



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 21, 2023

Licensee
Blaine White Pine
12446 Jamestown Street Northeast
Blaine, MN 55449

RE: Project Number(s) SL30650015

Dear Licensee:

On August 23, 2023, 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 June 15, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the June 15, 2023 survey.

The Department of Health 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.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey completed on June 15, 2023, found not corrected at the time of the August 23, 2023, follow-up survey and/or subject to penalty assessment are as follows:

0485-Minimum Requirements-144g.41 Subdivision 1. (13)(i)(a)and(c) = \$500.00
1640-Service Plan, Implementation And Revisions To-144g.70 Subd. 4 (a-E) = \$500.00
1880-Storage Of Medications-144g.71 Subd. 19 = \$500.00
1890-Prescription Drugs-144g.71 Subd. 20 = \$500.00

The details of the violations noted at the time of this follow-up survey completed on August 23, 2023 (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 \$2,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

Also, at the time of this follow-up survey completed on August 23, 2023, we identified the following violation(s):

0620-Compliance With Requirements For Reporting Ma-144g.42 Subd. 6 (a)

1760-Documentation Of Administration Of Medication-144g.71 Subd. 8
1960-Documentation Of Administration Of Treatments-144g.72 Subd. 5
3000-Timing Of Report-626.557 Subd. 3

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

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 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

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 MDH 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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

We urge you to review these orders carefully. If you have questions, please contact Casey Devries at 651-201-5917.

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 that reads "Casey DeVries". The signature is written in a cursive, flowing style.

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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: SL30650015-1 On August 22, 2023, through August 23, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on June 16, 2023. At the time of the survey, there were 61 residents: 58 of whom received services under the Assisted Living with Dementia Care license. As a result of the revisit, the following orders were reissued and/or issued.	{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.		
{0 485} SS=F	144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements (13) offer to provide or make available at least the	{0 485}			

