



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 26, 2024

Licensee
Charter House
211 2nd Street Northwest
Rochester, MN 55901

RE: Project Number(s) SL30329015

Dear Licensee:

On July 3, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the January 12, 2024, survey were corrected. 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,

A handwritten signature in blue ink, appearing to read 'Tim Hanna'.

Tim Hanna, Supervisor
State Engineering Services Section
Health Regulation Division
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-866-890-9290

HHH



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
April 3, 2024

Licensee
Charter House
211 2nd Street Northwest
Rochester, MN 55901

RE: Project Number(s) SL30329015

Dear Licensee:

On April 3, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on January 12, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the January 12, 2024 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on January 12, 2024, found not corrected at the time of the April 3, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0780-Fire Protection And Physical Environment-144g.45 Subd. 2 (a) (1) - \$500.00

The details of the violations noted at the time of this follow-up survey completed on April 3, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. 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.

IMPOSITION OF FINES:

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.

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.

A state correction 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.

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.

We urge you to review these orders carefully. If you have questions, please contact Bob Dehler at 651-201-3710.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Dehler", with a long horizontal line extending to the right.

Bob Dehler, P.E.
Engineering Manager
Engineering Services Section
Health Regulation Division
Email: Robert.Dehler@state.mn.us
Telephone: 651-201-3710

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/03/2024
NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 211 2ND STREET NW ROCHESTER, MN 55901		
(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 *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL30329015-1 On April 1, 2024, through April 3, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on January 12, 2024. At the time of the survey, there were 299 residents; 119 receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued.	{0 000}			
{0 130} SS=F	144G.12, Subd. 1 Application for Licensure Each application for an assisted living facility license, including provisional and renewal applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director;	{0 130}			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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{0 130}	Continued From page 1 (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater and that specifies their relationship with the licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes	{0 130}			

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{0 130}	Continued From page 2 for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or 1001.201; (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing	{0 130}			

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{0 130}	Continued From page 3 authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner. This MN Requirement is not met as evidenced by: No further action needed.	{0 130}			

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{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: (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: No further action needed.	{0 480}			
{0 550} SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the 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. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: No further action needed.	{0 550}			
{0 640} SS=F	144G.42 Subd. 7 Posting information for reporting suspected c	{0 640}			

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{0 640}	Continued From page 5 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: No further action needed.	{0 640}			
{0 780} SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so	{0 780}			

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{0 780}	Continued From page 6 that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on record review and observation, the licensee failed to provide smoke alarms that complied with fire protection requirements. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On April 1, 2024, at 9:31 a.m., survey staff emailed the licensee and requested documentation to support physical environment corrections completed since the survey on January 9, 2024. The email directed the licensee to include a plan for correction if the smoke alarm installations were not finished and provide the anticipated date this project would be completed. Survey staff requested updates on the following observations from January 9, 2024: 1. Smoke alarm installations in resident	{0 780}			

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{0 780}	Continued From page 7 bedrooms where smoke alarms had not been provided. 2. Smoke alarm interconnection in resident apartments where smoke alarms were not interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to operate. On April 2, 2024, Unit Head-Facilities Operations (UHFO)-S emailed survey staff the following update on smoke alarm installations in resident apartments: "Smoke alarm modifications in the tower floors 4-21 are in progress. A solution has been determined that will provide audible and visual coverage and interconnection between the sleep rooms and the rest of the apartment. Kiddy wireless interconnected smoke detector system is being integrated into the existing Deltronics system which will provide alarm notification to front desk. Materials for this system arrived on 3/29/24 and installation on tower floors began on 4/1/24. Estimated completion is 5/8/24."	{0 780}			
{0 950} SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including	{0 950}			

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{0 950}	Continued From page 8 some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: No further action needed.	{0 950}			
{0 970} SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: No further action needed.	{0 970}			
{01710} SS=E	144G.71 Subd. 3 Individualized medication monitoring and reas	{01710}			

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{01710}	Continued From page 9 The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: No further action needed.	{01710}			
{01730} SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered	{01730}			

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{01730}	Continued From page 10 nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: No further action needed.	{01730}			
{01760} SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.	{01760}			

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{01760}	Continued From page 11 This MN Requirement is not met as evidenced by: No further action needed.	{01760}			
{01880} SS=D	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: No further action needed.	{01880}			
{01890} SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: No further action needed.	{01890}			
{01940} SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services	{01940}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/03/2024
NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 211 2ND STREET NW ROCHESTER, MN 55901			
(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
{01940}	Continued From page 12 that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: No further action needed.	{01940}			
{01960} SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When	{01960}			

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{01960}	Continued From page 13 treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: No further action needed.	{01960}			
{01970} SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: No further action needed.	{01970}			
{02320} SS=E	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by:	{02320}			

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{02320}	Continued From page 14 No further action needed.	{02320}			
{03090} SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post 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." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: No further action needed.	{03090}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 9, 2024

Licensee
Charter House
211 2nd Street Northwest
Rochester, MN 55901

RE: Project Number(s) SL30329015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 12, 2024, 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

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>

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,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

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0 000	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: SL30329015-0 On January 8, 2024, through January 12, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 301 residents; 119 receiving services under the Assisted Living license.	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 License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.		
0 130 SS=F	144G.12, Subd. 1 Application for Licensure Each application for an assisted living facility license, including provisional and renewal	0 130			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 130	Continued From page 1 applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater and that specifies their relationship with the	0 130			

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0 130	Continued From page 2 licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or 1001.201;	0 130			

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0 130	Continued From page 3 (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership,	0 130			

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0 130	Continued From page 4 or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to execute a written assisted living (AL) contract with required content for all persons living in the building. 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: On January 8, 2024, at 12:30 p.m., during a facility tour, clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated the facility had some apartments in the independent living area which were available for resident families to use to stay for short term stays if needed. On January 9, 2024, at 2:36 p.m. director of facility services (DFS)-N stated Mayo Clinic's Mayo Student of Graduate Medical Education (MSGME) students who have come to the city from out of state, stayed in a select set of	0 130			

