Electronically Delivered

May 5, 2022

Administrator
The Lodge
107 Bridgewater Way
Stillwater, MN 55082

RE: Project Number(s) SL35051015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on March 30, 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.

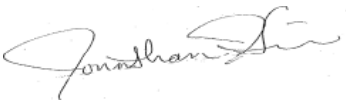
A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. 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 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,



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State Evaluation Team
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St. Paul, MN 55101-3879
Email: jonathan.hill@state.mn.us
Telephone: 651-592-5119 Fax: 651-215-9697

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL35051015-0 On March 28, 2022 through March 30, 2021, surveyors of this Department's staff visited the above Assisted Living with Dementia Care licensed provider, and the following correction orders are issued. At the time of the survey, there were 100 residents; 47 were receiving services under the 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 facilities with Dementia Care. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	

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0 480	Continued From page 1	0 480		
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 according to the Minnesota Food Code. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include:	0 480		

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0 480	Continued From page 2 Please refer to the additional documentation included in the Food and Beverage Establishment Inspection Reports, dated March 29, 2022. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all residents). The findings include: On March 29, 2022, from approximately 10:30	0 800		

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0 800	Continued From page 3 a.m. to 12:30 p.m., survey staff toured the facility with the executive director (ED)-D and the director of maintenance (DM)-I. During the facility tour, survey staff observed the following: 1. Miscellaneous items stored in front of electrical panels in multiple areas of the building. a. Electrical closet by apartment #317 b. Electrical closet in office area on the first floor. c. Electrical closet by apartment #110 d. Electrical room in the garage. 2. The trash chute door on the third floor did not latch. 3. The trash room by apartment #110 was missing cover plates on the j-box and light switch. ED-D and DM-I verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and	0 810		

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0 810	Continued From page 4 (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the required fire safety training for residents and staff. This has the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to	0 810		

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0 810	Continued From page 5 affect a large portion or all residents). The findings include: During interview on March 29, 2022, at 12:30 p.m., the executive director (ED)-D stated they were not currently providing the required amount of training for life safety and evacuation to residents and staff. He stated they did not offer any training for residents and only provided training to staff upon hire and annually. Review of the Fire Policy showed the following: 1. No schedule or records on the training of residents who are capable of assisting in their evacuation; on proper actions to take in the event of a fire or emergency for their safety including movement, evacuation, or relocation. 2. Training of employees on fire safety and evacuation is only scheduled upon hire and once per year. 3. Licensee had additional third-party provided fire safety policies on-site, but they had not been updated or implemented at the time of the survey. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 950 SS=C	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the	0 950		

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0 950	Continued From page 6 contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract included the designation of representative statutory language for five of five residents (R1, R2, R5, R4, R3) with records reviewed. This practice resulted in a level one 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	0 950		

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0 950	Continued From page 7 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On March 28, 2022, approximately 1:40 p.m., executive director (ED)-C provided a blank Residency Agreement and stated the contract was used by the licensee for all residents who received services as the licensee's full assisted living contract. Resident records included a copy of the Residency Agreement dated August 1, 2021 for R1, R2, R5; December 8, 2021, for R4; February 1, 2022 for R3. The Residency Agreements lacked the verbatim "right to designate a representative for certain purposes" notice required at the time of execution of the contract. On March 30, 2022, at approximately 11:30 a.m. ED-C acknowledged the required verbatim notice was not included in the residents' assisted living contracts; although residents did have the ability to designate a representative in the assisted living contract, the verbatim language notice was not provided to the residents. The licensee's 1.08 Designated Representative policy dated August 1, 2021, indicated the verbatim notice would be provided to each resident at the time of contract execution. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		

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0 970	Continued From page 8	0 970		
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 assisted living contract did not include a waiver of liability for five of five residents (R1, R2, R3, R4, R5) with records reviewed. This practice resulted in a level one 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: On March 28, 2022, approximately 1:40 p.m. executive director (ED)-C provided a blank Residency Agreement and indicated the contract was used by licensee for all residents who received services as the licensee's full assisted living contract. The Residency Agreement contract included 5.5	0 970		

