Electronically Delivered

April 19, 2022

Administrator
Regina Assisted Living
1175 Nininger Road
Hastings, MN 55033

RE: Project Number(s) SL30246015 and HL30246006C

Dear Administrator:

The Minnesota Department of Health completed an evaluation on March 3, 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.

In addition, on March 1, 2022, an investigation was conducted of complaint HL30236006C. No correction orders were issued.

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, the following fines are assessed pursuant to this evaluation:

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program = $500.00

The total amount you are assessed is $500.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

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. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

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.

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,

Jonathan Hill, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: (651) 201-3993 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30246	A. BUILDING: _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINA ASSISTED LIVING	1175 NININGER ROAD HASTINGS, MN 55033

(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: SL30246015 and HL30246006C On March 1, 2022, through March 3, 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 92 residents; 45 receiving services under the provider's Assisted Living with Dementia Care license. In addition, on March 1, 2022, investigation was conducted of complaint HL30236006C. No correction orders were issued.	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 with Dementia Care 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 pursuant to 144G.31 Subd. 1, 2 and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (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 comply with Minnesota Food Code, Chapter 4626. This had the potential to affect all 92 residents residing at the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated March 2, 2022, for the specific Minnesota Food Code deficiencies.	0 480		

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0 480	Continued From page 2 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (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. (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. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control, including hand washing and glucometer cleaning, for one of three employees (unlicensed personnel (ULP)-M with employee record reviewed. This had the potential to affect four of four residents (R2, R6, R7, R8) observed to receive glucometer checks. 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	0 510	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/Dementia Care 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.	

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0 510	Continued From page 3 or has the potential to affect a large portion or all of the residents). The findings include: On March 2, 2022, at 8:05 a.m. ULP-I was observed to obtain a glucometer from the medication cart, and use the glucometer to check R2, R6, R7, and R8's blood sugars. ULP-I did not clean the glucometer prior to resident use or following each resident blood sugar check. On March 3, 2022, at 8:00 a.m. ULP-I verified she did not clean the glucometer prior to or between resident use. ULP-I stated she was trained by the licensee on glucometer cleaning and should have used a CaviWipe (disinfectant wipe) to clean the glucometer prior to and after each use. On March 2, 2022, at 10:45 a.m. licensed practical nurse (LPN)-C stated the glucometer used by ULP-I was approved for use on multiple residents with instructions for cleaning and disinfecting following each use. LPN-C stated ULP-I was trained in the use, and educated to clean the glucometer prior to and after each use. The Assure Brilliance Blood Glucose Monitoring System instructions verified to "use a commercially available EPA-registered disinfectant detergent or germicide wipe" to clean and disinfect the glucometer between use. CaviWipes was listed as a recommended disinfectant wipe for the blood sugar monitoring system. CaviWipes undated manufacturers instructions indicate to thoroughly wet surface with a CaviWipe towelette and allow surface to remain wet for five minutes. Air dry prior to use.	0 510	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 pursuant to 144G.31 Subd. 1, 2 and 3.	

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0 510	Continued From page 4 The licensee's Performing a Blood Glucose Test policy dated July 2017, directed to "wipe glucose meter with disinfectant and place in resident's individual and labeled plastic bag. Follow manufacturer's recommendation for disinfectant type for meter." Hand Hygiene The licensee failed to ensure staff completed hand hygiene appropriately while providing direct cares for residents. On March 2, 2022, at 8:30 a.m. ULP-M provided morning cares to a resident (R)-5 and the following was observed: -ULP-M donned gloves to bilateral hands, facemask and goggles -ULP-M provided peri care and assisted R5 to dress and sit in wheelchair -ULP-M did not change gloves or wash hands with soap and water when task was completed -ULP-M adjusted her face mask -ULP-M attached foot pedals to R5's wheelchair -ULP-M assisted R5 to reposition in wheelchair ULP-M touched R5's back, arms and legs -ULP-M removed gloves -ULP-M did not complete hand hygiene after doffing gloves -ULP-M donned new gloves -ULP-M obtained a washcloth/towel from R5's bathroom and washed/dried R6's face -ULP-M completed morning cares by combing R5's hair -ULP-M removed the second pair of gloves but did not complete hand hygiene -ULP-M donned R5's glasses and assisted R5 to the dining room for breakfast On March 2, 2022, at 8:50 a.m. the surveyor	0 510		

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0 510	Continued From page 5 questioned ULP-M regarding proper hand hygiene between glove changes. ULP-M stated she was nervous, but realized she should have washed her hands between glove changes and after perineal care. ULP-M's training records indicated she was a certified nursing assistant (CNA) and has been trained on infection control techniques/handwashing. On March 3, 2022, at approximately 3:30 p.m. the director of nursing (DON)-B stated staff were expected to wash hands between glove changes and as needed per the licensee's policy. The licensee's Hand Hygiene policy dated as effective June 2017, indicated handwashing should be performed by employees before and after assisting a resident with toileting. The policy directed to use soap and water, after personal hygiene and after removing gloves or aprons. The policy further stated that by following practices, associates would reduce the spread of potentially deadly germs, as well as reduce the risk of healthcare provider colonization caused by germs acquired by residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 510		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:	0 780		

