Electronically Delivered

June 25, 2025

Licensee
Twin Town Villa
615 Durum Drive
Breckenridge, MN 56520

RE: Project Number(s) SL30535016

Dear Licensee:

On May 5, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on March 12, 2024. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

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

JMD

Electronically Delivered

April 10, 2025

Licensee
Twin Town Villa
615 Durum Drive
Breckenridge, MN 56520

RE: Project Number(s) SL30535016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 12, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

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

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

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30535	A. BUILDING: _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN TOWN VILLA	615 DURUM DRIVE BRECKENRIDGE, MN 56520

(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 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: SL30535016-0 On March 10, 2025, through March 12, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 86 residents; 86 receiving services under the Assisted Living Facility with Dementia Care license. An immediate correction order was identified on March 11, 2025, issued for SL30535016-0, tag identification 1290. The licensee took action on March 11, 2025, to mitigate the risk; however, the scope and level remains at level 3/Widespread (I).	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. 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.	
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility	0 970		

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0 970	Continued From page 1 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 language waiving the facility's liability for health, safety, or personal property of a resident. This had the 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 the potential to affect a large portion or all the residents). The findings include: During the entrance conference on March 10, 2025, at 9:18 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar with current minimum assisted living requirements. The (licensee name) Resident Agreement (assisted living contract) included a clause that the resident would waive the facility's liability of personal property of the resident. Page 15, section 27B. Insurance: In the event the	0 970		

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0 970	Continued From page 2 Resident's [sic] property is damaged or destroyed by fire, efforts to extinguish a fire, or other causes that may be covered by standard fire and extended coverage insurance, or by other insurance coverage, you (resident) hereby waive: (a) all claims against Landlord (licensee) [sic] and its (licensee's) representatives for any such loss or damage; and (b) all rights of subrogation of any insurance company carrying any insurance covering such damage or destruction. On March 10, 2025, at 3:45 p.m., registered nurse (RN)-H stated the updated assisted living contracts were developed by the licensee's lawyer with the assistance of the Minnesota Department of Health staff. RN-H stated the assisted living contract provided was the current assisted living contract used for all residents. On March 12, 2025, at 12:11 p.m., RN-H stated the assisted living contract was last updated November 28, 2022, and RN-H would need to talk to the licensee's lawyer to find out if the assisted living contract contained a waiver of liability. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01290 SS=I	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	01290		

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01290	Continued From page 3 construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure current employee records contained all the required content to include a current background study clearance letter for one of five employees (unlicensed personnel (ULP)-E). This had the potential to affect all residents living within the facility. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: This resulted in an immediate correction order on March 11, 2025. During the entrance conference on March 10, 2025, at 9:34 a.m., licensed assisted living director (LALD)-A stated the licensee was aware	01290		

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01290	Continued From page 4 of required contents in an employee record. ULP-E was hired on January 21, 2025, to provide direct care services to residents at the facility. The licensee's Employee Timesheet dated January 27, 2025, through February 9, 2025, indicated ULP-E trained 7.10 hours on February 6, 2025, and ULP-E worked 7.15 hours unsupervised on February 7, 2025, respectively. ULP-E's employee record lacked a current cleared background study. On March 10, 2025, at 2:57 p.m. through 3:03 p.m., the surveyor reviewed the NETStudy 2.0 website and roster with office manager (OM)-F. OM-F stated OM-F was responsible for completion of background studies. OM-F further stated ULP-E worked unsupervised with residents and ULP-E was not listed as a current employee on the licensee's NETStudy 2.0 roster. OM-F stated ULP-E was a former employee and was rehired by the licensee on January 21, 2025, to work as needed (PRN) hours. OM-F further stated ULP-E did not have a current NETStudy 2.0 background study by the licensee since the licensee marked ULP-E as a separated employee effective August 13, 2024. OM-F stated the licensee would likely not be notified if ULP-E had become ineligible to work. On March 11, 2025, at 10:05 a.m., LALD-A stated ULP-E's background study was an oversight as the licensee always did a new NETStudy 2.0 background study upon rehire of a previous employee. The licensee's undated Reference and Background Checks policy indicated the licensee	01290		

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01290	Continued From page 5 followed licensing standards of background studies and is subject to change as state guidelines change. In addition, all reference and background checks will be completed prior to the first day of employment. Continuous Direct Supervision defined in NETStudy 2.0 System User Manual Updated July 7, 2023, page 7: Continuous, Direct Supervision - An individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program. Direct Contact Services - Providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the entity. Supervision defined in, NETStudy 2.0 System User Manual Updated July 7, 2023, page 53: Supervision Status Study subjects must be under continuous, direct supervision until the study subject is determined eligible of until the entity is notified by DHS that the study subject may provide unsupervised services while the background study is being completed. The supervision status is shown in the "Supervision Required" column for convenience. However, programs are instructed to rely on background study notices for supervision status and other background study determination information. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On March 11, 2025, the licensee took action to mitigate the risk; however, the scope and level remains at I.	01290		