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0 970	Continued From page 9 Indemnity and 8.10 Renter's Insurance sections which identified licensee was waiving liability for the personal safety and personal property of the residents Resident records included Residency Agreement dated August 1, 2021 for R1, R2, R5; December 8, 2021, for R4; February 1, 2022 for R3. The Residency Agreement contained language which suggested licensee waived liability for personal safety and personal property of the resident. On March 30, 2022, at approximately 11:30 a.m. executive director (ED)-C stated the Residency Agreement included language which indicated the licensee was waiving liability for personal safety and personal property of the residents. ED-C stated licensee was not aware of the liability waiver prohibition language in statute. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
0 980 SS=C	144G.51 ARBITRATION (a) An assisted living facility must clearly and conspicuously disclose, in writing in an assisted living contract, any arbitration provision in the contract that precludes, limits, or delays the ability of a resident from taking a civil action. (b) An arbitration requirement must not include a choice of law or choice of venue provision. Assisted living contracts must adhere to Minnesota law and any other applicable federal or local law.	0 980		

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0 980	Continued From page 10 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an arbitration agreement did not include a choice of venue provision for five of five residents (R1, R2, R3, R4, R5) with records reviewed. This practice resulted in a level one 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: On March 28, 2022, approximately 1:40 p.m. executive director (ED)-C provided a blank Residency Agreement and indicated the contract was used by licensee for all residents who received services as the licensee's full assisted living contract. The Residency Agreement contract included a Voluntary Arbitration Agreement with language on page E-2 which limited the choice of venue to the county where the facility was located. Resident records included Residency Agreement dated August 1, 2021 for R1, R2, R5; December 8, 2021, for R4; February 1, 2022 for R3. The Residency Agreements contained language which limited the choice of venue to the county where the facility was located. On March 30, 2022, at approximately 11:30 a.m. executive director (ED)-C acknowledged the	0 980		

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0 980	Continued From page 11 Residency Agreement included language which limited the choice of venue to the county where the facility was located. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 980		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01640		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

(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
01640	Continued From page 12 licensee failed to ensure the current service plan included a signature or other authentication by the licensee to document agreement on the services to be provided for four of five residents (R1, R2, R4, R5) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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: Resident included a Service Plan and Agreement with signature dated August 1, 2021, for R1, R2, R5; December 8, 2021, for R4. Resident Service Plan and Agreements with print date of March 29, 2022, for R1, R2, R4, R5, included services plan modifications or the addition of services. Residency record lacked a current service plan with signature or authentication by the resident or resident's representative with all current services provide by licensee after addition of services. On March 30, at approximately 11:30 a.m. director of nursing (DON)-D verified R1, R2, R4, and R5 records lacked a current signed and authenticated service plan. The licensee's Service Plans Modifications policy dated August 1, 2021, indicated when changes to service plans occurred, the service plan must be amended in writing and signed by the resident or	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01640	Continued From page 13 the resident's designated representative. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01640		
01670 SS=C	144G.70 Subd. 6 Medical cannabis Assisted living facilities may exercise the authority and are subject to the protections in section 152.34. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to adopt reasonable restrictions for the use of medical cannabis (commonly referred to as medical marijuana), this had the potential to affect all 100 residents residing in the assisted living facility. 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: On March 30, 2022, at approximately 10:00 a.m. review of licensee's policy and procedure book included language regarding illegal drugs prohibited, and directed marijuana would not be allowed to be used in any form on the facility grounds.	01670		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

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01670	Continued From page 14 On March 30, 2022, at approximately 11:30 a.m. executive director (ED)-C verified the licensee did not allow marijuana "in any form" on the grounds. ED-C stated licensee was not aware a full prohibition of medical marijuana, could not be implemented. The licensee's Marijuana Use policy dated December 31, 2020, indicated no marijuana in any form would be allowed on the facility grounds. The procedure further identified if "a resident requests to use marijuana," the procedure directed "social services will assist [resident] to find alternate placement [discharge]." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01670		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration;	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35051	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

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01940	Continued From page 15 (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and implement a treatment or therapy management record to include all required content for one of one resident (R4) with record 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: R4's service plan dated August 2, 2021, lacked identification of any treatment or therapy services. R4's Treatment/Therapy Management Plan dated January 4, 2022, indicated R4 received a	01940		

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	35051	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

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01940	Continued From page 16	01940		

treatment for oxygen and additional information or required content would be located, "In Electronic Health Records (EHR/Service Tasks)."

R4's MAR (Medication Administration Record) dated March 2022, indicated R4 received a treatment for oxygen at two liters per nasal canula every night for her COPD.

R4's Service Checkoff List dated March 2022, indicated R4 received safety checks overnight to "assure resident is wearing oxygen."

On March 29, 2022, at approximately 7:00 a.m. R4 was observed to receive assistance with oxygen from unlicensed personnel (ULP)-G. ULP-G stated R4 needs occasional reminders and assistance to keep the oxygen on overnight. ULPs were to help R4 reposition the oxygen to ensure it was correctly placed.

