Electronically Delivered

May 22, 2023

Licensee
Boutwells Landing
5610 Norwich Parkway
Oak Park Heights, MN 55082

RE: Project Number(s) SL21362015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 17, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The 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 and enforcement actions 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 the 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.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

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,

Jonathan Hill, Supervisor
State Evaluation Team
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-281-9796

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21362	A. BUILDING: _____ B. WING _____	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOUTWELLS LANDING	5610 NORWICH PARKWAY OAK PARK HEIGHTS, MN 55082

(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(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: SL21362015-0 On May 15, 2023, through May 17, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were eighty-eight residents, all of whom received services under the provider's Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living with Dementia Care license providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level pursuant to 144G.31 Subd. 1, 2 and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents:	0 480		

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0 480	Continued From page 1 (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 according to the Minnesota Food Code. In addition, the licensee failed to ensure menus were made available to all residents. This has the potential to affect all residents. 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: Please refer to the documentation included in the "Food and Beverage Establishment Inspection Reports," dated May 16, 2023. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 480		
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	0 970		

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0 970	Continued From page 2 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 resident handbook did not include language waiving the licensee's liability for motorized carts, wheelchairs, and walker use. 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 of the residents). The findings include:: The licensee's Resident Handbook, dated October 2022, included a waiver of liability for use of wheelchairs, walkers and motorized carts. WHEELCHAIRS/WALKERS/MOTORIZED CARTS: "This Community recognizes that the use of motorized carts or electric wheelchairs may be necessary and beneficial for some Residents. This Community is not liable for damage or injury associated with the operation of the vehicle. Any repair costs due to damage done to the Resident's apartment or common areas will be	0 970		

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0 970	Continued From page 3 the responsibility of the resident." On May 17, 2023, at 10:40 a.m., licensed assisted living director (LALD)-A stated the resident handbook was provided to all residents in the facility, and included language of a liability waiver for the use of wheelchairs, walkers or motorized cart used by residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
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 discard expired medication for one of six residents (R1). This practice resulted in a level two violation (a violation that did not harm a client'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).	01890		

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01890	Continued From page 4 The findings include: R1's diagnosis included dementia. R1's service plan dated November 11, 2022, indicated services were to include medication administration and medication monitoring was completed weekly by the nurse. On May 16, 2023, at 8:30 a.m., unlicensed personnel (ULP)-D was observed administering medications to R1. R1's medication cabinet was observed to contain the following expired medications: -guaifenesin (for cough) 100 milligrams/5 milliliters with an expiration date of April 6, 2023. On May 17, 2023, during a 9:30 a.m. interview, registered nurse (RN)-B observed R1's expired medication and stated it was the RN's responsibility to check for expired medications and best practice was for this to be done weekly. On May 17, 2023, during an 11:00 a.m. interview, RN-E stated the licensee did not currently have a written process or policy for expired medication. No additional information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *05/16/23*
Time: 10:30:00
Report: 1005231100

Food and Beverage Establishment Inspection Report

Location:
Boutwells Landing
5610 Norwich Parkway
Oak Park Heights, MN55082
Washington County, 82

Establishment Info:
ID #: 0037627
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6512755000
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.

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

TEST STRIPS FOR PRODUCE WASH ARE NOT ON SITE. PROVIDE A TEST KIT TO ENSURE PRODUCE WASH IS NOT ABOVE THE ALLOWED CONCENTRATION.

Comply By: 05/23/23

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

SIGNS WERE MISSING FROM THE HANDWASHING SINKS IN THE "COMMONS" SERVER AREA AND THE MEMORY CARE KITCHENETTE.