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0 130	Continued From page 5 apartments in the assisted living facility and stayed for months at a time. The licensee failed to provide a written contract to the five current (MSGME) program students receiving housing services at the facility. Minnesota Assisted Living Statutes 144G.08 definitions indicated: - Subd. 5. Assisted living contract-"Assisted living contract" means the legal agreement between a resident and an assisted living facility for housing, and if applicable, assisted living services;" - Subd. 7. Assisted living facility- "Assisted living facility" means a facility that provides sleeping accommodations and assisted living services to one or more adults. Refer to clauses 1-15 for exclusions. - Subd. 59. Resident. -"Resident" means an adult living in an assisted living facility who has executed an assisted living contract. On January 10, 2024, at 9:35 a.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated there were currently five students using the facility's housing apartments in this manner and provided the surveyor a document titled Lodging License Exemption. The document indicated the licensee had reached out to Minnesota Department of Health (MDH) regarding the student housing need in 2021; however, they had not received a response regarding the need for a license to operate guest apartment. The document then indicated in February 2022, the licensee had not received a response back from MDH and since the licensee was owned by Mayo Clinic, a license for internal rentals to Mayo staff or departments was not needed. The document then indicated on January 3, 2024, the team was made aware of Food and	0 130			

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0 130	Continued From page 6 Lodging Licensing under 144G.10, subd. 3- Licensure under other law. The licensee indicated they immediately reached out to MDH and received a response on January 10, 2024, from Olmsted County Environmental Health Licensing requesting more information to determine if a lodging license was needed and were awaiting a response. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 130			
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: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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).	0 480			

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0 480	Continued From page 7 The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 10, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480			
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the 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. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required information related to the grievance procedure as well as the required information related to the	0 550			

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0 550	Continued From page 8 contact information for the state and applicable regional Office of Ombudsman for Mental Health and Developmental Disabilities. 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, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On January 8, 2024, at 12:25 p.m. the surveyor toured the facility with clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B. The facility's grievance procedure was observed posted on a wall on the second-floor assisted living care (ALC) unit, and on the fourth-floor supportive living care (SLC) unit. The licensee failed to post the grievance procedure on any other floor of the building's multiple floors or post in a common area for all residents and visitors to see. Additionally, the posting lacked the required content to include the name and email contact information for the individuals who are responsible for handling resident grievances and lacked the contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities. On January 10, 2024, at 1:30 p.m. CNS/LALD-B stated the posting was not located in other areas that she was aware of and would have it posted in	0 550			

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0 550	Continued From page 9 a place that made the most sense for all residents and visitors to see. CNS/LALD-B added she would work to have the grievance procedure updated to include the required content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			
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, interview, and record review, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) and 911 emergency number as required. 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	0 640			

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0 640	Continued From page 10 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On January 8, 2024, at 12:25 p.m. during a facility tour, the surveyors observed no postings for 911 or information and phone numbers for MAARC located in common areas for residents or visitors to see. On January 9, 2024, at 8:00 a.m. the surveyor observed the facility's fourth floor supportive living center (SLC) and found 911 posted on the phone at the nurse's desk; however, the 911 and MAARC posting was not found in a conspicuous location for residents and visitors. On January 10, 2024, at 1:30 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B confirmed the content noted above was not posted as required and would start working on getting them in place. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640			
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter	0 780			

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0 780	Continued From page 11 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that complied with fire protection requirements. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	0 780			

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0 780	Continued From page 12 The findings include: On January 9, 2024, at 8:00 a.m., survey staff toured the facility with maintenance supervisor (MS)-G. During the tour, survey staff observed the following: 1. Smoke alarms were not installed in resident bedrooms for apartments 2101, 2012, 1902, 1702, CR 6-01, 1207, 1011, and 503. During the facility tour interview, MS-G verified smoke alarms were not installed in resident bedrooms in these apartments. MS-G explained the licensee had been adding smoke alarms to bedrooms when resident apartments were renovated. 2. Smoke alarms were not installed in resident sleeping rooms in health center supportive living units 4-54, 4-57, 4-58, 4-60, 4-64, 4-70, 4-73, and 4-76. Smoke detectors without a form of audible alarm were installed as part of the fire alarm system. During the facility tour interview, MS-G verified smoke alarms were not installed and smoke detectors provided in these resident sleeping rooms were not equipped with horn strobes or audible speaker bases. 3. When smoke alarms were tested in apartment 1308, the smoke alarms in the bedrooms and outside each sleeping area were not all interconnected. During the facility tour interview, MS-G explained this apartment had been created by combining two adjoining apartments. MS-G verified the smoke alarms were not interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to operate. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780			

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0 810	Continued From page 13	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 and interview, the licensee	0 810			

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0 810	Continued From page 14 failed to develop fire safety and evacuation plans with the required content. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On January 9, 2024, at 8:00 a.m., survey staff toured the facility with maintenance supervisor (MS)-G. During the tour, survey staff observed the location and number of resident rooms were not identified on the evacuation plans posted in the facility. During the facility tour interview, MS-G verified the posted evacuation plans did not identify resident rooms. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.	0 950			

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0 950	Continued From page 15 You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee provided the required notice for right to a designated representative with the required verbiage on a document separate from the contract for six of six residents (R1, R2, R3, R4, R5, R6). 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). The findings include:	0 950			

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0 950	Continued From page 16 R1's Assisted Living Contract dated August 1, 2021, lacked the required notice to designate a representative. R2's Assisted Living Contract dated August 1, 2021, lacked the required notice to designate a representative. R3's Assisted Living Contract dated August 14, 2022, lacked the required notice to designate a representative. R4's Assisted Living Contract dated August 10, 2021, lacked the required notice to designate a representative. R5's Assisted Living Contract dated August 3, 2021, lacked the required notice to designate a representative. R6's Assisted Living Contract dated August 9, 2021, lacked the required notice to designate a representative. R1, R2, R3, R4, R5, and R6's records lacked evidence in writing of providing on a document separate from the contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."	0 950			

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0 950	Continued From page 17 On January 11, 2024, at 1:34 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated the licensee had previously corrected the contract language regarding the required designated representative verbiage, but had not yet provided this amended language to any of the licensee's residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950			
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include 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	0 970			

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0 970	Continued From page 18 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). The findings included: The licensee had an assisted living license with a renewal date of October 31, 2023. R1's Assisted Living Contract was signed on August 1, 2021. R2's Assisted Living Contract was signed on August 1, 2021. R3's Assisted Living Contract was signed August 14, 2022. R4's Assisted Living Contract was signed on August 10, 2021. R5's Assisted Living Contract was signed on August 3, 2021. R6's Assisted Living Contract was signed on August 9, 2021. The Assisted Living Contract included the following: -Page 21, section 28.0 Indemnification- As an occupant of the Facility, Resident assumes the risk for Resident's own safety and for the safety of Resident's personal property, guests, and agents. Resident will indemnify and hold harmless Facility, its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident or	0 970			

