



Protecting, Maintaining and Improving the Health of All Minnesotans

November 29, 2022

Administrator
Gondola Group Inc
2700 62nd Street East
Inver Grove Heights, MN 55076

RE: Project Number(s) SL25528015

Dear Administrator:

On November 22, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the August 24, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Casey DeVries'.

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 13, 2022

Administrator
Gondola Group Inc
2700 62nd Street East
Inver Grove Heights, MN 55076

RE: Project Number(s) SL25528015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on August 24, 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, the following fines are assessed pursuant to this evaluation:

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services - \$3,000.00

The total amount you are assessed is \$3,000.00. 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 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

REQUESTING A HEARING

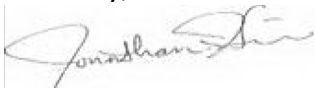
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for 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
Email: jonathan.hill@state.mn.us
Telephone: 651-592-5119 Fax: 651-215-9697

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25528	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2022
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NAME OF PROVIDER OR SUPPLIER GONDOLA GROUP INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 62ND STREET EAST INVER GROVE HEIGHTS, MN 55076
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(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	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL25528015</p> <p>On August 22, 2022, through August 23, 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 six (6) residents, all of whom received services under the provider's Assisted Living license.</p> <p>On August 23, 2022, an immediate correction order was issued at 2310.</p> <p>On August 23, 2022, the immediacy of correction order 2310 has been removed, however non-compliance remains at a scope and level of I.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	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	<p>Continued From page 1</p> <p>Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure licensed assisted living director (LALD)-A was listed as Director of Record for the licensee. This had the potential to affect all the licensee's residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>The Minnesota Board of Executives for Long-Term Services and Support (BELTSS) website indicated LALD-A held a LALD license effective through October 31, 2022, however, the website did not indicate LALD-A was listed as Director of Record for the licensee.</p> <p>On August 22, 2022, at 3:30 p.m., LALD-A confirmed being LALD for the licensee, but not listed as Director of Record with BELTSS.</p> <p>No further information was provided.</p>	0 110		

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0 110	Continued From page 2 TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(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:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>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).</p>	0 480		

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0 480	Continued From page 3 The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 22, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 510 SS=E	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 complied with accepted health care, medical and nursing standards for infection control. This had the potential to affect all six (6) residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 510		

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0 510	<p>Continued From page 4</p> <p>safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of resident's are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>Hand Hygiene On August 23, 2022, at 7:39 a.m., unlicensed personnel (ULP)-B was observed providing medication administration for R1. Prior to R1's medication administration, ULP-B washed hands and applied a pair of disposable gloves. After medication administration, ULP-B removed gloves but failed to complete proper handwashing.</p> <p>On August 23, 2022, at 9:00 a.m., ULP-B was observed providing medication administration for R4. Prior to R4's medication administration, ULP-B washed hands and applied a pair of disposable gloves. After medication administration, ULP-B removed gloves but failed to complete proper handwashing.</p> <p>On August 23, 2022, at 3:45 p.m., registered nurse (RN)-C confirmed ULP-B had been trained, and competency tested on basic infection control.</p> <p>The licensee's undated Handwashing policy directed staff to wash their hands before direct contact with a client, after glove removal, and after direct contact with a client.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One</p>	0 510		

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0 510	Continued From page 5 (21) days	0 510		
0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities. This had the potential to affect all six (6) of the licensee's current residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On August 22, 2022, at 10:30a.m., during a tour</p>	0 550		

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0 550	<p>Continued From page 6</p> <p>of the facility, it was observed the licensee lacked a posting of the contact information for the state and applicable regional Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>On August 22, 2022, at 4:00 p.m. licensed assisted living director (LALD)-A confirmed the required content noted above was not currently posted.</p> <p>The licensee's Grievance Policy dated January 15, 2022, lacked direction to post the above information.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 550		
0 650 SS=D	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p>	0 650		

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0 650	<p>Continued From page 7</p> <p>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057.</p> <p>(b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee record included required annual performance review for one of two employees (unlicensed personnel (ULP)-D).</p> <p>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 clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>During an interview with registered nurse (RN)-C, surveyor asked to see a copy of ULP-D's most recent annual performance review. RN-C stated, " Housing Manager (HM)-E has it at her house, and they cannot get to it because HM-E was on vacation. RN-C stated, " I will contact HM-E for</p>	0 650		