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01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two refrigerators storing medications maintained an acceptable temperature and medications were stored according to manufacturer's recommended temperature. 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: During the entrance conference on March 10, 2025, at 9:24 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. On March 11, 2025, at 7:11 a.m., unlicensed personnel (ULP)-G stated the current medication refrigerator temperature located in the secured (required a keypad to exit the unit) dementia unit was 36 degrees Fahrenheit (F) and ULPs checked the medication refrigerator temperature	01880		

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01880	Continued From page 7 every night. The medication refrigerator contained three unopened latanoprost solution 0.005% bottles for R13. The licensee's Chore Recap by Chore Type dated February 11, 2025, through March 10, 2025, indicated the secured dementia unit's medication refrigerator temperature was checked every night. The Chore Recap by Chore Type indicated 22 out of 28 opportunities the medication refrigerator temperature was out of range and the medication refrigerator temperature was recorded less than 36 degrees F. On March 11, 2025, at 10:51 a.m., ULP-D stated the current medication refrigerator temperature located in the unsecured unit was 34 degrees F and ULPs recorded the medication refrigerator temperature every night. The medication refrigerator contained the following medications: -eight unopened Toujeo 300 units/milliliter (mL) insulin pens for R10 -four unopened Lantus 100 units/mL insulin pens for R10 -two unopened Lantus 100 units/mL insulin pens for R12 The licensee's AL (assisted living) Med (medication) Refrigerator Temp (temperature) dated February 1, 2025, through March 10, 2025, indicated the medication refrigerator temperature was checked every night. The AL Med Refrigerator Temp indicated 29 out of 38 opportunities the medication refrigerator temperature was out of range and the medication refrigerator temperature was recorded less than 36 degrees F. On March 11, 2025, at 11:33 a.m., licensed practical nurse (LPN)-C stated ULPs recorded	01880		

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01880	Continued From page 8 the medication refrigerator temperature every night and LPN-C had thought the medication refrigerator temperature should be between 32 degrees F to 34 degrees F. On March 11, 2025, at 11:53 a.m., registered nurse (RN)-H stated the medication refrigerator temperature ranges were to be kept between 28 to 38 degrees F. RN-H further stated the licensee was not aware manufacturer's instructions for the above noted medications were to store the medications between 36 to 46 degrees F. The manufacturer's instructions for latanoprost dated September 2020, indicated to store unopened latanoprost in the refrigerator at 36 degrees F to 46 degrees F. The manufacturer's instructions for Toujeo dated February 2015, indicated to store unopened Toujeo insulin pens in the refrigerator at 36 degrees F to 46 degrees F. Do not allow Toujeo to freeze. The manufacturer's instructions for Lantus dated May 2019, indicated to store unopened Lantus in the refrigerator at 36 degrees F to 46 degrees F. Do not allow Lantus to freeze. The licensee's undated, Central Storage of Medications policy indicated resident's medications kept in the Central Storage [sic] must be kept in locked compartments under proper temperature controls. In addition, refrigeration of Biological Medications will be stored in a locked box kept in the medication refrigerator located in the nursing office. No further information was provided.	01880		

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01880	Continued From page 9 TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record all required content for disposition of the medications for one of one resident (R1) upon discharge. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to	01910		

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01910	Continued From page 10 cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 10, 2025, at 9:24 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. The licensee's Discharged Resident/Client Roster dated March 3, 2025, indicated R1 was admitted to the facility on October 3, 2020, and discharged on February 7, 2025. R1's diagnoses included hypertension (HTN-high blood pressure), osteoarthritis (joint pain and stiffness), and mild cognitive impairment. R1's Service Plan- Modification dated January 1, 2025, indicated R1 received medication administration three times per day. R1's Med (medication) Admin (administration) Summary dated February 2025, indicated R1 was prescribed or administered the following medications: -morphine (for pain) 7.5 milligrams (mg) every three hours -Lasix (to treat fluid buildup) 20 mg three times per week -Levsin (to treat excessive secretions) one tablet every four hours as needed -lorazepam (to treat anxiety) one tablet every six hours as needed -ondansetron (to treat nausea and vomiting) 4 mg	01910		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN TOWN VILLA	615 DURUM DRIVE BRECKENRIDGE, MN 56520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01910	Continued From page 11 every four hours as needed R1's prescriber orders dated January 29, 2025, included the above noted medications. R1's Discharge/Transfer form dated February 7, 2025, indicated R1 was deceased. R1's Medication Disposition- Resident dated February 1, 2025, through March 10, 2025, listed the above noted medications; however, lacked prescription numbers for Lasix, Levsin, and ondansetron. On March 10, 2025, at 3:36 p.m., CNS-B stated for medication disposition the licensee only documented prescription numbers for controlled medications. CNS-B further stated CNS-B was not aware prescription numbers were required to be documented for other applicable medications. The licensee's undated, Disposition of Medications policy indicated unused or discontinued prescription drugs would include documentation of the prescription number in the resident's record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30535	A. BUILDING: _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN TOWN VILLA	615 DURUM DRIVE BRECKENRIDGE, MN 56520

