Electronically Delivered

June 9, 2022

Administrator
Perham Living Northwinds
324 6th Avenue Southwest
Perham, MN 56573

RE: Project Number SL32603015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on June 2, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

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

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

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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

Sincerely,

Jessie Chenze, Interim Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: Jessica.Chenze@state.mn.us
Phone: 218-332-5175| Fax: 218-332-5196

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32603	A. BUILDING: _____ B. WING _____	06/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERHAM LIVING NORTHWINDS	324 6TH AVE SW PERHAM, MN 56573

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#32603015 On May 31, 2022, through June 2, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 10 residents, all of whom received services, under the provider's Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD) was listed as the Director of Record with the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all of the licensee's residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings included: On May 31, 2022, at approximately 9:00 a.m., licensed assisted living director/registered nurse (LALD/RN)-B confirmed she was the LALD for the licensee. On May 31, 2022, at approximately 9:30 a.m., the surveyor verified LALD/RN-B had a license effective through October 31, 2022; however, LALD/RN-B was not listed as the Director of Record for the licensee in BELTSS. On June 2, 2022, at approximately 9:05 a.m., LALD/RN-B stated she had contacted BELTSS to	0 110		

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0 110	Continued From page 2 update her account to make her the Director of Record and was not aware she was able to update her account herself. No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 480		

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0 480	Continued From page 3 safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated May 31, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 485 SS=C	144G.41 Subd 1. (13) (i) (A) and (C) Minimum Requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; (C) the facility cannot require a resident to include	0 485		

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0 485	Continued From page 4 and pay for meals in their contract; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the contract did not require a resident to include and pay for meals. This had to potential to affect all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's contract utilized for all current and new admissions contained the following paragraph on page 4, section 4: "Services Included in the Monthly Base Fee...Items in this section cannot be divided and are part of the required base rent rate; prices are based on a monthly basis...rent (includes 3 meals/day and snacks) $1,799.00" The contract lacked a breakout for the cost of meals and lacked an opt out for residents who did not want to pay for meals. On June 1, 2022, at approximately 9:10 a.m., director of home care (D)-A confirmed the contract contained language requiring a resident to pay for meals and verified there was no dollar amount listed for what would be credited back to the resident if they opted out of meals. D-A stated	0 485		

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0 485	Continued From page 5 they would honor a resident's request to opt out of meals if they requested to do so and they would reflect that on the last page of the contract, where they had a section in Appendix D to add changes to the service plan. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional	0 680		

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0 680	Continued From page 6 requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to have a written emergency preparedness plan posted prominently. This had the potential to affect all residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the facility tour on May 31, 2022, at approximately 11:15 a.m., the surveyor was not able to locate where the emergency preparedness plan was posted. Licensed practical nurse (LPN)-C confirmed the licensee had not posted the emergency plan in a public area, however, did have a copy kept in the locked office utilized by the unlicensed personnel. LPN-C stated family could request to see the emergency plan and staff would provide it. On June 2, 2022, at approximately 9:15 a.m., director of operations (D)-A verified the emergency plan was not posted prominently and it was located in a locked office. No further information was provided.	0 680		

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0 680	Continued From page 7 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all current residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). Findings include: On May 31, 2022, at approximately 10:00 a.m., a copy of the facility's contract was requested. The contract included the following language:	0 970		

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0 970	Continued From page 8 On page 12, section 29, the contract contained a clause that indicated the resident would "agree that [licensee] is not responsible for any loss or damage to your personal property due to theft, damage due to fire, water, tornado or other acts of nature and events beyond [licensee's] control." On page 12, section 31, the contract contained a clause that indicated the "resident will indemnify and hold harmless [licensee], its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by resident of the apartment unit or any part of [licensee] property, or caused wholly or in part by an act or omission of resident or resident's guests or agents." On page 13, section 33, the contract contained a clause that indicated "[Licensee] is not liable to resident or resident's guests for any injury, death or property damage occurring in the apartment unit or on provider's premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by resident or resident's guests. Provider is also not liable for any injury, death or damage occurring as the result of resident's receipt or health-related, supportive or other services from third party providers." The contract further indicated "...resident agrees to hold [licensee] harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the apartment unit or on the community premises." On June 6, 2022, at approximately 9:10 a.m., director of home care (D)-A verified the contract	0 970		

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0 970	Continued From page 9 used for all residents contained language that would waive the facility's liability. D-A indicated they had worked on the contract with legal and thought all the content was in compliance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to 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 an employee 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and received for one of three employees (unlicensed personnel (ULP)-D) in affiliation with the assisted living license, with records reviewed. This practice resulted in a level two violation (a	01290		

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01290	Continued From page 10	01290		

violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).

The findings include:

ULP-D was hired March 3, 2022, to provide direct care and services to the licensee's residents.

ULP-D's employee record contained a background study, dated February 25, 2022. The background study was for a sister-site of the licensee's, under a separate license. The employee record contained an email from recruitment and retention manager (RM)-F dated June 1, 2022, indicating ULP-D was not affiliated to the assisted living with dementia care license since it was submitted as an emergency background study.