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0 780	Continued From page 6 (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (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 (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; This MN Requirement is not met as evidenced by: Based on observation and interview , the licensee failed to provide smoke alarms in resident bedrooms in the first-floor memory care suite and failed to ensure smoke alarms are interconnected so that actuation of one alarm causes all alarms in the dwelling to actuate as required. This had the potential to directly affect all memory care residents, staff, and visitors in that suite. 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 issued at a widespread scope (when problems are pervasive or represent a systemic failure that	0 780		

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0 780	Continued From page 7 has affected or has the potential to affect a large portion or all residents). The findings include: On March 2, 2022, between 10:30 a.m. and 12:00 p.m., survey staff toured the facility with the environmental services director (ESD)-H. During the facility tour, survey staff observed there were no smoke alarms installed in the bedrooms of the apartments in the first-floor memory care suite (Tabitha). ESD-H verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		
01880 SS=E	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored according to manufacturer's recommendations. 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	01880		

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01880	Continued From page 8 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: On March 2, 2022, at 8:45 a.m. the surveyor observed a medication refrigerator located in the locked medication room on the secured dementia unit. Licensed practical nurse (LPN)-N stated the licensee keeps a log of the medication refrigerator temperatures, but was unable to locate the temperature log. LPN-N further explained night staff is responsible to log the medication refrigerator temperatures daily. The refrigerator thermometer was imbedded in the freezer compartment of the refrigerator due to excess frost. The thermometer could not be read or removed. The refrigerator was observed to have resident medications including two unopened Lantus insulin pens (a multiple dose pen shaped injector device for insulin administration) stored in the refrigerator. On March 2, 2022, at 10:00 a.m., the surveyor observed a locked medication refrigerator located in the desk area of the unsecured dementia unit. Unlicensed personnel (ULP-I) stated the licensee completed daily documentation of the medication refrigerator temperatures, however she was unable to locate the temperature logs. The refrigerator thermometer was observed frozen in the freezer compartment of the refrigerator. The thermometer could not be read or removed.	01880		

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01880	Continued From page 9 The medication refrigerator contained the following medications: -three unopened Novolog 100 units/milliliters (ml) insulin pens (a multiple dose pen shaped injector device for insulin administration). On March 2, 2022, at 10:45 a.m., LPN-C stated the thermometers were replaced in the medication refrigerators on the two dementia units. LPN-C verified that the medication refrigerator logs could not be located on these floors and were now replaced. LPN-C explained that night staff logs the temperatures daily and temperatures were expected to be maintained between 35-40 degrees Fahrenheit. The manufacturer's instructions for Novolog insulin pens dated November 2019, indicates unopened pens should be stored in the refrigerator between 36 to 46 degrees F. Do not freeze. The manufacturer's instructions for Lantus insulin pens dated December 2019, indicated before opening store the insulin pens in the refrigerator (36-46 degrees F). Do not allow the Lantus to freeze. The licensee's undated Storage of Medications policy identified "medications will be stored consistent with manufacturer's recommendations-refrigerated, room temperature, or frozen." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days Surveyor: Bruess, Mary	01880		

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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 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: Survey staff requested a facility hazard vulnerability or safety risk assessment documentation, but the licensee did not provide the requested documentation.	02040		

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REGINA ASSISTED LIVING	1175 NININGER ROAD HASTINGS, MN 55033

(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
02040	Continued From page 11 During the interview on March 2, 2022, at 12:30 p.m., the environmental services director (ESD)-H stated the facility had started to do the hazard vulnerability assessment, but it was not complete on the day of the survey. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02350 SS=D	144G.91 Subd. 7 Courteous treatment Residents have the right to be treated with courtesy and respect, and to have the resident's property treated with respect. This MN Requirement is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to ensure one of one resident (R6) reviewed, was treated with dignity and respect when (unlicensed personnel (ULP)-J, ULP-K) did not respond to repeated requests for assistance. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R6 was admitted to the secured memory care	02350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30246	A. BUILDING: _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINA ASSISTED LIVING	1175 NININGER ROAD HASTINGS, MN 55033

(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
02350	Continued From page 12 unit with diagnosis of dementia without behavioral disturbances. The Service Plan with Schedule dated February 23, 2022, identified R6 had moderate cognitive impairment; displayed signs of anxiousness and agitation; and wandered in private areas which required redirection, needing frequent/daily interventions. The service plan also indicated R6 had impaired judgement and safety awareness and was at risk for abuse. The service plan indicated R6 rarely fell (less than three times per year) however, the New Onset Fall Events list verified the following incident dates: December 26, 2021, December 31, 2021, February 7, 2022, February 9, 2022, (two) and February 22, 2022. An additional fall was noted on March 2, 2022, in R6's Clinical View Report. The service plan directed staff to conduct safety checks every two hours and to assist with bathing, grooming, dressing, and toileting. On March 3, 2022, at 8:25 a.m. R6 was observed sitting in a common area. R6 was noted to have multiple facial bruises to her face including a blackened left eye. As R6 attempted to stand up from the chair, she called out, "Help me. Help me. I am sick." The surveyor approached two staff who were passing breakfast trays. The surveyor explained R6 asked for assistance. ULP-J and ULP-K did not assist R6 and continued to pass trays. R6 continued to call out for help as she ambulated through the hall while she held her abdomen. At 8:28 a.m., the surveyor approached ULP-J and ULP-K again and stated R6 was still asking for assistance. ULP-J stated, "She does that all the time. You don't know her." ULP-J and ULP-K did not assist R6 and continued to pass trays. The surveyor then approached a licensed practical nurse (LPN-L) to communicate R6 was	02350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30246	A. BUILDING: _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINA ASSISTED LIVING	1175 NININGER ROAD HASTINGS, MN 55033

