Electronically Delivered

May 4, 2023

Licensee
Lakeshore Assisted Living
105 Northwest 8th Street
Waseca, MN 56093

RE: Project Number(s) SL30401016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 5, 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.

The 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. 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).

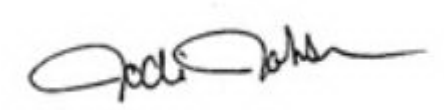
Please address your cover letter for reconsideration requests to:

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,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-281-9796

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30401	A. BUILDING: _____ B. WING _____	04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESHORE ASSISTED LIVING	105 NW 8TH STREET WASECA, MN 56093

(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: SL#30401016 On April 3, 2023, through April 5, 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 23 active residents; 14 receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required Each assisted living facility must employ an	0 110		

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0 110	Continued From page 1 assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.? This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure licensed assisted living director (LALD)-A was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On April 3, 2023, at 1:52 p.m. the Minnesota Board of Executives for Long-Term Services and Support (BELTSS) website indicated LALD-A currently held a LALD license effective through October 31, 2023; however, LALD-A's license failed to identify her as the Director of Record for the licensee. On April 3, 2023, at 1:52 p.m. the evaluator emailed a BELTSS representative to clarify LALD-A's status as director of record for the facility. At 2:03 p.m., the BELTSS representative responded LALD-A was listed as Director of Record for another licensee. She was not listed as Director of Record for this licensee and LALD-A needed to update Director of Record for	0 110		

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0 110	Continued From page 2 the licensee or apply for a shared license. On April 3, 2023, at 4:14 p.m. corporate office executive director of assisted living communities/LALD-B stated LALD-A had failed to change Director of Record from the other licensee to this licensee. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (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. This had the potential to affect all 23 residents. 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 client'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 clients).	0 480		

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0 480	Continued From page 3 The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated April 5, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 485 SS=F	144G.41 Subd 1. (13) (i) (A) and (C) Minimum Requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and (C) the facility cannot require a resident to include and pay for meals in their contract; (ii) weekly housekeeping; (iii) weekly laundry service; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure at least three nutritious meals daily, according to the	0 485		

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0 485	Continued From page 4 recommended dietary allowances in the United Stated Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. This had the potential to affect all residents. In addition, the licensee failed to ensure menus were prepared a week in advance and available to 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), 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 3, 2023, at approximately 3:30 p.m. R1 stated the only complaint she had about the facility was that the breakfast options were limited. In her contract, she paid for breakfast and lunch. Breakfast was a continental breakfast with limited options and always the same. If she wanted to have the supper meal, that was an additional charge. On April 4, 2023, at 7:24 a.m. observation of the upstairs dining area noted food sitting on the counters. It included bananas, oranges, two options of cold cereal, instant oatmeal packs, bread, hot cocoa packs, coffee, juice, donuts and a fruit pastry. In the refrigerator, there was a gallon of milk and hard boiled eggs in a bowl. The licensee's menu for the week of April 2, 2023, through April 8, 2023, identified a lunch menu for each day. The menu failed to identify breakfast or supper meals.	0 485		

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0 485	Continued From page 5 On April 4, 2023, at 12:41 p.m. licensed assisted living director in training (LALD)-C stated the licensee has always had continental breakfast and there was no protein alternative to the hard boiled eggs. Supper was an additional fee and that meal was delivered to the residents' rooms. For the lunch meal, the residents were given two options: a main dish and alternate choice. For supper, residents did not have options. If the kitchen knows about allergies or dislikes, they would send an alternate meal. There was no breakfast or supper menu. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee	0 640		

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0 640	Continued From page 6 failed to support protection and safety by not posting information for reporting to the Minnesota Adult Abuse Reporting Center (MAARC). 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 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During a facility tour on April 3, 2023, at 12:51 p.m. with licensed assisted living director in training (LALD)-C, an observation of the common areas identified the MAARC phone number and 911 near the telephones provided by the facility. There was no information posted regarding reporting abuse or suspected abuse to MAARC. LALD-C stated they did not have any poster or information posted regarding reporting of abuse to MAARC. They used to have one posted but was unsure why it was no longer there. The licensee's Vulnerable Adult Reporting-Assisted Living Licensure policy dated August 1, 2021, identified procedures staff were to take if abuse is suspected. The policy did not address postings regarding reporting to MAARC. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 640		

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0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to post an emergency preparedness plan prominently and failed to conduct two full scale drills in the last year. 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	0 680		