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0 970	Continued From page 19 Resident's guests of the Apartment or any other part of Facility, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents. On January 11, 2024, at 1:34 p.m. clinical nurse supervisor/licensed assisted living director (CNS)-B stated the licensee had previously corrected the liability language in the contract but were still using the previous contract and had not provided an addendum or amended statement to the residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970			
01710 SS=E	144G.71 Subd. 3 Individualized medication monitoring and reas The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) assessed R2's ability to self-administer medications. Additionally, the licensee failed to complete a medication assessment prior to the start of medication administration services for two of 14 residents (R3, R4) who received medication management services.	01710			

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01710	Continued From page 20 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: During the entrance conference on January 8, 2024, at 11:00 a.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated the licensee provided medication management services to the licensee's residents at the facility. R2 R2's diagnoses included cauda equina syndrome (a severe type of spinal stenosis (narrowing), where the nerves of the lower spine become severely compressed causing pain and eventual paralysis. R2's Service plan dated November 10, 2023, indicated she was independent with medication management and administration. On January 9, 2024, at 8:00 a.m. unlicensed personnel (ULP)-I was observed to assist R2 with a shower. ULP-I indicated he also assisted with R2's dressing, grooming, urinary catheter bag exchange and assisted with R2's compression stockings. On January 9, 2024, at 12:15 p.m. R2 stated she	01710			

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01710	Continued From page 21 was independent with medication management in ordering, storage of oral medications and medication administration. R2 indicated due to the progression of her spinal disease, she needed staff assistance at times to administer certain routes (eye drops and rectal medications), and if she was in bed, she occasionally needed staff to assist with preparing and administering medications. R2's medication orders dated December 5, 2023, indicated she received two medications for pain and three for constipation. R2's Medication Assessment dated January 9, 2024, (completed during survey), indicated R2 managed all medications except storage of refrigerated medications and needed assistance with vaginal, rectal, and injectable medications. R2's Individualized Medication Management Plan, found in the Service Plan, dated November 10, 2023, indicated R2 was independent with medication management (ordering, storage, and administration). The licensee failed to update R2's medication management record to identify staff were managing as needed medications and certain routes of administration that R2 could not do independently. On January 11, 2024, at 11:20 a.m. registered nurse (RN)-E stated she reviewed and updated R2's Medication plan and assessment as she realized it did not depict how all of R2's medications were managed. RN-E stated although R2 managed ordering, storage, and self-administered most of her medications, she was unable to manage rectal medications and	01710			

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01710	Continued From page 22 occasionally needed help with her injectable medication. Additionally, if R2 was in bed for the night and needed a medication for pain, the licensee would need to set up and administer those medications. RN-E stated the licensee had a medication administration record for the as needed (PRN) medications they assisted with. R3 R3 was admitted to the facility under the assisted living license on November 17, 2022. R3's Care Plan dated October 12, 2023, indicated R3 received medication management and administration, assistance with showers and dressing, and meal preparation. R3's Progress Notes dated September 5, 2023, indicated medication administration services were added per family request. On January 9, 2024, ULP-H was observed administering oral medications to R3. R3's Medication Management Services Assessments were completed for R3 on July 17, 2023, October 11, 2023, and December 31, 2023. R3's Medication Management Assessment dated July 17, 2023, indicated R3 was independent with self-administration of medications. R3's Medication Management Assessment dated October 11, 2023, indicated the licensee provided medication set-up and administration services. The licensee failed to complete a medication management assessment prior to starting medication administration services on September 5, 2023. R4 R4 was admitted to the facility on March 5, 2021,	01710			

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01710	Continued From page 23 under the former comprehensive home care license and began receiving assisted living (AL) services on August 1, 2021, under the current AL license. R4's Service Plan dated December 21, 2023, indicated R3 received partial medication assistance (nasal spray), dressing, grooming, and weight monitoring. R4's Medication Management Services Assessment including Medication Management Plan completed December 23, 2023, indicated R4 was independent with taking medications after set-up by a family member. R4's Progress Notes dated January 5, 2024 (late entry), indicated the licensee would begin providing medication set-up and administration services on January 9, 2024. The licensee failed to complete a medication management assessment prior to starting medication management services on January 9, 2024. On January 11, 2024, at approximately 11:15 a.m., registered nurse (RN)-O stated a medication management assessment had not been completed for R3 or R4 and assessments were completed every 90 days and annually. The licensee's Assisted Living Individual Medication Management Policy dated March 15, 2023, indicated the RN would monitor and reassess resident medication management needs as needed at the nurse's periodic monitoring visits. Based on the reassessment, the Individualized Medication Plan would be modified.	01710			

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01710	Continued From page 24 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710			
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered	01730			

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01730	Continued From page 25 as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an individualized medication management plan was revised and included all the required content for seven of seven residents (R1, R2, R3, R4, R5, R6, R7). 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: R1 R1 diagnoses included Alzheimer's disease (a progressive degenerative disease of the brain affecting cognition and physical decline) and chronic respiratory failure with oxygen dependence. R1's Service Plan dated November 10, 2023,	01730			

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01730	Continued From page 26 indicated she received services to include medication administration. On January 9, 2024, at 7:15 a.m. unlicensed personnel (ULP)-J was observed to administer a nebulizer breathing treatment and applied a pain patch to R1. R1's Medication Administration Record (MAR) dated January 2024, indicated she received one medication for Alzheimer's disease, one breathing nebulizer, one for sleep, one for agitation, one for swelling/edema, three for mild pain, one for significant pain/shortness of breath, three for constipation, one for oral secretions, and one for skin rashes. R1's Medication Management Plan, found within the Service Plan, dated November 10, 2023, indicated the licensee staff managed R1's medications. R1's Medication plan lacked the following required content: - identification of medication management tasks that may be delegated to unlicensed personnel R2 R2's diagnoses included cauda equina syndrome (a severe type of spinal stenosis (narrowing), where the nerves of the lower spine become severely compressed causing pain and eventual paralysis). R2's Service plan dated November 10, 2023, indicated she received services to include assistance with bathing, grooming, dressing, urinary catheter care, bi-pap (a non-invasive positive pressure breathing device that aids in management of obstructive airway conditions) management and transfers.	01730			