(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
02350	Continued From page 13 requesting assistance. LPN-L assisted R6 to the dining room. On March 3, 2022, at 8:35 a.m., R6 was observed walking out of the dining room as she continued to ask for help. An unidentified staff called out, "Oh, you are ok Carol." R6 left the dining room and walked into the hallway. R6 was holding on to the food cart and the railing for support. R6 continued to call out for assistance. R6 began to clear her throat repeatedly. On March 3, 2022, at 8:40 a.m., R6 entered The Bethany Healing Room. R6 wandered around the room calling out for assist and clearing her throat. R6 sat on a chair and excreted a significant amount of phlegm onto the floor. R6 then stood up, grabbed her abdomen and stated, "I am sick. This is awful. I don't have help or a place to go." The incident was reported to the director of nursing (DON-B). During the exit conference on March 3, 2022, at approximately 3:30 p.m. DON-B stated staff were always expected to immediately assist and assess when a resident requests assistance or was in distress. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	02350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30246	A. BUILDING: _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINA ASSISTED LIVING	1175 NININGER ROAD HASTINGS, MN 55033

(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: SL30246015 and HL30246006C On March 1, 2022, through March 3, 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 92 residents; 45 receiving services under the provider's Assisted Living with Dementia Care license. In addition, on March 1, 2022, investigation was conducted of complaint HL30236006C. No correction orders were issued.	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 with Dementia Care 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 pursuant to 144G.31 Subd. 1, 2 and 3.	

Minnesota Department of Health
Division of Environmental Health, FPLS
PO Box 64975
Saint Paul, 55164-0975
651-201-4500

Type: Full
Date: *03/02/22*
Time: 11:02:27
Report: 1023221050

Food and Beverage Establishment Inspection Report

Location:
Regina Assisted Living
1175 Nininger Road
Hastings, MN55033
Dakota County, 19

Establishment Info:
ID #: 0039329
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6514047931
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

S&S: = 400PPM at Degrees Fahrenheit
Location: DESPENSER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/HAM
Temperature: Degrees Fahrenheit - Location: PREP COOLER #1
Violation Issued: No

Process/Item: Cold Hold/CUT TOMATO
Temperature: Degrees Fahrenheit - Location: PREP COOLER #1
Violation Issued: No

Process/Item: Cold Hold/CUT MELON
Temperature: Degrees Fahrenheit - Location: PREP COOLER #2
Violation Issued: No

Process/Item: Cold Hold/JUICE
Temperature: Degrees Fahrenheit - Location: REACH IN COOLER
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYORS FROM HRD WERE MARY BRUESS AND JOLENE BERTELSEN.

INSPECTION CONDUCTED IN PRESENCE OF TREVER STERBA, THE FACILITY PERSON IN CHARGE. ALL VIOLATIONS WERE DISCUSSED WITH PERSONS IN CHARGE AND HRD

EVALUATOR DURING INSPECTION.

FOOD SERVICE AREA FLOORS, WALLS, CEILINGS, COUNTERTOPS, AND FINISH MATERIALS MUST BE NON-ABSORBANT, SMOOTH, DURABLE, AND EASILY CLEANABLE. CEILINGS CANNOT HAVE POPCORN TEXTURE. CABINETS CANNOT HAVE HOLLOW BASES. EXPOSED WOOD IS NOT APPROVED FOR FOOD SERVICE AREAS.

FOOD IS PREPARED AT SODEXO MAIN KITCHEN IN ATTACHED ALLINA HOSPITAL. FOOD IS TRANSPORTED AND SERVED TO RESIDENTS.

THESE ADDITIONAL TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- VOMIT CLEAN UP PROCEDURE
- SERVING HIGH RISK POPULATIONS

DOCUMENTS ON THE FOLLOWING TOPICS WERE INCLUDED WITH INSPECTION REPORT:
- EMPLOYEE ILLNESS TRACKING
- SAMPLE VOMIT CLEAN UP PROCEDURE
- SAMPLE HANDWASHING SIGN
- HIGH RISK POPULATION REQUIREMENTS

FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

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 1023221050 of 03/02/22.

Certified Food Protection Manager: JESSE NEI

Certification Number: 65596 Expires: 11/28/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

TREVER STERBA
PERSON IN CHARGE

Signed: Gregory T Nelson

Gregory T. Nelson
Public Health Sanitarian
Freeman Building
651-201-4259
greg.nelson@state.mn.us