Comply By: 05/23/23

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200+PPM at Degrees Fahrenheit
Location: 3-COMP DISPENSER
Violation Issued: No

DDBSA: = 272+PPM at Degrees Fahrenheit
Location: MAIN KITCHEN DISPENSER
Violation Issued: No

Utensil Surface Temp.: = at 172 Degrees Fahrenheit
Location: MAIN KITCHEN DISH MACHINE
Violation Issued: No

DDBSA: = 700PPM at Degrees Fahrenheit
Location: "COMMONS" KITCHEN DISPENSER
Violation Issued: No

Utensil Surface Temp.: = at 168 Degrees Fahrenheit
Location: "COMMONS" KITCHEN DISPENSER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/CUT CABBAGE
Temperature: 38 Degrees Fahrenheit - Location: RECEIVING WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/CREAM
Temperature: 38 Degrees Fahrenheit - Location: RECEIVING WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/SOUP
Temperature: 36 Degrees Fahrenheit - Location: MAIN KITCHEN WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/CHICKEN
Temperature: 36 Degrees Fahrenheit - Location: MAIN KITCHEN WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/HARD BOILED EGG
Temperature: 37 Degrees Fahrenheit - Location: MAIN KITCHEN WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/CORNED BEEF
Temperature: 37 Degrees Fahrenheit - Location: MAIN KITCHEN WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/CHEESE
Temperature: 38 Degrees Fahrenheit - Location: DRAWER COOLER
Violation Issued: No

Process/Item: Hot Hold/FRENCH TOAST
Temperature: 142 Degrees Fahrenheit - Location: WARMING CABINET
Violation Issued: No

Process/Item: Cold Hold/WONTON WRAPPER
Temperature: 39 Degrees Fahrenheit - Location: TRAULSEN 4-DOOR COOLER
Violation Issued: No

Process/Item: Cold Hold/HAM
Temperature: 34 Degrees Fahrenheit - Location: "COMMONS" UNDER COUNTER COOLER
Violation Issued: No

Process/Item: Cold Hold/TOMATO
Temperature: 34 Degrees Fahrenheit - Location: "COMMONS" UNDER COUNTER COOLER
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Cold Hold/MILK
Temperature: 40 Degrees Fahrenheit - Location: "COMMONS" TRAULSEN 4-DOOR COOLER
Violation Issued: No

Process/Item: Hot Hold/RICE
Temperature: 170 Degrees Fahrenheit - Location: "COMMONS" STEAM TABLE
Violation Issued: No

Process/Item: Hot Hold/CHICKEN
Temperature: 177 Degrees Fahrenheit - Location: "COMMONS" STEAM TABLE
Violation Issued: No

Process/Item: Hot Hold/SOUP
Temperature: 168 Degrees Fahrenheit - Location: "COMMONS" SOUP WARMER
Violation Issued: No

Process/Item: Cold Hold/MILK
Temperature: 37 Degrees Fahrenheit - Location: MEMORY CARE REFRIGERATOR
Violation Issued: No

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

INSPECTION COMPLETED WITH KITCHEN MANAGERS AND EMAILED TO HRD NURSE EVALUATOR TAMMY CARLSON.

DISCUSSED ALL ORDERS ON REPORT AS WELL AS COOLING, DATE-MARKING, COOK TEMPERATURES, AND EMPLOYEE ILLNESS.

ALL AREAS OF THIS FACILITY ARE FINISHED TO MEET FOOD CODE STANDARDS, EXCEPT THE KITCHENETTE IN THE MEMORY CARE. THIS KITCHENETTE HAS RESIDENTIAL APPLIANCES, LAMINATE FLOORING AND COUNTERS, AND A POPCORN CEILING. THE ONLY FOOD PREP CARRIED OUT IN THIS AREA IS PREPARING DRINKS (COFFEE, JUICE, AND MILK), AND MAKING TOAST. ALL MEALS ALL PREPARED IN THE MAIN KITCHEN.

THERE IS A RESIDENTIAL DISHWASHER IN THE MEMORY CARE KITCHENETTE THAT IS USED TO CLEAN CUPS. DISCUSSED THAT ONE OF THE REGISTERING THERMOMETERS NEEDS TO BE RUN THROUGH THERE TO ENSURE IT IS PROVIDING A UTENSIL SURFACE TEMPERATURE OF AT LEAST 160 DEGREES F. IF IT IS NOT, ALL DISHES MUST BE CLEANED IN THE MAIN KITCHEN OR COMMONS KITCHEN.

Food and Beverage Establishment Inspection Report

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 1005231100 of 05/16/23.

Certified Food Protection Manager: THEODORE F. HOYT

Certification Number: FM88963 Expires: 07/21/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

TED HOYT
KITCHEN MANAGER

Signed: _____

Jessica Davis
Public Health Sanitarian III
651-201-3961
jessica.davis@state.mn.us