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01730	Continued From page 27 On January 9, 2024, at 8:00 a.m. ULP-I was observed to assist R2 with a shower. ULP-I indicated he also assisted with R2's dressing, grooming, urinary catheter bag exchange and assisted with R2's compression stockings. On January 9, 2024, at 12:15 p.m. R2 stated she was independent with medication management in ordering, storage of oral medications and self-administered her medications. R2 indicated due to the progression of her spinal disease, she needed staff assistance at times to administer certain routes (eye drops and rectal medications), and if in bed, occasionally needed staff to assist with preparing and administering medications. R2's medication orders dated December 5, 2023, indicated she received two medications for pain and three for constipation. R2's Medication Administration Record (MAR) from July 2023, through October 31, 2023, indicated staff assisted with medication administration to include: -July 8, 2023, and September 10, 2023, bisacodyl 10 milligrams (mg) suppository given rectally for constipation; and -July 21, 2023, Fleet enema 19 grams (gm) given rectally for constipation R2's Medication Assessment dated January 9, 2024, (completed during survey), indicated R2 managed all medications except storage of refrigerated medications and needed assistance with vaginal, rectal, and injectable medications. The licensee failed to update R2's medication management record to identify staff were managing medication administration upon R2's	01730			

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01730	Continued From page 28 request. Furthermore, the licensee failed to indicate the medication tasks that would be delegated to unlicensed personnel. On January 10, 2024, at 1:30 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated R1 and R2's medication plans lacked the required content regarding what medication tasks would be delegated to ULP, and added the nurses who developed the medication plans would need to specifically pull this into the plan or address it within the MAR. On January 11, 2024, at 11:20 a.m. registered nurse (RN)-E stated she reviewed and updated R2's Medication plan and assessment as she realized it did not depict how all R2's medications were managed. RN-E stated although R2 managed ordering, storage and self-administered most of her medications, she was unable to manage rectal medications and on occasion needed help with her injectable medication. Additionally, if R2 was in bed for the night and needed a medication for pain, the licensee would need to set up and administer those medications. RN-E stated the licensee had a medication administration record for the as needed (PRN) medications they assisted with. R3 R3 was admitted to the facility under the assisted living license on November 17, 2022. R3's Care Plan dated October 12, 2023, indicated R3 received services to include medication management and administration. R3's Progress Notes dated September 5, 2023, indicated medication administration services were added per family request.	01730			

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01730	Continued From page 29 R3's Medication Management Services Assessments were completed on July 17, 2023, October 11, 2023, and December 31, 2023. R3's Medication Management Plan dated July 17, 2023, indicated R3 was independent with self-administration of medications. R3's Medication Management Plan dated October 11, 2023, indicated the licensee would provide medication set-up and administration services. The licensee failed to complete a medication management plan prior to starting medication administration services on September 5, 2023. R4 R4 was admitted to the facility on March 5, 2021, under the former comprehensive home care license and began receiving assisted living (AL) services on August 1, 2021, under the current AL license. R4's Service Plan dated December 21, 2023, indicated R3 received services to include partial medication assistance (nasal spray). R4's Medication Management Services Assessment including Medication Management Plan completed December 23, 2023, indicated R4 was independent with taking medications after set-up by a family member. R4's Progress Notes dated January 5, 2024 (late entry), indicated the licensee would begin providing medication set-up and administration services on January 9, 2024. The licensee failed to complete a medication management plan prior to starting medication management services on January 9, 2024	01730			

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01730	Continued From page 30 On January 11, 2024, at approximately 11:15 a.m., RN-O stated a medication management plan had not been completed for R3 or R4 prior to starting medication administration and assessments were completed every 90 days and annually. R5 R5's diagnoses included legal blindness, osteoporosis, hypothyroidism, and macular degeneration. R5's service plan signed December 26, 2023, identified R5 received medication management, medication set-up and medication administration. On January 9, 2024, at 8:00 a.m. ULP-K administered oral medications and eye drops to R5. R5's Medication Management Services Assessment dated November 1, 2023, identified R5 received medication management with medication administration. R5's record failed to identify the medication management tasks that may be delegated to ULP. R6 R6's diagnoses included cancer, colostomy (an opening for the colon, or large intestine, through the abdomen), pneumonia, and atrial fibrillation (irregular heart rate). R6's service plan signed December 21, 2023, identified R6 received medication management, medication set-up of oral medications, and medication administration. Staff assisted resident with nasal sprays, creams, Miralax, and eye drops as prescribed.	01730			

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01730	Continued From page 31 On January 9, 2024, at 6:45 a.m. the surveyor observed ULP-K administer eye drops, pain relieving gel, nasal spray, and nebulizer medications to R6. R6's Medication Management Services Assessment dated August 21, 2023, identified R6 received medication management, medication set up of oral mediations, and medication administration of creams, ointments, and nasal spray. R6's record failed to identify nebulizer medications were delegated to unlicensed personnel. R7 R7's diagnoses included cancer, hypertension, dementia, and depression. R7's service plan signed December 6, 2023, identified R7 was independent in medication management; however, it also stated R7 received medication management, medication set-up and medication administration. On January 9, 2024, at 7:30 a.m. ULP-K administered oral medications and nasal spray to R7. R7's Medication Management Services Assessment dated October 24, 2023, identified R7 received medication management with medication administration. R7's record failed to identify the medication management tasks that may be delegated to ULP.	01730			

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01730	Continued From page 32 On January 11, 2024, at 12:00 p.m. CNS/LALD-B stated R5 and R7's care plans the nurse pulled forward the templates for medication management but did not individualize them to their needs. The care plan should identify which medication management tasks will be delegated to ULP. The licensee's Assisted Living Individualized Medication Management Plan policy dated March 15, 2023, indicated the RN would identify the medication management services that would be provided. The Medication Plan would identify the staff responsible including delegated tasks to unlicensed staff. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.	01760			

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01760	Continued From page 33 This MN Requirement is not met as evidenced by: The licensee failed to ensure medications were administered as ordered for two of fourteen residents (R6 and R7). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R6 On January 9, 2023, at 6:42 a.m. the surveyor observed the medication cart and a separate computer cart containing a computer located behind the medication cart. ULP-K began removing medications from a medication cart. ULP-K removed a vial of nebulizer solution out of a box with the top torn off and label not visible, eye drops single dose from a box with the top torn off and label not visible, and a tube of diclofenac gel. ULP-K stated she could not find nasal spray or the other cream. ULP-K failed to check the medications to the medication administration record. ULP-K entered R6's room with the medications. ULP-K put on gloves, administered eye drops and then applied the diclofenac gel to R6's bilateral knees. Without changing gloves, ULP-K then applied lotion to R6's bilateral lower legs. Registered nurse (RN)-F brought in fluticasone nasal spray and gave it to ULP-K. ULP-K failed to compare it to	01760			