Minnesota Department of Health

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0 650	Continued From page 8 access." ULP-D had a hire date of February 8, 2008. ULP-D's employee record lacked evidence an annual performance review was completed after May 1, 2018. The licensee's undated Staff Evaluating policy indicated employee performance evaluations should be completed yearly. No further information was provided.	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are	0 680		

Minnesota Department of Health

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0 680	<p>Continued From page 9</p> <p>allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency disaster plan with all required content. This had the potential to affect all six residents receiving assisted living services, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On August 22, 2022, at 2:00 p.m., licensed assisted living director (LALD)-A provided the licensee's incomplete emergency preparedness plan and verified this plan lacked some components. The licensee's plan lacked the following required content: -description of the population served by licensee; -process for emergency preparedness (EP) cooperation with state and local EP officials/organizations. -development of all policies/procedures, based on assessment; and additional policies for: -potential evacuation; -sheltering in place;</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25528	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2022	
NAME OF PROVIDER OR SUPPLIER GONDOLA GROUP INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 62ND STREET EAST INVER GROVE HEIGHTS, MN 55076		
(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
0 680	Continued From page 10 -handling medical documents; -handling and use of volunteers; -EP training and testing program; -EP training program for staff (including documentation of training provided); -annual EP testing requirements. The licensee's Emergency and Disaster Preparedness policy, dated May 1, 2022, indicated the licensee would have in place a general emergency preparedness plan that would comply with federal emergency preparedness regulations. No additional information was 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 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 all residents, staff, and visitors.	0 800		

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NAME OF PROVIDER OR SUPPLIER GONDOLA GROUP INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 62ND STREET EAST INVER GROVE HEIGHTS, MN 55076
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0 800	<p>Continued From page 11</p> <p>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).</p> <p>The findings include:</p> <p>On August 24, 2022, from approximately 0930am to 1030am, survey staff toured the facility with ULP-D. During the facility tour, survey staff observed there are two heat lamps missing in the lower level bathroom ceiling unit.</p> <p>ULP-D verbally confirmed survey staff observations during the facility tour. ULP-D stated she was not aware of his issue.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 800		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> (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 	0 810		

Minnesota Department of Health

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0 810	<p>Continued From page 12</p> <p>emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: 0810 Based on observation, interview and record review, the licensee failed to provide the required fire safety training and evacuation plans for residents and staff. This has the potential to directly affect all residents, staff, and visitors.</p> <p>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).</p>	0 810		

Minnesota Department of Health

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0 810	<p>Continued From page 13</p> <p>The findings include:</p> <p>On August 24,2022, from approximately 930am to 1030am, survey staff toured the facility with ULP-D. During the facility tour, survey staff observed the home did not have records on hand of fire drills being completed as required two per year per shaft. ULP-D verbally confirmed survey staff observations during the facility tour.</p> <p>During interview on August 26, 2022 at 945am, ULP-D stated the records are keep at the main office with the owner LALD-A</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
0 970 SS=C	<p>144.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>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 resident health, safety, or personal property. This had the potential to affect all six (6) residents.</p>	0 970		

Minnesota Department of Health

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0 970	<p>Continued From page 14</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R5's Assisted Living Contract dated August 1, 2021, included a section for Liability that read, "Landlord shall not be liable for any damages or injury of or to the Tenant, Tenant's family, guests, invitees, agents or employees or to any person entering the Premises or the building of which the Premises are a part or to goods or equipment, or in the structure or equipment of the structure of which the Premises are a part, and Tenant hereby agrees to indemnify, defend and hold Landlord harmless from any and all claims or assertions of every kind of nature."</p> <p>On August 23, 2022, at 4:00 p.m. licensed assisted living director (LALD)-A confirmed the licensee's assisted living contract included the above content and stated, "the same contract was utilized for all residents at the facility."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		
02310 SS=I	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted	02310		