(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
02310	Continued From page 12 standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards with regards to safely storing oxygen for one of one resident (R14). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: During the entrance conference on March 10, 2025, at 9:33 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided oxygen management to residents at the facility. On March 10, 2025, at 3:45 p.m., LALD-A stated LALD-A toured the facility with the Minnesota Department of Health Engineer including a tour of R14's room, which contained unsecured oxygen cylinder tanks. LALD-A asked the surveyor how to store the oxygen cylinder tanks since the oxygen management company did not provide a rack or chains to secure the oxygen cylinder tanks. CNS-B stated CNS-B had contacted the oxygen management company again requesting the oxygen management company to provide a rack to secure R14's oxygen cylinders.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30535	A. BUILDING: _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN TOWN VILLA	615 DURUM DRIVE BRECKENRIDGE, MN 56520

(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
02310	Continued From page 13 On March 12, 2025, at 10:55 a.m., the surveyor toured R14's room with LALD-A. R14's closet, located off the kitchen, contained 30 small oxygen cylinder tanks sitting upright on the floor not secured in a rack or by chains. R14 stated the oxygen management company delivered oxygen cylinder tanks every other week and R14 had never been provided a rack or cart from the oxygen management company to store R14's oxygen cylinder tanks in. LALD-A further stated the licensee had requested a rack from the oxygen management company in the past to store R14's oxygen cylinders; however, the licensee was never provided a rack from the oxygen management company. Immediately following the above observation, registered nurse (RN)-H stated R14's oxygen cylinder tanks were not stored in a rack or secured by chains since the oxygen management company did not provide one. RN-H further stated unlicensed personnel (ULPs) ensured R14's oxygen tanks were always in the upright position and not covered. The licensee's undated, Oxygen Management policy indicated oxygen tanks must be stored in the upright position in the containers provided by the provider. In addition, oxygen tanks must be stored in a well-ventilated area and should not be kept under bed, in a small areas such as a closet or cabinet, or covered by linens or clothing. The Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, based on the National Fire Protection Association, Standard 99 (NFPA 99), indicated a common hazard in a health care facility is storing and handling compressed oxygen in cylinders. When storing oxygen	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30535	A. BUILDING: _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN TOWN VILLA	615 DURUM DRIVE BRECKENRIDGE, MN 56520

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02310	Continued From page 14 cylinders, they must be secured in racks or by chains to prevent them from falling over. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

MN Department of Health
Food, Pools, and Lodging Services
PO Box 64975
St. Paul, MN 55164-0975
218-332-5150

Type: Full
Date: *03/10/25*
Time: 14:36:05
Report: 7935251034

Food and Beverage Establishment Inspection Report

Location:
Twin Town Villa
615 Durum Drive
Breckenridge, MN56520
Wilkin County, 84

Establishment Info:
ID #: 0038423
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2186439542
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

Chlorine: = 100 ppm at Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

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

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 179 Degrees Fahrenheit - Location: Carrots
Violation Issued: No

Process/Item: Hot Holding
Temperature: 165 Degrees Fahrenheit - Location: Mashed Potatoes
Violation Issued: No

Process/Item: Hot Holding
Temperature: 196 Degrees Fahrenheit - Location: Roast Beef
Violation Issued: No

Process/Item: Hot Holding
Temperature: 176 Degrees Fahrenheit - Location: Gravy
Violation Issued: No

Process/Item: Hot Holding
Temperature: 178 Degrees Fahrenheit - Location: Veg Beef Soup
Violation Issued: No

Type: Full
Date: *03/10/25*
Time: 14:36:05
Report: 7935251034
Twin Town Villa

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: Aurora Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: Aurora Cooler
Violation Issued: No

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

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

I acknowledge receipt of the MN Department of Health inspection report number 7935251034 of 03/10/25.

Certified Food Protection Manager: Robert Douglas Boyd

Certification Number: 54606 Expires: 12/05/27

Signed: _____
Establishment Representative

Signed: _____
Rebecca Tonneson
Public Health San Supervisor
Fergus Falls District Office
218-332-5142
rebecca.tonneson@state.mn.us