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
{0 485}	Continued From page 1 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 ensure to offer at least three nutritious meals daily, according to the recommended dietary allowances in the United Stated Department of Agriculture (USDA) guidelines. This had the potential to affect all residents who received services. 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:	{0 485}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
{0 485}	Continued From page 2 On August 22, 2023, at 11:50 a.m., the surveyor observed the first-floor unsecured dining room and observed no fruit at resident tables. The surveyor inquired to five unidentified residents if they received fruit at lunch. The unidentified residents stated no fruit was served with lunch today. On August 22, 2023, at 11:47 a.m., the surveyor observed the secured unit dining room and observed a cut meat with gravy, peas, and potato being served to the residents. In addition, the surveyor observed milk, water, cranberry, orange, or apple juice being served as a drink option. On August 22, 2023, at 11:50 a.m., the surveyor inquired if there was fruit offered at the lunch meal on this date to the secured unit residents. Unlicensed personnel (ULP)-U stated no, but they have fruits served with their breakfast meals. On August 22, 2023, at 12:12 p.m., activities assistant (AA)-H stated for breakfast they offer blueberry, raspberries, and banana. The surveyor inquired if the residents in the secured unit were offered fruit for the lunch meal on this date. AA-H stated no. The surveyor inquired if lunch or dinner had a fruit option. AA-H stated not for lunches, and they were unaware if dinners served fruit because they did not work in the evenings. On August 22, 2023, at approximately 1:00 p.m., dietary supervisor (DS)-Y stated the licensee's food menu was created by a dietician. The surveyor inquired if they served a fruit option at each meal. DS-Y stated at breakfast there was always fruit and depending on the meal menu there may or may not be one for lunch or dinner however, they had fresh fruit available in the	{0 485}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
{0 485}	Continued From page 3 kitchen. In addition, DS-Y stated they served 100 percent apple and orange juice however, the cranberry was not 100 percent juice. The surveyor inquired how residents in the secured unit would receive fruit for the lunch and dinner meal. DS-Y stated if they requested it. On August 23, 2023, at 10:17 a.m., clinical nurse supervisor (CNS)-I stated they were unaware if fruit was offered at every meal. The document on the USDA website titled What is My Plate dated 2020 -2025, recommended a food plate to contain grains, protein, dairy, and fruits and vegetables. In addition, vegetables and fruits should make 50 percent of the food plate, and indicated at least half of the recommended amount of fruit eaten should come from whole fruit, rather than 100% fruit juice. The licensee's Food Service & Menu Planning policy dated August 1, 2021, indicated the licensee would offer to provide or make available at least three meals daily with snacks available seven days per week according to the recommended dietary allowances in the USDA guidelines, including seasonal fresh fruit and fresh vegetables. No further information was provided.	{0 485}			
0 620 SS=D	144G.42 Subd. 6 (a) Compliance with requirements for reporting ma (a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all	0 620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
0 620	Continued From page 4 cases of suspected maltreatment are reported. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to report an incident of missing medications to the Minnesota Adult Abuse Reporting Center (MAARC) for one of three discharged resident reviewed (R14). 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: R14's Discharge Record indicated R14 passed away on March 9, 2023. On June 14, 2023, at 9:00 a.m., during the initial survey, the surveyor observed documentation that did not account for the disposition of the following two medications upon R14's death. - Morphine 5 mg- 16 pills of Rx number 223561; and - Fentanyl 25 micrograms (mcg)- 2 patches of Rx number 2234873. On June 14, 2023, at 10:52 a.m., clinical nurse supervisor (CNS)-I, stated based on documentation there were two medications currently unaccounted for and the licensee would initiate an investigation to determine what happened to the medications that left the	0 620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
0 620	Continued From page 5 medication cart but were not received by the nurse's office. On August 22, 2023, at 7:05 a.m., during the follow-up survey, a request was made to licensed assisted living director (LALD)-T and registered nurse (RN)-A to review the investigation notes and Minnesota Adult Abuse Reporting Center (MAARC) report regarding the controlled substances noted to be present in the facility but not indicated to be disposed of with the other medications upon R14's death. On August 22, 2023, at 9:20 a.m., the licensee presented two Controlled Substance Imbalance Reports that failed to indicate any conclusive findings of the disposition of the sixteen pills of morphine and two patches of Fentanyl. On August 22, 2023, at 9:27 a.m., regional RN nurse educator (NE)-J stated a MAARC report was not filed because the medications went missing a long time ago and they did not feel there was any way to figure out what happened that long after the occurrence. On August 23, 2023, at 8:44 a.m., CNS-I stated any vulnerable adult concern should be reported to MAARC within 24 hours. The surveyor inquired why a MAARC report was not completed for R14's missing medications. CNS-I stated they did not know however they had provided education to staff on what to do with medications when a resident discharges from the facility. On August 23, 2023, at 11:50 a.m., CNS-I stated they had not reported the missing medications to MAARC because they have to report within 24 hours, and it had been too long since it happened.	0 620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
0 620	Continued From page 6 The licensee's Vulnerable Adult Maltreatment Prevention and Reporting policy dated August 1, 2021, indicated licensee would report confirmed suspicion of maltreatment to MAARC no later than 24 hours of their awareness of the suspected maltreatment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 620			
{0 800} SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: No further action required.	{0 800}			
{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;	{0 810}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
{0 810}	Continued From page 7 (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: No further action required.	{0 810}			
{01640} SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the	{01640}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