R4's treatment management record lacked written instructions, procedures or criteria when to notify a registered nurse or licensed health professional when problems arose, and resident specific instructions related to documentation of oxygen treatment.

On March 30, at approximately 11:30 a.m. director of nursing (DON)-D verified the required content for R4's treatment management record was not completed. DON-D stated staff were trained on the use the oxygen, but there was not specific criteria or instructions when ULPs would contact the nurse.

The licensee's 7.05 Treatment & Therapy Management Plan policy dated August 1, 2021, directed, "The assisted living facility will develop and maintain a current individualized treatment

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01940	Continued From page 17 and therapy management record for each resident which must contain at least the following:" - A statement of the type of services that would be provided; - Documentation of specific resident instructions relating to the treatments or therapy administration; - Identification of treatment or therapy tasks that would be delegated to unlicensed personnel; - Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arose with treatments or therapy services; - Any resident-specific requirements relating to documentation of treatment and therapy received; - Verification all treatment and therapy was administered as prescribed; - Monitoring of treatment or therapy to prevent possible complications or adverse reactions. The policy further directed, "Treatment or therapy management record must be current and updated when there were any changes." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01940		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the	02040		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE	107 BRIDGEWATER WAY STILLWATER, MN 55082

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02040	Continued From page 18 assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct a hazard vulnerability or safety risk assessment on or around the facility property. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all residents). The findings include: On March 29, 2022, at approximately 12:30 p.m. the executive director (ED)-D stated the facility had not yet fully developed the required hazard vulnerability assessment. Global issues, such as fire, gas leak, and epidemics had been identified, but local hazards that were site, building, and population-specific had not been identified. Review of the emergency preparedness procedures showed no evidence of a completed hazard vulnerability assessment for potential hazards on or around the facility property. No further information was provided.	02040		

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02040	Continued From page 19 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02110 SS=E	144G.82 Subd. 3 Policies (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: (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; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and	02110		

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02110	Continued From page 20 designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee provided the required policies and procedures to three of five residents (R1, R4, R5) with records reviewed. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a pattern 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). The findings included: R1, R4, and R5's records lacked documentation for receipt of the Required Assisted Living with Dementia Care policies and procedures at the time of resident move-in, to include: - philosophy of how services were provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; - evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that were person-centered and evidence-informed; - wandering and egress prevention that provides detailed instructions to staff in the event a resident eloped; - medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications;	02110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02110	Continued From page 21 - staff training specific to dementia care; - description of life enrichment programs and how activities were implemented; - description of family support programs and efforts to keep the family engaged; - limiting the use of public address and intercom systems for emergencies and evacuation drills only; - transportation coordination and assistance to and from outside medical appointments; and - safekeeping of residents' possessions. On March 30, at approximately 11:30 a.m. executive director (ED)-C and director of nursing (DON)-D verified the the above policies were not provided to the resident/resident representative as required. The licensee's Titled: 3.00 ALOC Assisted Living with Dementia Memory Care Additional Required policies dated August 1, 2021, indicated these policies and procedures must be provided to residents and designated representative at the time of move-in. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		

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

Type: Full
Date: *03/29/22*
Time: 12:03:08
Report: 1021221068

Food and Beverage Establishment Inspection Report

Location:
The Lodge
107 Bridgewater Way
Stillwater, MN55082
Washington County, 82

Establishment Info:
ID #: 0038076
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6514398200
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

4-501.114C3 ** Priority 1 **

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

QUAT CONCENTRATION IN THE FOLLOWING SANITIZER BUCKETS AND SPRAY BOTTLES WERE FOUND BELOW 100PPM: IN THE KITCHEN AND IN SIDNEY'S FRONT COUNTER. DIRECTOR CORRECTED THE SANITIZER BUCKETS AND SANITIZER SPRAY BOTTLES TO 400PPM DURING INSPECTION. CORRECTED.

Comply By: 03/29/22

4-700 Sanitizing Equipment and Utensils

4-702.11 ** Priority 1 **

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.

CHLORINE SANITIZER CONCENTRATION AT DISH MACHINE MEASURED 0PPM. BOTTLE OF SANITIZER WAS FOUND EMPTY. DIRECTOR PROVIDED NEW BOTTLE OF SANITIZER DURING INSPECTION. CONCENTRATION WAS CORRECTED TO 50PPM. CORRECTED ON-SITE.

