



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 21, 2022

Administrator
Willow Creek Senior Community
500 Willow Creek Drive
Henning, MN 56551

RE: Project Number(s) SL30350015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on May 25, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

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

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

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

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

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

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

Please address your cover letter for general reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Willow Creek Senior Community

June 21, 2022

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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,

A handwritten signature in cursive script that reads "Jessica Chenze".

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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30350	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/25/2022
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK SENIOR COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 500 WILLOW CREEK DRIVE HENNING, MN 56551		
(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: SL30350015 On, May 23, 2022, through May 25, 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 24 residents, with 17 receiving services under the provider's Assisted Living 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. 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.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required Each assisted living facility must employ an	0 110		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 110	Continued From page 1 assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD) was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On May 23, 2022, at approximately 11:10 a.m., LALD-A stated she was the LALD for the facility. On May 23, 2022, at 2:15 p.m., the Board of Executives for Long-Term Services and Support (BELTSS) website, indicated LALD-A held a current assisted living director license. The BELTSS website did not indicate LALD-A was listed as the Director of Record for the licensee. On May 23, 2022, at approximately 2:30 p.m. LALD-A contacted BELTSS and had name added as the Director of Record. On May 23, 2022, at 3:12 p.m., the BELTSS	0 110		

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0 110	Continued From page 2 website confirmed LALD-A was the director of record for the licensee . No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to comply with Minnesota Food Code, chapter 4626. This had the potential to affect all 24 residents residing at the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 480		

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0 480	Continued From page 3 safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated May 23, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety by failing to post the 911 emergency number in common	0 640		

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0 640	Continued From page 4 areas and near telephones provided by the assisted living facility. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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 residents). The findings include: On May 23, 2022, at approximately 12:00 p.m., during the survey tour with the licensed assisted living director (LALD)-A, the required 911 posting was not observed throughout the facility. At this time, LALD-A stated she was not aware that was a requirement and there are no public phones throughout the building. No other information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 640		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an	0 680		

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0 680	Continued From page 5 emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness plan with all the required content as defined in Appendix Z. 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: The licensee's Emergency Preparedness Procedure manual, last updated February 9,	0 680		

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0 680	Continued From page 6 2022, contained many procedures, some of which are for severe weather, bomb threat, and elopement. The licensee's plan lacked the following required content: - Emergency Preparedness (EP) program patient population - EP policies and procedures based on the licensee's risk assessment and communication plan - EP policies and procedures based on subsistence needs for staff and patients - procedures for tracking staff and residents - policies and procedures including evacuation - policies and procedures for sheltering in place - policies and procedures for volunteers - roles under a waiver declared by secretary On May 25, 2022, at 12:50 p.m., licensed assisted living director (LALD)-A stated she felt she had done everything she can including meeting with police and fire departments, and they do not know what more to do. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
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	0 800		

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0 800	Continued From page 7 repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility 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 some of the 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 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: On May 25, 2022, from approximately 10:25 a.m. to 11:40 a.m., survey staff toured the facility with Licensed Assisted Living Director (LALD)-A. During the facility tour, survey staff observed and verified the following maintenance issues that were found in the mechanical room on the North wing. Frost from condensation on the furnace duct work, mold on the ceiling above the furnace and a hole in the ceiling above the furnace. LALD-A verbally confirmed survey staff observations during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		

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0 810	Continued From page 8	0 810		
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 (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 observation, interview and record review, the licensee failed to provide the required	0 810		

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0 810	Continued From page 9 fire safety training and evacuation plans 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 affect a large portion or all residents). The findings include: On May 25, 2022, from approximately 10:25 a.m. to 11:50 a.m., survey staff toured the facility with Licensed Assisted Living Director (LALD)-A. During the facility tour, survey staff observed the facility fire safety and evacuation plan documentation was requested and was noted to lack the following. Documentation of required employee evacuation drills did not show drills being done every other month. The schedule and required records on training of employees on fire safety and evacuation. The schedule and required records on training of residents who can assist their own evacuation on proper actions to take in the event of a fire for their safety including movement, evacuation, and relocation. On May 25, 2022, at approximately 10:25 a.m. LALD-A were not able to provide the information listed above as requested. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		

Minnesota Department of Health

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Type: Full
Date: 05/23/22
Time: 11:45:00
Report: 1008221023

Food and Beverage Establishment Inspection Report

Page 1

Location:

Willow Creek Senior Community
500 Willow Creek Drive
Henning, MN56551
Otter Tail County, 56

Establishment Info:

ID #: 0038943
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2185486683
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.