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01760	Continued From page 34 the MAR. ULP-K administered the fluticasone, set up and started the nebulizer. ULP-K placed the medications in the medication cart and went to the computer cart. ULP-K opened R6's MAR and documented the diclofenac, eye drops, and fluticasone as administered. There was no nebulizer listed on the MAR for administration. ULP-K locked the computer. ULP-K stated R6 always had a nebulizer in the morning so she was unsure why it was not on the MAR, and she needed to check R6's oxygen saturation for documentation of administration of the nebulizer. At 7:15 a.m., ULP-K reported to licensed practical nurse (LPN)-L she administered a nebulizer to R6 but was unable to find the medication on R6's MAR. LPN-L stated R6 went to the doctor the day before and there might be a new order. LPN-L looked up R6's orders in the computer and stated there were new orders drafted for the nebulizer pending nurse review, and she would verify the order. ULP-K removed a bottle of polyethylene glycol from the medication cart and poured into a medication cup. ULP-K did not compare the label to the MAR and returned the bottle to the medication cart. ULP-K went to R6's apartment and administered the medication. ULP-K returned to the computer cart, pulled up R6's MAR. Noted on MAR Miralax 3350 17 gram powder in packet every day, documented as administered. R6's MAR for January 2023, included the following: - albuterol 2.5 milligrams (mg)/3 milliliter (ml) solution inhaled three times daily was discontinued on January 9, 2023 - albuterol 2.5 mg/3 ml solution inhaled three times daily was started on January 9, 2023, and included may self administer. - lubricating plus 0.5% eye drops two drops in both eyes twice daily	01760			

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01760	Continued From page 35 - fluticasone 50 micrograms (mcg)/actuation nasal spray one spray in each nostril two times per day. - polyethylene glycol 17 grams oral powder in packet - take one packet (17 grams total) by mouth daily - diclofenac 1% topical gel apply 4 grams topically four times a day. Apply to neck. R6's physician orders dated January 8, 2023 included the following: - albuterol 2.5 mg/3 ml solution inhaled three times daily was discontinued on January 9, 2023 - handwritten on page 5 - "OK to self administer nebs" - lubricating plus 0.5% eye drops two drops in both eyes twice daily - fluticasone 50 mcg/actuation nasal spray one spray in each nostril two times per day. - polyethylene glycol 17 grams oral powder in packet - take one packet (17 grams total) by mouth daily - diclofenac 1% topical gel apply 4 grams topically four times a day. Apply to neck. ULP-K failed to apply the diclofenac gel to the right location and failed to change gloves prior to applying lotion resulting in diclofenac also being applied to the lower legs. In addition, ULP-K administered a medication that was not on the MAR at the time of administration. R7 On January 9, 2023, at 7:30 a.m. ULP-K removed fluticasone and medications in pill packs from the medication cart and brought them to the computer cart. ULP-K dropped pantoprazole on the keyboard, picked it up and placed it into the medication cup. R7's MAR identified pantoprazole 40 mg by mouth every a.m. 30-60	01760			

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01760	Continued From page 36 min before breakfast. R7 was at the dining room table eating breakfast. ULP-K administered the pantoprazole and cued R7 to self-administer the fluticasone nasal spray. R7's MAR for January 2023, included the following: - fluticasone 50 mcg/actuation two sprays in each nostril daily - pantoprazole 40 mg one tablet by mouth every morning 30-60 minutes before breakfast. R7's physician orders dated October 24, 2023, included - fluticasone 50 mcg/actuation two sprays in each nostril daily - pantoprazole 40 mg one tablet by mouth every morning 30-60 minutes before breakfast. ULP-K administered a medication ordered 30-60 minutes before meals while the resident was eating breakfast. On January 10, 2024, at 10:48 a.m. ULP-K stated she was trained and competency tested for administration of medications by a registered nurse. On January 10, 2024, at 1:04 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated staff should always check the medication labels to the MAR before administration. All medications should be administered as ordered including the location of the medication and the time of the medications. CNS/LALD-B further stated ULP-K should have changed her gloves between the diclofenac and the lotion to prevent the administration of the diclofenac to areas where it was not ordered and it should have been applied to the location it was	01760			

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01760	Continued From page 37 ordered. The licensee's Administering Medications Policy dated February 16, 2023, identified: "Medications shall be administered in a safe and timely manner, and as prescribed. - Medications are administered in accordance with the orders, including any required time frame. - Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: - enhancing optimal therapeutic effect of the medication, - preventing potential medication or food interactions, and - honoring resident choices and preferences, consistent with his or her care plan. - Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). - The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. - The following information is checked/verified for each resident prior to administering medications: - Allergies to medications; and - Vital signs, if necessary. - Staff follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable." "The individual administering the medication must utilize the 'Pulled' function when preparing medications for administration. Initial verification of the 5 Rights occurs during the 'Pulled' process, second verification occurs when medication is	01760			

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01760	Continued From page 38 placed in medication cup and third verification occurs when reviewing medications against the MAR prior to administration of medications." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01880 SS=D	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 the medications were securely stored for one of 18 residents (R8) in the facility's supportive living center unit. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On January 9, 2024, at 6:50 a.m. unlicensed personnel (ULP)-J was observed to prepare R8's	01880			

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01880	Continued From page 39 Voltaren Gel (a topical medication for pain) in a medication cup and attempted to administer to R8. R8 refused the medication. ULP-J indicated this was not unusual and stated he would attempt to administer again in a while after R8 was more awake. ULP-J placed the medication cup containing the medication on top of the medication cart located in a hallway. He covered it with another cup to keep the contents clean. ULP-J went on to set up and administer several other residents' medications and left the Voltaren gel out unsecured until 8:05 a.m. when he was then able to successfully administer the medication. On January 9, 2024, at 8:30 a.m. ULP-J stated he had not considered the security of R8's Voltaren gel and someone else (another resident or staff) taking it. He stated in other refusals, he typically took the medication cup to the nurse's station/locked area for safe keeping until he was able to administer it. On January 9, 2024, at 11:30 a.m. registered nurse (RN)-E stated her expectation was that all medications be securely stored when they were being managed or not directly in sight. The licensee's Assisted Living Storage of Medications policy dated March 10, 2023, indicated medications were stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier, and in accordance with federal and state laws and regulations. The medication supply is accessible only to authorized staff. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01880			

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01880	Continued From page 40	01880			
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label in one of three medication carts (fourth floor assisted living cart). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On January 9, 2024, 8:00 a.m. unlicensed personnel (ULP)-K removed polyethylene glycol from the cart, did not look at the bottle and poured into a medication cup. ULP-K failed to compare the bottle to the medication administration record (MAR). The surveyor asked to see the bottle. The top of the bottle had	01890			

