item: Upright Cooler  
Temperature: 40 Degrees Fahrenheit - Location: THERMOMETER  
Violation Issued: No

---

Process/Item: Upright Cooler  
Temperature: 40 Degrees Fahrenheit - Location: PEACHES  
Violation Issued: No

---

Process/Item: Upright Cooler  
Temperature: 39 Degrees Fahrenheit - Location: BUTTER  
Violation Issued: No

---

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

DISCUSSED EMPLOYEE ILLNESS AND EXCLUSIONS, REQUIRED SANITIZER STRENGTHS, AND AVOIDING 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 MN Department of Health inspection report number 1027241137 of 11/05/24.

Certified Food Protection Manager: TRAVIS SMITKE

Certification Number: FM61676 Expires: 07/23/27

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

TRAVIS SMITKE  
MANAGER

Signed: Ian Harrison

Ian H

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



Report #: 1027241137

DEPARTMENT OF HEALTH

MN Department of Health

Food, Pools, & Lodging Services

P.O. Box 64975

Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out

1

No. of Repeat RF/PHI Categories Out

0

Legal Authority MN Rules Chapter 4626

Date

11/05/24

Time In

11:30:00

Time Out

New Perspective - Cloquet & Ba Cottage 8

Address

701 Horizon Circle

City/State

Cloquet, MN

Zip Code

55720

Telephone

2188780085

License/Permit #

0037472

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 complianceOUT= not in complianceN/O= not observedN/A= not applicableCOS=corrected on-site during inspectionR= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

X

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceeedures 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 complianceMark "X" in appropriate box for COS and/or RCOS=corrected on-site during inspectionR= 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

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33

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34

IN

OUT

N/A

N/O

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