6-100 Physical Facility Construction Materials

6-101.11A1

MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.

REMOVE THE CARPET FROM THE FLOOR AREA WHERE THE EXTRA FREEZER IS LOCATED IN THE EMPLOYEE BREAK AREA. TILE THE FLOOR WHERE THE FREEZER IS LOCATED.

Comply By: 07/22/22

Surface and Equipment Sanitizers

Chlorine: = 100 at Degrees Fahrenheit

Location: SANITIZER BUCKET

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Serving

Temperature: 176 Degrees Fahrenheit - Location: PEAS

Violation Issued: No

Process/Item: Cold Holding

Temperature: 39 Degrees Fahrenheit - Location: BUTTER

Violation Issued: No

Process/Item: Cold Holding

Temperature: 39 Degrees Fahrenheit - Location: SAUSAGE

Violation Issued: No

Type: Full
Date: 05/23/22
Time: 11:45:00
Report: 1008221023
Willow Creek Senior Community

Food and Beverage Establishment Inspection Report

Page 2

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

THINGS TO REMEMBER:

1 THE CERTIFIED FOOD PROTECTION MANAGER SHOULD BE ROUTINELY CONDUCTING SELF INSPECTIONS TO ENSURE THAT EMPLOYEES ARE FOLLOWING PROPER FOOD HANDLING PRACTICE.

2 EDUCATE EMPLOYEES ON THE IMPORTANCE OF REPORTING TO MANAGEMENT ANY ILLNESS THEY HAVE OR HAVE HAD RECENTLY. MANAGEMENT SHOULD EXCLUDE ANY WORKERS ILL WITH VOMITING OR DIARRHEA FROM HANDLING FOOD, AND THEY SHOULD KEEP AN UP TO DATE EMPLOYEE ILLNESS LOG.

3 THERE SHOULD BE A PERSON IN CHARGE A THE ESTABLISHMENT DURING ALL HOURS OF OPERATION. THIS PERSON SHOULD ENSURE THAT EMPLOYEES ARE PRACTICING GOOD HAND WASHING PROCEDURES, INCLUDING BEING KNOWLEDGEABLE ABOUT WHEN HAND WASHING SHOULD BE DONE AND HOW TO PROPERLY WASH HANDS.

4. EMPLOYEES SHOULD USE SPATULA, TONGS, DELI TISSUE, GLOVES OR SOME OTHER APPROVED MEANS TO PREVENT ANY DIRECT BARE HAND CONTACT WITH READY TO EAT FOODS.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1008221023 of 05/23/22.

Certified Food Protection Manager Ruth Renee Bosse

Certification Number: FM106987 Expires: 05/04/24

Signed: emailed to HRD
Establishment Representative

Signed: Inspector ID# 1008

Public Health Sanitarian 3
Fergus Falls District Office
651-201-4500
health.foodlodging@state.mn.us

Report #: 1008221023

Food Establishment Inspection Report



Minnesota Department of Health

PO Box 64495
St Paul, Minnesota

No. of RF/PHI Categories Out

0

Date 05/23/22

No. of Repeat RF/PHI Categories Out

0

Time In 11:45:00

Legal Authority MN Rules Chapter 4626

Time Out

Willow Creek Senior Community

Address

500 Willow Creek Drive

City/State

Henning, MN

Zip Code

56551

Telephone

2185486683

License/Permit #
0038943

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

Compliance Status

COS R

Supervision

1	☒ IN	OUT	PIC knowledgeable; duties & oversight		
2	☒ IN	OUT N/A	Certified food protection manager, duties		