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0 680	Continued From page 8 safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During a facility tour on April 3, 2023, at 12:51 p.m., the surveyor observed no signage posted or information regarding the licensee's emergency plan. In addition, the licensee's Emergency Preparedness Plan contained no evidence the licensee had conducted two full scale drills annually. On April 5, 2023, at 3:00 p.m. licensed assisted living director in training (LALD)-C stated she was in charge of the emergency preparedness program. The facility had not completed a full scale drill and the emergency preparedness plan was not displayed prominently. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 910 SS=B	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office	0 910		

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0 910	Continued From page 9 box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of two residents (R1). 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 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: R1 R1 began receiving assisted living services on July 15, 2022. R1's Assisted Living Contract lacked the following required content: -the licensee of the facility; -the authorized agent for the facility; and -the managing agent for the facility. On April 5, 2023, at 11:42 a.m. corporate office executive director of assisted living communities/LALD-B stated the electronic contract contained all of the information required;	0 910		

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0 910	Continued From page 10 however, the version signed by R1 and any other residents with the old PDF version of the contract, would not have all the required information. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 910		
0 920 SS=B	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced	0 920		

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0 920	Continued From page 11 by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of two residents (R1). 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 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: R1 R1 began receiving assisted living services on July 15, 2022. R1's Assisted Living Contract lacked the following required content: -billing and payment procedures and requirements. On April 5, 2023, at 11:42 a.m. corporate office executive director of assisted living communities/LALD-B stated the electronic contract contained all of the information required; however, the version signed by R1 and any other residents with the old PDF version of the contract would not have all the required information. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 920		

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0 930	Continued From page 12	0 930		
0 930 SS=B	144G.50 Subd. 2 (d-e; 1-4) Contract information (d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of two residents (R1). 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 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).	0 930		

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	30401	A. BUILDING: _____ B. WING _____	04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESHORE ASSISTED LIVING	105 NW 8TH STREET WASECA, MN 56093

(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
0 930	Continued From page 13 The findings include: R1 R1 began receiving assisted living services on July 15, 2022. R1's Assisted Living Contract failed to include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. On April 5, 2023, at 11:42 a.m. corporate office executive director of assisted living communities/LALD-B stated the electronic contract contained all of the information required; however, the version signed by R1 and any other residents with the old PDF version of the contract would not have all the required information. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 930		
0 940 SS=B	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04,	0 940		

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0 940	Continued From page 14 subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of two residents (R1). 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 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	0 940		

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0 940	Continued From page 15 occurred repeatedly; but is not found to be pervasive). The findings include: R1 R1 began receiving assisted living services on July 15, 2022. R1's Assisted Living Contract failed to identify whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required. On April 5, 2023, at 11:42 a.m. corporate office executive director of assisted living communities/LALD-B stated the electronic contract contained all of the information required; however, the version signed by R1 and any other residents with the old PDF version of the contract would not have all the required information. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 940		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.	01290		

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01290	Continued From page 16 (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was completed as required for one of two employees (unlicensed personnel (ULP)-G). 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: ULP-G was hired on November 29, 2006, under the comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-G's employee file lacked documentation of a current background study. ULP-G's file contained a background study dated October 24, 1996, and indicated ULP-G's background study had cleared. The background study was completed under the licensee's skilled nursing facilities license and was not affiliated to the assisted living license when the licensee converted to assisted living	01290		

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01290	Continued From page 17 licensure on August 1, 2021. On April 5, 2023, at 11:51 a.m., corporate office executive director of assisted living communities/LALD-B verified ULP-G had not been affiliated to the assisted living license. The licensee's Personnel Files/Employee Records policy dated November 2019, identified the licensee "will maintain a current employee file on each home care employee. The files will contain documents required by the Home Care regulations." The employee file shall contain "Verification of the DHS background study response". No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days.	01290		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in	01620		

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01620	Continued From page 18	01620		

the needs of the resident and cannot exceed 90 calendar days from the date of the last review.
(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.

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) conducted ongoing client monitoring and reassessment, not to exceed 90 calendar days from the last date of the assessment for one of one resident (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 client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:

R1 was admitted under the assisted living license on July 15, 2022.