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01890	Continued From page 41 another resident's room number on the top of the bottle and the cap of the bottle, which was faded, and R5's room number was on the top of the bottle. The prescription label was torn off the bottle. ULP-K returned it to the cart, stated she was unsure why the other resident's room number was on the bottle or why the label was ripped off. ULP-K stated the other resident was no longer living at the facility. R5's MAR for January 2024, included the following: - polyethylene glycol 17 grams by mouth daily. R5's physician orders dated October 31, 2023, included: - polyethylene glycol 17 grams by mouth daily. On January 10, 2024, at 10:48 a.m. ULP-K stated she was trained, and competency tested for administration of medications by a registered nurse. On January 10, 2024, at 1:04 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated all medications should be properly labeled with the resident's name. The licensee's Medication Management Services Policy dated July 25, 2023, identified: "Medication labels are not altered, modified, or marked in any way by nursing personnel. Contents are not transferred from one container to another. Under no circumstances are unattached labels requested or accepted from the pharmacy. Only the pharmacy/registered pharmacist may place a label on the medication container." No further information was provided.	01890			

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01890	Continued From page 42	01890			
	TIME PERIOD FOR CORRECTION: Seven (7) days				
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced	01940			

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01940	Continued From page 43 by: Based on observation, interview, and record review, the licensee failed to ensure it developed an individual treatment management plan to include all required content for one of six residents (R6) who received treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On January 9, 2024, at 6:42 a.m. the surveyor observed unlicensed personnel (ULP)-K apply compression sleeves to bilateral knees on R6. R6's diagnoses included cancer, colostomy (an opening for the colon, or large intestine, through the abdomen), pneumonia, and atrial fibrillation (irregular heart rate). R6's service plan signed December 21, 2023, identified R6 received medication management, medication set-up of oral medications, medication administration, assistance with an ostomy and activities of daily living. R6's service plan failed to identify the compression sleeves to bilateral knees. The licensee failed to have an individualized treatment and therapy management record for R6 which included the following: (1) a statement of the type of services that will be	01940			

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01940	Continued From page 44 provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. R6's Assisted Living Assessment dated November 26, 2023, failed to identify compression sleeves to knees. On January 12, 2024, at 12:20 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated the compression sleeves should have been on the service plan and the assessment. The licensee's Assisted Living Contents of Service Plans Policy dated March 10, 2023, identified "All assisted living residents have an up-to-date service plan identifying services to be provided based on the assessment by the RN and/or other licensed health professional. The service plan contains all required information and is signed by the registered nurse (RN)and by the resident and/or the resident's representative." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01940			

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01940	Continued From page 45 days.	01940			
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to document a treatment for one of six residents (R6) who received treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On January 9, 2024, at 6:42 a.m. the surveyor observed unlicensed personnel (ULP)-K apply compression sleeves to bilateral knees on R6.	01960			

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01960	Continued From page 46 R6's diagnoses included cancer, colostomy (an opening for the colon, or large intestine, through the abdomen), pneumonia, and atrial fibrillation (irregular heart rate). R6's service plan signed December 21, 2023, identified R6 received medication management, medication set-up of oral medications, medication administration, assistance with an ostomy and activities of daily living. R6's Assisted Living Assessment dated November 26, 2023, failed to identify compression sleeves to knees. R6's record failed to include documentation of the application of compression sleeves for R6. On January 12, 2024, at 12:20 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated the compression sleeves should have been on the service plan and the assessment and should have been documented as administered by staff. The licensee's Charting and Documentation Policy dated June 9, 2023, "The following information must be documented in the resident medical record: - Objective observations, - Medications administered, - Treatments or services performed, - Changes in the resident condition, - Events, incidents, or accidents involving the resident, and - Progress toward or changes in the care plan goals and objectives." No further information was provided.	01960			

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01960	Continued From page 47	01960			
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have a physicians order for a treatment for one of six residents (R6) who received treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On January 9, 2024, at 6:42 a.m. the surveyor observed unlicensed personnel (ULP)-K apply compression sleeves to R6's bilateral knees.	01970			

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01970	Continued From page 48 R6's diagnoses included cancer, colostomy (an opening for the colon, or large intestine, through the abdomen), pneumonia, and atrial fibrillation (irregular heart rate). R6's service plan signed December 21, 2023, identified R6 received medication management, medication set-up of oral medications, medication administration, assistance with an ostomy and activities of daily living. R6's Assisted Living Assessment dated November 26, 2023, failed to identify compression sleeves to knees. R6's physician orders dated January 4, 2024, failed to identify compression sleeves to bilateral knees. On January 12, 2024, at 12:20 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated there should have been a physician order for the compression sleeves. The licensee's Medication, Treatment, and Therapy Orders Policy dated June 16, 2022, identified "A current, written or electronically recorded prescriber's order must be obtained for any medication, including an over-the-counter medication or dietary supplement, treatment, or therapy to be provided." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01970			
02320 SS=E	144G.91 Subd. 4 (b) Appropriate care and services	02320			

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02320	Continued From page 49 (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: The licensee failed to ensure medications were administered according to policy and accepted standards of practice for three of fourteen residents (R6, R7, R5). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On January 9, 2024, at 6:42 a.m. the surveyor observed the medication cart and a separate computer cart containing a computer located behind the medication cart. R6 On January 9, 2024, at 6:42 a.m. the surveyor observed unlicensed personnel (ULP)-K removing medications from the medication cart. ULP-K removed a vial of nebulizer solution out of a box with the top torn off and the label not	02320			

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02320	Continued From page 50 visible, eye drops single dose from a box with the top torn off and label not visible, and a tube of diclofenac gel. ULP-K stated she could not find nasal spray or the "other cream". ULP-K failed to check the medications to the medication administration record (MAR). ULP-K entered R6's room with the medications. ULP-K put on gloves, administered eye drops and then administered the diclofenac gel to bilateral knees. Registered nurse (RN)-F brought in fluticasone nasal spray and gave it to ULP-K. ULP-K failed to compare it to R6's MAR. ULP-K administered the fluticasone, set up and started the nebulizer. ULP-K placed the medications in the medication cart and went to the computer cart. ULP-K opened R6's MAR and documented the diclofenac, eye drops, and fluticasone as administered. The nebulizer was not noted in the MAR for administration. ULP-K stated R6 always gets a nebulizer in the morning, so she was unsure why it was not on the MAR, and she needed to check R6's oxygen saturation for documentation of administration of the nebulizer. At 7:15 a.m., ULP-K reported to licensed practical nurse (LPN)-L that she administered a nebulizer to R6 but was unable to find that medication on R6's MAR. LPN-L stated R6 went to the doctor the day prior and there may have been a new order. LPN-L looked up R6's orders in the computer and stated there were new orders drafted for the nebulizer pending nurse review, and she would verify the order. ULP-K removed a bottle of polyethylene glycol from the medication cart and poured it into a medication cup. ULP-K did not compare the label to the MAR and returned the bottle to the medication cart. ULP-K went to R6's apartment and administered the medication. ULP-K returned to the computer cart, pulled up R6's MAR. Noted on MAR MiraLAX 3350, 17-gram powder in packet every day, and	02320			