Employee Health

3	☒ IN	OUT	Mgmt/Staff; knowledge, responsibilities & reporting		
4	☒ IN	OUT	Proper use of reporting, restriction & exclusion		
5	☒ IN	OUT	Procedures for responding to vomiting & diarrheal events		

Good Hygienic Practices

6	☒ IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use		
7	☒ IN	OUT	N/O	No discharge from eyes, nose, & mouth		

Preventing Contamination by Hands

8	☒ IN	OUT	N/O	Hands clean & properly washed		
9	☒ IN	OUT	N/A	N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	
10	☒ IN	OUT			Adequate handwashing sinks supplied/accessible	

Approved Source

11	IN	OUT			Food obtained from approved source		
12	IN	OUT	N/A	N/O	Food received at proper temperature		
13	IN	OUT			Food in good condition, safe, & unadulterated		
14	IN	OUT	N/A	N/O	Required records available; shellstock tags, parasite destruction		

Protection from Contamination

15	☒ IN	OUT	N/A	N/O	Food separated and protected		
16	☒ IN	OUT	N/A		Food contact surfaces: cleaned & sanitized		
17	☒ IN	OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status

COS R

Time/Temperature Control for Safety

18	IN	OUT	N/A	N/O	Proper cooking time & temperature		
19	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding		
20	IN	OUT	N/A	N/O	Proper cooling time & temperature		
21	☒ IN	OUT	N/A	N/O	Proper hot holding temperatures		
22	☒ IN	OUT	N/A		Proper cold holding temperatures		
23	☒ IN	OUT	N/A	N/O	Proper date marking & disposition		
24	IN	OUT	N/A	N/O	Time as a public health control: procedures & records		

Consumer Advisory

25	☒ IN	OUT	N/A		Consumer advisory provided for raw/undercooked food		
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Highly Susceptible Populations

26	☒ IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered		
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Food and Color Additives and Toxic Substances

27	☒ IN	OUT	N/A		Food additives: approved & properly used		
28	☒ IN	OUT			Toxic substances properly identified, stored, & used		

Conformance with Approved Procedures

29	IN	OUT	N/A		Compliance with variance/specialized process/HACCP		
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Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

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

COS= corrected on-site during inspection

R= repeat violation

Safe Food and Water

30	☒ IN	OUT	N/A		Pasteurized eggs used where required		
31					Water & ice obtained from an approved source		
32	IN	OUT	N/A		Variance obtained for specialized processing methods		

Food Temperature Control

33					Proper cooling methods used; adequate equipment for temperature control		
34	☒ IN	OUT	N/A	N/O	Plant food properly cooked for hot holding		
35	IN	OUT	N/A	N/O	Approved thawing methods used		
36					Thermometers provided & accurate		

Food Identification

37					Food properly labeled; original container		
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Prevention of Food Contamination

38					Insects, rodents, & animals not present		
39					Contamination prevented during food prep, storage & display		
40					Personal cleanliness		
41					Wiping cloths: properly used & stored		
42					Washing fruits & vegetables		

Proper Use of Utensils

43					In-use utensils: properly stored		
44					Utensils, equipment & linens: properly stored, dried, & handled		
45					Single-use/single service articles: properly stored & used		
46					Gloves used properly		

Utensil Equipment and Vending

47					Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48					Warewashing facilities: installed, maintained, & used; test strips		
49					Non-food contact surfaces clean		

Physical Facilities

50					Hot & cold water available; adequate pressure		
51					Plumbing installed; proper backflow devices		
52					Sewage & waste water properly disposed		
53					Toilet facilities: properly constructed, supplied, & cleaned		
54					Garbage & refuse properly disposed; facilities maintained		
55	X				Physical facilities installed, maintained, & clean		
56					Adequate ventilation & lighting; designated areas used		
57					Compliance with MCIAA		
58					Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) *emailed to HRD*

Date: 05/23/22

Inspector (Signature)

Inspector ID# 10082