Minnesota Department of Health

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02310	<p>Continued From page 15</p> <p>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 standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for two of six residents (R2, R3) who utilized bed rails with records reviewed. This resulted in issuance of an immediate correction order on August 23, 2022.</p> <p>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).</p> <p>The findings include:</p> <p>On August 22, 2022, at approximately 2:24 p.m. the surveyor observed bilateral half bedrails on the upper sides of R2's hospital bed in the raised position. The surveyor observed a portable/consumer grab bar on the upper side R3's bed.</p> <p>Diagnoses for both R2 and R3 included dementia. The Service Plans for the identified residents indicated services provided included assistance with activities of daily living and medication management.</p>	02310		

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02310	<p>Continued From page 16</p> <p>On August 23, 2022, at approximately 8:00 a.m. registered nurse (RN)-C verified the bedrails had not been assessed for safety with measurements, nor was the education provided to the resident/resident representative on the risks associated with bed rail use documented. RN-C confirmed staff had not been trained to notify the RN if bedrails were applied to a resident's bed. RN-C verified she could not ensure the grab bars were installed or used according to manufacturers' instructions.</p> <p>The Food and Drug Administration (FDA) "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>The immediacy of correction order, tag identification 2310 was removed August 23, 2022, scope and level of noncompliance remained the same.</p>	02310		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors Subd. 8. Notice to visitors. (a) A facility must post	03090		

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03090	<p>Continued From page 17</p> <p>a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."</p> <p>(b) The facility is responsible for installing and maintaining the signage required in this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the required notice posted at the main entry way of the facility displayed statutory language to disclose electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities, potentially affecting all six (6) residents in the assisted living facility, staff, and any visitors of the licensee.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Surveyor observed the facility main entry area and common areas, and noticed licensee postings lacked the statutory language to disclose electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities.</p>	03090		

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03090	<p>Continued From page 18</p> <p>On August 22, 2022, at 10:30 a.m. licensed assisted living director (LALD)-A stated, "We do have a camera in the basement to observe staff working with residents."</p> <p>On August 23, 2022, at 4:00 p.m. LALD-A confirmed the required notice posted regarding electronic monitoring failed to include required statutory language, "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons or activities."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	03090		



Type: Full
Date: 08/22/22
Time: 11:55:14
Report: 1036221021

Food and Beverage Establishment Inspection Report

Location:

Gondola Group Inc.
2700 62nd Street East
Inver Grove Heights, MN55075
Dakota County, 19

Establishment Info:

ID #: 0027195
Risk: Low
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Gondola Group Inc.
Phone #: 9524573619
ID #: 36110

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.

3-500C Microbial Control: date marking

3-501.17A ** Priority 2 **

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.

No date label on sliced watermelon in upstairs fridge. Discarded on site.

Comply By: 08/22/22

Surface and Equipment Sanitizers

Hot Water: = at 180 Degrees Fahrenheit

Location: Dishwasher

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/Milk

Temperature: 41 Degrees Fahrenheit - Location: Upstairs fridge

Violation Issued: No

Process/Item: Cold Holding/Beef

Temperature: 40 Degrees Fahrenheit - Location: Upstairs fridge

Violation Issued: No

Process/Item: Cold Holding/Salami

Temperature: 40 Degrees Fahrenheit - Location: Upstairs fridge

Violation Issued: No

Type: Full
Date: 08/22/22
Time: 11:55:14
Report: 1036221021
Gondola Group Inc.

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding/Cheese
Temperature: 40 Degrees Fahrenheit - Location: Basement fridge
Violation Issued: No

Process/Item: Cold Holding/Milk
Temperature: Degrees Fahrenheit - Location: Basement fridge
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. ALL VIOLATIONS WERE DISCUSSED WITH PERSON IN CHARGE AND HRD EVALUATOR DURING INSPECTION.

- THESE ADDITIONAL TOPICS WERE DISCUSSED:
- EMPLOYEE ILLNESS EXCLUSION
 - HAND WASHING PROCEDURE
 - NO BARE HAND CONTACT WITH RTE FOOD
 - VOMIT CLEAN UP PROCEDURE
 - FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
 - ANSI 184 STANDARD FOR RESIDENTIAL DISH WASHER

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


I acknowledge receipt of the inspection report number 1036221021 of 08/22/22.

Certified Food Protection Manager: Darlene K. Davis

Certification Number: FM66058 Expires: 09/30/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Margo Salberg
Operator

Signed:  _____
Jeff Johanson