On June 2, 2022, at approximately 9:30 a.m., RM-F stated ULP-D was one of the only employees they had run a background study under the emergency COVID-19 study since she had never had a background study completed in the past and had not previously worked in healthcare. RM-F stated most of their new hires have been able to go through the traditional background process since they were already in the system. RM-F stated due to a vendor change through DHS (Department of Human Services), there was only one location in town for employees to get fingerprints completed and were difficult to arrange services timely. The licensee received direction from DHS to submit through the emergency COVID-19 study since if she cleared

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01290	Continued From page 11 through that process, she'd be cleared for all locations she would work at within the facility. RM-F stated DHS recently extended the time frame for facilities to have complete background studies completed for employees under the emergency COVID-19 study due to backlogs with the system and getting fingerprints completed. The licensee's policy, Background Studies Assisted Living with Memory Care-Perham, dated July 20, 2021, indicated all employees with direct resident contact would undergo a background study through DHS. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons	01650		

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PERHAM LIVING NORTHWINDS	324 6TH AVE SW PERHAM, MN 56573

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01650	Continued From page 12	01650		

the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and
(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure the service plan included the required content for two of two residents (R1, R2) with records reviewed.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).

The findings include:

R1
R1's diagnoses included Alzheimer's disease, dementia, and type two diabetes.

R1's service plan dated July 29, 2021, lacked the following required content:
-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;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32603	A. BUILDING: _____ B. WING _____	06/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERHAM LIVING NORTHWINDS	324 6TH AVE SW PERHAM, MN 56573

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01650	Continued From page 13 -the identification of staff or categories of staff who will provide the services; -the schedule and methods of monitoring assessments of the resident; -the schedule and methods of monitoring staff providing services; and -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. R2 R2's diagnoses included dementia, hypertension (high blood pressure), and congestive heart failure. R2's service plan dated January 12, 2022, lacked the following required content: -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; -the identification of staff or categories of staff who will provide the services; -the schedule and methods of monitoring assessments of the resident; -the schedule and methods of monitoring staff providing services; and -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. On June 1, 2022, at approximately 9:10 a.m., director of home care (D)-A verified the template used for the service plan for all residents did not include all the required content. The licensee's Service Plan policy, dated September 3, 2021, indicated the service plan	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32603	A. BUILDING: _____ B. WING _____	06/02/2022

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PERHAM LIVING NORTHWINDS	324 6TH AVE SW PERHAM, MN 56573

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01650	Continued From page 14 would include the above-mentioned content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01940 SS=E	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32603	A. BUILDING: _____ B. WING _____	06/02/2022

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01940	Continued From page 15 changes. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of two residents (R1, R2) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: During the entrance conference on May 31, 2022, at approximately 8:45 a.m., licensed assisted living director/registered nurse (LALD/RN)-B and director of home care (D)-A confirmed the licensee provided treatment and therapy services to residents as prescribed. R1 R1's diagnoses included Alzheimer's disease, dementia, and type two diabetes. R1's service plan dated July 29, 2021, indicated the resident received a monthly licensed nurse assessment, specialty foot care, diabetic monitoring, toileting/incontinence assistance, and assistance applying Circaid wraps.	01940		

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	32603	A. BUILDING: _____ B. WING _____	06/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERHAM LIVING NORTHWINDS	324 6TH AVE SW PERHAM, MN 56573

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01940	Continued From page 16 R1's prescriber orders dated March 17, 2022, included an order for Circaid wraps. On June 1, 2022, at approximately 8:15 a.m., the surveyor observed unlicensed personnel (ULP)-G applying Circaid wraps to R1's legs. ULP-G stated she had been trained on putting the wraps on but didn't think directions on how to do it were written down anywhere. ULP-G indicated she'd probably call the nurse if the wraps were damaged or missing. R1's most recent treatment plan dated March 28, 2022, lacked the following required content: -documentation of specific resident instructions relating to the treatments or therapy administration; -identification of treatment or therapy tasks that will be delegated to unlicensed personnel; -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and -any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. R2 R2's diagnoses included dementia, hypertension (high blood pressure), and congestive heart failure. R2's service plan dated January 12, 2022, indicated the resident received a monthly licensed	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32603	A. BUILDING: _____ B. WING _____	06/02/2022

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01940	Continued From page 17 nurse assessment, toileting/incontinence assistance, and assistance applying compression stockings. R1's prescriber orders dated May 2, 2022, included an order for compression stockings. On June 1, 2022, at approximately 8:45 a.m., the surveyor observed R2 wearing compression stockings. R2's most recent treatment plan dated May 19, 2022, lacked the following required content: -documentation of specific resident instructions relating to the treatments or therapy administration; -identification of treatment or therapy tasks that will be delegated to unlicensed personnel; -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and -any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. On June 1, 2022, at approximately 9:25 a.m., LALD/RN-B verified the treatment plans were missing some of the required content. LALD/RN-B stated they work really hard to ensure all staff are trained and competent on treatment related tasks and she will periodically observe staff performing services to ensure competency. LALD/RN-B stated she had not	01940		

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	32603	A. BUILDING: _____ B. WING _____	06/02/2022

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01940	Continued From page 18 included instructions on the task lists for residents with treatments. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive	02170		

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	32603	A. BUILDING: _____ B. WING _____	06/02/2022

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02170	Continued From page 19	02170		

relationships between residents and staff such as telling a life story, reminiscing, or playing music;
(5) spiritual, creative, and intellectual activities;
(6) sensory stimulation activities;
(7) physical activities that enhance or maintain a resident's ability to ambulate or move; and
(8) outdoor activities.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to have an evaluation for an activity plan for two of two residents (R1, R2) who resided in the assisted living with dementia care licensed facility.