Comply By: 03/29/22

4-200 Equipment Design and Construction

4-204.117A ** Priority 2 **

MN Rule 4626.0643A Provide automatic dispensing of detergent and sanitizer to the dish machine.

BOTTLE OF DETERGENT IN THE BAR DISH MACHINE WAS FOUND EMPTY. DIRECTOR PROVIDED A NEW BOTTLE OF DETERGENT DURING INSPECTION. CORRECTED ON-SITE.

Comply By: 03/29/22

6-300 Physical Facility Numbers and Capacities

6-301.12 ** Priority 2 **

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

NO PAPER TOWELS AT BAR HAND WASHING SINK. PROVIDE AND MAINTAIN A SUPPLY OF PAPER TOWELS DURING ALL HOURS OF OPERATION.

Comply By: 03/29/22

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

BUILD UP OF BURNT FOOD DEBRIS OBSERVED IN BOTTOM PART OF OVEN AND ACCUMULATION OF BURNT ENCRUSTED FOOD IN PANINI PRESS. EQUIPMENT WAS IN SIDNEY'S FRONT COUNTER. CLEAN AND MAINTAIN CLEAN.

Comply By: 04/01/22

Surface and Equipment Sanitizers

Quaternary Ammonia: < 100PPM at Degrees Fahrenheit
Location: SANI SPRAY BOTTLE, KITCHEN
Violation Issued: Yes

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: SANI SPRAY BOTTLE, KITCHEN *CORRECTED
Violation Issued: No

Quaternary Ammonia: < 100PPM at Degrees Fahrenheit
Location: SANI BUCKET, KITCHEN
Violation Issued: Yes

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: SANI BUCKET, KITCHEN *CORRECTED
Violation Issued: No

Quaternary Ammonia: < 100PPM at Degrees Fahrenheit
Location: SANI BUCKET, SYDNEYS
Violation Issued: Yes

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: SANI BUCKET, SYDNEYS *CORRECTED
Violation Issued: No

Final Utensil Surface Temp: = at 175 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Chlorine: = 0PPM at Degrees Fahrenheit
Location: BAR DISH MACHINE
Violation Issued: Yes

Chlorine: = 50PPM at Degrees Fahrenheit
Location: BAR DISH MACHINE *CORRECTED
Violation Issued: No

Final Utensil Surface Temp: = at 160 Degrees Fahrenheit
Location: PANS AND POTS DISH MACHINE
Violation Issued: No

Final Utensil Surface Temp: = at 175 Degrees Fahrenheit
Location: MEMORY CARE DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 33 Degrees Fahrenheit - Location: CUT TOMATO - PREP COOLER, COLD WELLS #6
Violation Issued: No

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: HARD BOILED EGGS - PREP COOLER #6
Violation Issued: No

Process/Item: Cooling
Temperature: 47 Degrees Fahrenheit - Location: CUT MELON - COOLER #7, COOLING FROM AMBIENT FOR 1 HOUR
Violation Issued: No

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: SOUR CREAM - COOLER #7
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: GROUND BEEF - COLD DRAWERS
Violation Issued: No

Process/Item: Hot Holding
Temperature: 153 Degrees Fahrenheit - Location: SAUSAGE - HOT WELLS
Violation Issued: No

Process/Item: Hot Holding
Temperature: 170 Degrees Fahrenheit - Location: HAM - HOT WELLS
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: SWISS CHEESE - PREP COOLER #9
Violation Issued: No

Process/Item: Cooling
Temperature: 47 Degrees Fahrenheit - Location: HAM & VEGGIES - PREP COOLER #9, COOLING 10 MINS
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: SOUP - WALK IN COOLER
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: ITALIAN PASTA SALAD - WALK IN COOLER
Violation Issued: No

Process/Item: Hot Holding
Temperature: 164 Degrees Fahrenheit - Location: BEER CHEESE SOUP - SOUP WELL
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: MILK - MEMORY CARE COOLER #1
Violation Issued: No

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: CUT FRUIT (MELON) - MEMORY CARE COOLER #1

Violation Issued: No

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

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH DINING SERVICES DIRECTOR, JEFF JOHNSON AND HEALTH REGULATION DIVISION NURSE EVALUATOR, SAFIA HASSAN.

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 1021221068 of 03/29/22.

Certified Food Protection Manager: JEFFREY R. JOHNSON

Certification Number: FM57916 Expires: 10/26/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
JEFF JOHNSON
DINING SERVICES DIRECTOR

Signed: _____
Melissa Ramos
Environmental Health Specialist
Metro District Office
651-201-4495
Melissa.Ramos@state.mn.us