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NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 211 2ND STREET NW ROCHESTER, MN 55901		
(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
02320	Continued From page 51 documented as administered. R6's MAR for January 2024, included the following: - albuterol 2.5 milligrams (mg)/3 milliliters (ml) solution inhaled three times daily was discontinued on January 9, 2023 - albuterol 2.5 mg/3 ml solution inhaled three times daily was started on January 9, 2023, and included may self-administer. - lubricating plus 0.5% eye drops two drops in both eyes twice daily - fluticasone 50 micrograms (mcg)/actuation nasal spray one spray in each nostril two times per day. - polyethylene glycol 17 grams oral powder in packet - take one packet (17 grams total) by mouth daily - diclofenac 1% topical gel apply 4 grams topically four times a day. Apply to neck. R6's physician orders dated January 8, 2024, included the following: - albuterol 2.5 mg/3 ml solution inhaled three times daily was discontinued on January 9, 2024. - handwritten on page 5 - "OK to self-administer nebs" - lubricating plus 0.5% eye drops two drops in both eyes twice daily - fluticasone 50 mcg/actuation nasal spray one spray in each nostril two times per day. - polyethylene glycol 17 grams oral powder in packet - take one packet (17 grams total) by mouth daily - diclofenac 1% topical gel apply 4 grams topically four times a day. Apply to neck. ULP-K failed to check medication labels and compare them to the MAR. ULP-K administered a medication not on the MAR at the time of	02320			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2024
NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 211 2ND STREET NW ROCHESTER, MN 55901		
(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
02320	Continued From page 52 administration. R7 On January 9, 2024, at 7:30 a.m. ULP-K removed fluticasone and medications in pill packs from the medication cart and brought them to the computer cart. ULP-K failed to check the fluticasone to the MAR. R7 was at the dining room table eating breakfast. ULP-K cued R7 to self-administer the fluticasone nasal spray. R7's MAR for January 2024, included the following: - fluticasone 50 mcg/actuation two sprays in each nostril daily R7's physician orders dated October 24, 2023, included: - fluticasone 50 mcg/actuation two sprays in each nostril daily ULP-K failed to check fluticasone to the MAR. R5 On January 9, 2024, at 8:00 a.m. ULP-K removed bubble packs of pills from the medication cart, went to the computer and set them up for administration. ULP-K returned the bubble packs to the medication cart, removed polyethylene glycol from the cart, did not look at the bottle and poured into a medication cup. ULP-K failed to compare the bottle to the MAR. The surveyor asked to see the bottle. The top of the bottle had another resident's room number on the top of the bottle and the cap of the bottle which was faded, and R5's room number was on the top of the bottle. The prescription label was torn off the bottle. ULP-K returned it to the cart, stated she	02320			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2024
NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 211 2ND STREET NW ROCHESTER, MN 55901			
(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
02320	Continued From page 53 was unsure why the other resident's room number was on the bottle or why the label was ripped off and stated, "maybe it was the other resident's since he was no longer at the facility". ULP-K took a single dose eye drop from a box. The top was ripped off the box and the box was against the side of the medication cart obscuring the label. The surveyor asked to see the box and verified the prescription, and it was R5's eye drops. ULP-K failed to compare the prescription label to the MAR. ULP-K administered the oral medications and eye drops to R5. R5's MAR for January 2024, included the following: - Carboxymethylcellulose 0.5% eye drops two drops in both eyes twice a day - polyethylene glycol 17 grams by mouth daily. R5's physician orders dated October 31, 2023, included: - Carboxymethylcellulose 0.5% eye drops two drops in both eyes twice a day - polyethylene glycol 17 grams by mouth daily. ULP-K failed to check the MiraLAX and the eye drop prescription labels and failed to check the medications to the MAR. On January 10, 2024, at 10:48 a.m. ULP-K stated she was trained, and competency tested for administration of medications by a registered nurse. On January 10, 2024, at 1:04 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated staff should always check the medication labels to the MAR before administration. All medications should be properly labeled with the resident's name.	02320			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2024
NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 211 2ND STREET NW ROCHESTER, MN 55901			
(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
02320	Continued From page 54 The licensee's Administering Medications Policy dated February 16, 2023, identified: "Medications shall be administered in a safe and timely manner, and as prescribed. - The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. - The following information is checked/verified for each resident prior to administering medications: - Allergies to medications; and - Vital signs, if necessary. - Staff follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable." "The individual administering the medication must utilize the 'Pulled' function when preparing medications for administration. Initial verification of the 5 Rights occurs during the 'Pulled' process, second verification occurs when medication is placed in medication cup and third verification occurs when reviewing medications against the MAR prior to administration of medications." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320			
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post 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."	03090			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2024
NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 211 2ND STREET NW ROCHESTER, MN 55901		
(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
03090	Continued From page 55 (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure signage was posted at the main entry of the building of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all residents, staff, and visitors of the licensee. 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). The findings include: Upon entrance to the facility on January 8, 2024, at 10:30 a.m. the surveyors observed the front entrance and entryway of the facility. No electronic monitoring signage was observed. During a facility tour on January 8, 2024, at 12:25 p.m. the surveyors observed electronic monitoring signage posted on the facility's fourth floor in the assisted living care (ALC) and the supportive living care (SLC) units; however, the required posting was not found on any other floor or facility entrance as required. On January 10, 2024, at 1:30 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated the electronic monitoring	03090			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2024
NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 211 2ND STREET NW ROCHESTER, MN 55901			
(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
03090	Continued From page 56 posting was only posted on the fourth floor as seen by the surveyors, and stated the facility included multiple entrances. The fourth floor location seemed the most reasonable location to post the information as it was the location where electronic monitoring was being provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	03090			



Minnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 01/10/24
Time: 09:21:26
Report: 8044241004

Food and Beverage Establishment Inspection Report

Page 1

Location:

Charter House - Parkview
211 2nd Street Nw
Rochester, MN55901
Olmsted County, 55

Establishment Info:

ID #: 0037931
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072668572
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.