R1's medical record included a RN Assessment dated October 3, 2022, a 14 Day or 90 Day Monitoring & Reassessment dated November 30, 2022, and an RN Assessment dated January 30, 2023. However, the 14 Day or 90 Day Monitoring & Reassessment (dated November 30, 2022) was not a comprehensive assessment. There

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01620	Continued From page 19 were 119 days between the comprehensive assessments. On April 5, 2023, at 12:16 p.m. corporate office executive director of assisted living communities/LALD-B verified the information above and the assessment was not comprehensive. R1's Assisted Living Contract dated July 15, 2022, read: "ASSESSMENT AND MONITORING An individualized initial assessment will be conducted in person by a Registered Nurse prior to the date on which the Resident executes a contract with Provider or on the date the Resident moves in, whichever is earlier. A Registered Nurse or a Licensed Practical Nurse under the direction of a Registered Nurse, will review and monitor all health-related services provided to the Resident within fourteen (14) days of admission and at least every ninety (90) days thereafter, or more frequently if indicated by a nursing assessment." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff	01650		

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01650	Continued From page 20 who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for two of two residents (R1 and R2). 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).	01650		

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01650	Continued From page 21 The findings include: R1 R1 was admitted under the assisted living license on July 15, 2022. R1's Service Agreement signed November 21, 2022, identified R1 received services including medication management and administration, blood glucose monitoring and bathing. R1's Service Agreement failed to identify the fees for services provided as required. R2 R2 was admitted under the assisted living license on January 16, 2023. R2's Service Agreement signed January 16, 2023, identified R2 received services including medication management and administration, bathing assistance, meals, and toileting assistance. R2's Service Agreement failed to identify the fees for services provided as required. On April 5, 2023, at 12:16 p.m. corporate office executive director of assisted living communities/LALD-B stated the service agreements should include the fees for services. The licensee's Service Plan policy dated August 1, 2021, identified "The service plan must include all of the following required elements: 1. A description of the services to be provided, the fees for services including any changes to the provider's fee for services, and the frequency of each service."	01650		

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01650	Continued From page 22 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
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 as prescribed, and monitoring of medication use	01730		

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01730	Continued From page 23 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 identify medication set up as a service in the residents individualized medication management plan for two of two residents who received medication set up. 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 April 4, 2023, at 8:00 a.m. unlicensed personnel (ULP)-G was preparing for R2's medication administration. ULP-G punched some medications out of pharmacy bubble packages. ULP-G then removed a pre-set up medication tray for R2, containing a medication to treat constipation. She opened a compartment on the tray and dumped it into the medication cup. ULP-G then administered medications to R2.	01730		

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01730	Continued From page 24 R2's Service Agreement signed January 16, 2023, identified R2 received medication management and administration; however, the service agreement failed to identify medication set-up. On April 5, 2023, at 135 p.m. licensed practical nurse (LPN)-E stated she does all the medication set-ups for the facility, which consisted of four residents. LPN-E further indicated she documented a note when she sets them up. On April 5, 2023, at 1:24 p.m. an email communication from corporate office executive director of assisted living communities/licensed assisted living director (LALD)-B identified R2 only had her constipation medication set up by the nurse because it arrived incorrectly packaged from the pharmacy. "There is limited documentation available on this." On April 5, 2023, at 1:45 p.m., LALD-B stated the service agreements for all four residents receiving medication set-up, did not include medication set-up as a service. The licensee's Development of the Individualized Medication, Treatment and Therapy Management Plan and Individualized Medication and Treatment Record dated November 2019 identified "RN develops an individualized medication treatment and therapy management plan for each client that needs or requests medication management services. These plans will be developed with the client and/or client's representative and will be part of the client's service plan. Once the plants have been developed, the RN will develop the client's medication and treatment record with detailed information about the medication treatments and therapies staff will be managing."	01730		

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01730	Continued From page 25 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup was completed for two of two residents (R4, R2). 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: R4 On April 4, 2023, at 6:30 a.m. licensed practical nurse (LPN)-E was observed to remove a pre-set up medication tray out of the medication cart for R4, opened a compartment and dumped the medications into a medication cup. LPN-E	01770		