This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).

The findings include:

The licensee had a current assisted living with dementia care license.

R1
R1's diagnoses included Alzheimer's disease, dementia, and type two diabetes.

R1's record lacked evidence that the resident had been evaluated for activities according to the licensing rules of the facility, to include the following:
- past and current interests;

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	32603	A. BUILDING: _____ B. WING _____	06/02/2022

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PERHAM LIVING NORTHWINDS	324 6TH AVE SW PERHAM, MN 56573

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02170	Continued From page 20 - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. R1's record lacked the development of an individualized activity plan. R2 R2's diagnoses included dementia, hypertension (high blood pressure), and congestive heart failure. R2's record lacked evidence that the resident had been evaluated for activities according to the licensing rules of the facility, to include the following: - past and current interests; - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. R2's record lacked the development of an individualized activity plan. On June 1, 2022, at approximately 10:00 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated the normal process for establishing an activities plan was to have family fill out a life story for each resident. LALD/RN-B stated they had gotten one back on R1 but did not get one back on R2. LALD/RN-B stated she would use that information to shape the activities	02170		

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02170	Continued From page 21 offered to residents and they would get to know what their residents preferred to do. LALD/RN-B verified the quarterly senior living assessment used for all residents completed by the licensed nurse did not contain all the required content. The licensee's Statement of Disclosure of Special Care unit policy indicated activities and social programs would be designed to promote physical, mental, spiritual, cognitive, and overall well-being of residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170		

Minnesota Department of Health
Food, Pools, and Lodging Services
1505 Pebble Lk Rd, S 300
Fergus Falls, MN 56537
218-332-5160

Type: Full
Date: *05/31/22*
Time: 11:15:57
Report: 1035221010

Food and Beverage Establishment Inspection Report

Location:
Perham Living Northwinds
324 6th Ave Sw
Perham, MN56573
Otter Tail County, 56

Establishment Info:
ID #: 0039271
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2183471945
ID #:

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

The following orders were issued during this inspection.

2-100 Supervision

2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

Post Certificate in a non conspicuous place.

Comply By: 05/31/22

3-300B Protection from Contamination: cross-contamination, eggs

3-302.12

MN Rule 4626.0240 Properly label all working containers holding food or food ingredients that are removed from orginal packages with the common name of the food. Label the food in English and any other languages used by employees who handle food.

Label brown sugar, sugar, and bread containers in dry storage area. Provide the date the bread was opened on the container as well.

Comply By: 05/31/22

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.12B

MN Rule 4626.0275B Store the food preparation and dispensing utensil in a food that is not TCS food with the handles above the top of the food within containers or equipment that can be closed such as bins of sugar, flour or cinnamon.

Brown sugar container in dry storage needs to have the handle of the scoop above the food or the scoop needs to be taken out completely.

Comply By: 05/31/22

4-200 Equipment Design and Construction

4-201.11AMN

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

Crock Pot in dry storage room isn't ANSI certified, remove from premises.

Comply By: 05/31/22

4-200 Equipment Design and Construction

4-201.11GMN

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

Serving kitchen that has domestic appliances must stop storing TCS (Time/Temperature food for safety control) food for more than 24 hours. If stored for more than 24 hours the items need to be discarded.

Comply By: 05/31/22

6-300 Physical Facility Numbers and Capacities

6-301.14A

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

Provide a hand washing poster at hand washing sink in serving kitchen.

Comply By: 05/31/22

Surface and Equipment Sanitizers

Quaternary Ammonia: = 300 PPM at Degrees Fahrenheit
Location: Sanitizer Bucket
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 187.4 Degrees Fahrenheit - Location: Soup
Violation Issued: No

Process/Item: Hot Holding
Temperature: 198.5 Degrees Fahrenheit - Location: Hot Dog
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 39.2 Degrees Fahrenheit - Location: Milk
Violation Issued: No

Type: Full
Date: *05/31/22*
Time: 11:15:57
Report: 1035221010
Perham Living Northwinds

Food and Beverage Establishment Inspection Report

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	0	6

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1035221010 of 05/31/22.

Certified Food Protection Manager: Karen J. Mitchell

Certification Number: FM64973 Expires: 10/30/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: Alyssa Schill

Alyssa Schill
Public Health Sanitarian 1
Fergus Falls
218-332-5160
alyssa.schill@state.mn.us