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 39.7 Degrees Fahrenheit - Location: Cream pie in upright

Violation Issued: No

Process/Item: Cold Holding

Temperature: 34.0 Degrees Fahrenheit - Location: Upright

Violation Issued: No

Process/Item: Cold Holding

Temperature: 31.2 Degrees Fahrenheit - Location: Watermelon in prep

Violation Issued: No

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

Inspection conducted in conjunction with HRD evaluators Deb Jacobsen and Stacy Haag. Report reviewed on site with Emma Brooks, Dining Director.

Type: Full
Date: 01/10/24
Time: 09:21:26
Report: 8044241004
Charter House - Parkview

Food and Beverage Establishment Inspection Report

Page 2

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 8044241004 of 01/10/24.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Signed:  _____
Inspector signed for Emma

Signed:  _____
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-216-1096
michael.demars@state.mn.us



Minnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 01/10/24
Time: 09:44:57
Report: 8044241005

Food and Beverage Establishment Inspection Report

Page 1

Location:

Charter House - ALC 2
211 2nd Street Nw
Rochester, MN55901
Olmsted County, 55

Establishment Info:

ID #: 0037931
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072668572
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.

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

Sign not posted at handwashing sink.

Comply By: 01/10/24

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 35.0 Degrees Fahrenheit - Location: Refrigerator

Violation Issued: No

Process/Item: Cold Holding

Temperature: 38.7 Degrees Fahrenheit - Location: Milk in refrigerator

Violation Issued: No

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

Inspection conducted in conjunction with HRD evaluators Deb Jacobsen and Stacy Haag. Report reviewed on site with Emma Brooks, Dining Director.

Type: Full
Date: 01/10/24
Time: 09:44:57
Report: 8044241005
Charter House - ALC 2

Food and Beverage Establishment Inspection Report

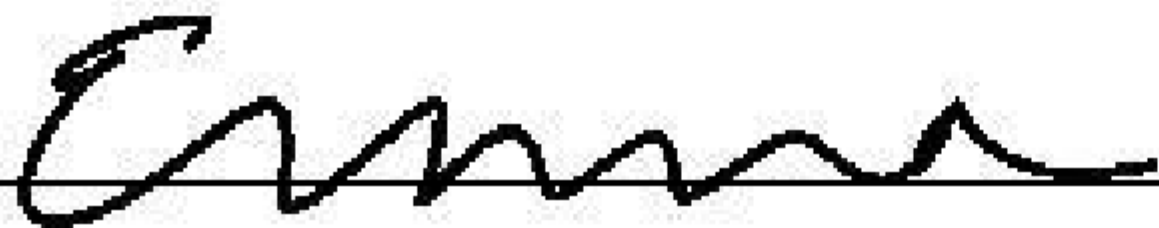
Page 2

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 8044241005 of 01/10/24.

Certified Food Protection Manager Eric J. Krochta

Certification Number: FM11319 Expires: 05/14/24

Signed: 
Inspector signed for Emma

Signed: 
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-216-1096
michael.demars@state.mn.us



Minnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 01/10/24
Time: 09:58:20
Report: 8044241007

Food and Beverage Establishment Inspection Report

Page 1

Location:

Charter House - Supportive Living
211 2nd Street Nw
Rochester, MN55901
Olmsted County, 55

Establishment Info:

ID #: 0037931
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072668572
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.

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.12E

MN Rule 4626.0275E Store food preparation or dispensing utensils that are used with non-TCS foods, such as ice, in a clean, protected location.

Handle of scoop touching ice in ice bin.

Comply By: 01/10/24

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 36.0 Degrees Fahrenheit - Location: Upright

Violation Issued: No

Process/Item: Cold Holding

Temperature: 41.0 Degrees Fahrenheit - Location: Cut melon in upright

Violation Issued: No

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

Inspection conducted in conjunction with HRD evaluators Deb Jacobsen and Stacy Haag. Report reviewed on site with Emma Brooks, Dining Director.

Type: Full
Date: 01/10/24
Time: 09:58:20
Report: 8044241007
Charter House - Supportive Living

Food and Beverage Establishment Inspection Report

Page 2

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 8044241007 of 01/10/24.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Signed:  _____
Inspector signed for Emma

Signed:  _____
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-216-1096
michael.demars@state.mn.us



Minnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 01/10/24
Time: 09:51:53
Report: 8044241006

Food and Beverage Establishment Inspection Report

Page 1

Location:

Charter House - ALC 4
211 2nd Street Nw
Rochester, MN55901
Olmsted County, 55

Establishment Info:

ID #: 0037931
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072668572
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.

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

Sign not posted at handwashing sink.

Comply By: 01/11/24

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 41.0 Degrees Fahrenheit - Location: Milk in refrigerator

Violation Issued: No

Process/Item: Cold Holding

Temperature: 43.0 Degrees Fahrenheit - Location: Refrigerator

Violation Issued: No

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

Inspection conducted in conjunction with HRD evaluators Deb Jacobsen and Stacy Haag. Report reviewed on site with Emma Brooks, Dining Director.

Type: Full
Date: 01/10/24
Time: 09:51:53
Report: 8044241006
Charter House - ALC 4

Food and Beverage Establishment Inspection Report

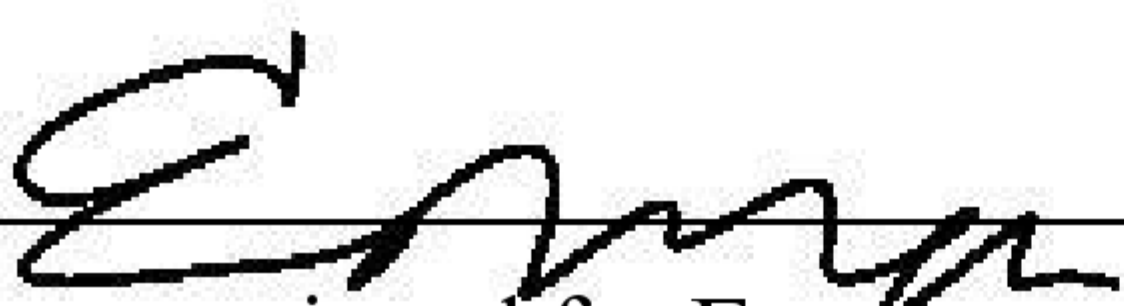
Page 2

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 8044241006 of 01/10/24.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Signed:  _____
Inspector signed for Emma

Signed:  _____
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-216-1096
michael.demars@state.mn.us