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LAKESHORE ASSISTED LIVING	105 NW 8TH STREET WASECA, MN 56093

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01770	Continued From page 26 administered the medications to R4. R4's Service Received identified medication set-up, the date and time, the first name of employee and a note. On April 3, 2023, at 1:22 p.m. LPN-E completed medication set-up service and the notes section identified "meds set up for 2 weeks". On April 3, 2023, at 8:18 a.m. LPN-E completed medication set-up service and the notes section identified "set up medication for the following 2 weeks." The documentation failed to identify the dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup. R2 On April 4, 2023, at 8:00 a.m., unlicensed personnel (ULP)-G prepared R2's medications for administration. ULP-G punched medications out of pharmacy bubble packages. ULP-G then removed a pre-set up medication tray for R2 containing a medication to treat constipation. She opened a compartment on the tray and dumped it into the medication cup. ULP-G then administered medications to R2. Documentation of medication set-up was requested for R2, but it was not provided. On April 5, 2023, at 1:35 p.m. LPN-E stated she does the medication set-ups for all four residents receiving medication set-up, and she documents a note when she sets them up. On April 5, 2023, at 1:45 p.m., LALD-B verified the documentation for medication set up did not have the required information. The licensee's Development of the Individualized	01770		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30401	A. BUILDING: _____ B. WING _____	04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESHORE ASSISTED LIVING	105 NW 8TH STREET WASECA, MN 56093

(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
01770	Continued From page 27 Medication, Treatment and Therapy Management Plan and Individualized Medication and Treatment Record dated November 2019 identified "RN develops an individualized medication treatment and therapy management plan for each client that needs or requests medication management services. These plans will be developed with the client and/or client ' s representative and will be part of the client ' s service plan. Once the plants have been developed, the RN will develop the client ' s medication and treatment record with detailed information about the medication treatments and therapies staff will be managing." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770		
02240 SS=E	144G.90 Subdivision 1 Assisted living bill of rights; notification (a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand. (b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints,	02240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30401	A. BUILDING: _____ B. WING _____	04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESHORE ASSISTED LIVING	105 NW 8TH STREET WASECA, MN 56093

(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
02240	Continued From page 28 Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." (c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint. (d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the Minnesota Bill of Rights for Assisted Living Residents had all the required content for one of two residents (R1). 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 pattern scope (when more than a limited number of residents are affected, more than a limited	02240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30401	A. BUILDING: _____ B. WING _____	04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESHORE ASSISTED LIVING	105 NW 8TH STREET WASECA, MN 56093

(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
02240	Continued From page 29 number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R1 began receiving assisted living services on July 15, 2022. R1's Minnesota Bill of Rights for Assisted Living Residents signed receipt dated July 15, 2022, failed to identify the licensee's name, phone number, e-mail, address, and the name of the person to whom problems or complaints could be reported. On April 5, 2023, at 11:42 a.m. corporate office executive director of assisted living communities/LALD-B stated the electronic version contained all of the information required; however, the version signed by R1 and any other residents with the old printed PDF version of the bill of rights would not have all the required information. The information would have been added to the BOR. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02240		

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

Type: Full
Date: *04/05/23*
Time: 08:19:43
Report: 8044231113

Food and Beverage Establishment Inspection Report

Location:
Lakeshore Assisted Living
105 Nw 8th Street
Waseca, MN56093
Waseca County, 81

Establishment Info:
ID #: 0038098
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5078330903
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

3-306.11A ** Priority 1 **

MN Rule 4626.0320A Protect food from contamination by using packaging; counter, service line or salad bar food guards; display cases; or other effective means.

Tray of pastries in breakfast area stored next to handwashing sink without a splash guard to prevent contamination during sink use.

Tray moved to another location while on site.

Comply By: 04/05/23

4-300 Equipment Numbers and Capacities

4-302.13A ** Priority 2 **

MN Rule 4626.0710A Provide a readily accessible temperature measuring device for measuring the washing and sanitizing temperatures in manual warewashing operations.

No thermometer or stickers for dishwasher.

Comply By: 04/19/23

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

Sign not posted at handwashing sink in upstairs dining area.

Comply By: 04/06/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

Peeling paint in ceiling above grill in kitchen.

Comply By: 06/05/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

Hard water deposits on floor in dry storage room.

Comply By: 04/12/23

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 37.8 Degrees Fahrenheit - Location: Cole slaw in upright
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37.8 Degrees Fahrenheit - Location: Roast beef in upright
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37.0 Degrees Fahrenheit - Location: Upright
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40.0 Degrees Fahrenheit - Location: Dorm fridge in upstairs dining room
Violation Issued: No

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

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

HRD inspection conducted with lead evaluator Stacy Haag. Report reviewed on site with Polly.

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 8044231113 of 04/05/23.

Certified Food Protection Manager: Joseph J. Armendariz

Certification Number: FM22611 Expires: 12/28/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Inspector signed for Polly

Signed: _____
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-206-4715
michael.demars@state.mn.us