{01640}	Continued From page 8 facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the current service plan included all services to be provided for one of three residents (R2). In addition, the licensee failed to ensure current service plans included a signature or other authentication by the licensee or resident to document agreement on the services to be provided for three of three residents (R2, R3, R4). 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).	{01640}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
{01640}	Continued From page 9 The findings include: R2 admitted to the licensee on January 26, 2017, under the licensee's former comprehensive license and began receiving assisted living services August 1, 2021. R2's diagnoses included Parkinson's disease, muscle weakness, hypertension, malignant neoplasm of the prostate, neuromuscular dysfunction of bladder, and Lewy body dementia. On August 22, 2023, at 12:13 p.m., the surveyor observed one oxygen concentrator and one portable oxygen tank in R2's room. R2's Medication Administration Record (MAR) dated August 1, 2023, through August 31, 2023, included oxygen saturation monitoring twice daily, if oxygen saturations are less than 87 percent (%) follow as needed (PRN) oxygen order, and was signed by ULP twice per day from August 1, 2023, to August 22, 2023. In addition, the MAR included 2 through 6 liters (L) via nasal cannula for sats less than 87 % which had not been administered to R2 in the month of August. R2's signed Individual Service Plan Agreement dated as signed May 16, 2023, indicated R2 received assistance with bathing, behavior management, meals, dressing and grooming, reassurance checks, vital signs, housekeeping, laundry, medication management, transfers, escorts, and toileting. R2's service plan lacked identification of a service for oxygen saturation monitoring or for oxygen administration. R2's unsigned Individual Service Plan Agreement with effective date of August 22, 2023, indicated R2 received assistance with bathing, behavior	{01640}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
{01640}	Continued From page 10 management, meals, dressing, grooming, reassurance checks, vital signs, housekeeping, laundry, medication administration, escorts, transfers, and toileting. R2's service plan lacked identification of service for oxygen saturation monitoring or for oxygen administration. R3 R3 admitted to the licensee on April 4, 2023, and began receiving assisted living services. R3's diagnoses included diabetes type 2, vascular dementia, and anxiety disorder. R3's signed Individual Service Plan Agreement dated April 4, 2023, indicated R3 received assistance with diabetic management, bathing assistance, meals, dressing, grooming, oral care, housekeeping, laundry, medication administration, escort, mechanical lift transfers, and toileting. R3's unsigned Individual Service Plan Agreement with effective date of August 22, 2023, indicated R3 received assistance with diabetic management, bathing, behavioral intervention, meals, dressing, grooming, oral care, reassurance checks, housekeeping, laundry, medication administration, escorts, mechanical lift transfers, toileting, and continuous positive airway pressure (CPAP) therapy. R4 R4 admitted for assisted living services on February 24, 2023. R4's diagnoses included diabetes, chronic kidney disease stage 4, history of transient ischemic attacks, hemiplegia and hemiparesis affecting left non dominant side, and urinary retention.	{01640}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
{01640}	Continued From page 11 R4's signed Service Plan dated as signed March 6, 2023, indicated R4 received assistance with dressing, grooming, bathing, Hoyer lift transfers, toileting, catheter bag emptying, blood glucose monitoring, laundry, linens, meals, diabetic management, and medication management. R4's unsigned Individual Service Plan Agreement with effective date August 22, 2023, indicated R4 received assistance with diabetic management, bathing assistance, meals, dressing, grooming, blood glucose monitoring, vital signs, reassurance checks, housekeeping, laundry, medication administration, escorts, mechanical lift transfers, toileting, catheter care, and CPAP therapy. R3 and R4's service plans lacked a signature or authentication by the resident or resident's representative to document on services to be provided following a revision (addition of CPAP therapy). On August 23, 2023, at 8:40 a.m., clinical nurse supervisor (CNS)-I stated if there were a change to the service plan a discussion would be held with the resident or family about the services to be provided and if the resident or resident's family agreed to the changes, they would obtain a signature. In addition, CNS- stated they retrained the licensee's nurses on the service plan requirements "last Thursday" and were starting to conduct service plan audits to ensure services provided to the resident were included on the service plan and resident or family signatures were obtained. The licensee's Service Plan policy dated August 11, 2022, indicated the service plan and any	{01640}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
{01640}	Continued From page 12 revision shall include a signature or other authentication by the licensee and the resident or resident representative documenting agreement on the services to be provided. In addition, service plans shall be revised if needed based on resident reassessment and monitoring. No further information was provided.	{01640}			
01760 SS=F	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. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure administration was documented accurately in the medication administration record (MAR) for one of one resident (R4). 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	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01760	Continued From page 13 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: R4 was admitted on February 24, 2023. R4's diagnoses included type two diabetes, stage four chronic kidney disease, and history of transient ischemic attacks, hemiplegia and hemiparesis affecting left non dominant side, and hypertension. R4's signed service plan dated March 6, 2023, indicated R4 received services including assistance with medication administration. R4's medication administration record (MAR) for August 1, 2023, through August 31, 2023, indicated R4 received the following three topical medications daily at 8:00 a.m., 2:00 p.m., and 8:00 p.m. - Baza protect cream applied topically to affected area on buttock three times daily; - Calmoseptine ointment applied topically to any peri-area irritations as directed; - triad paste applied to affected areas on buttock topically; and - gabapentin 300 milligrams (mg), one capsule orally three times daily. In addition, R4's MAR for August 2023, indicated R4 received nystatin powder 100000 applied topically to abdominal folds twice daily scheduled for 8:00 a.m., and 8:00 p.m. On August 22, 2023, at 12:55 p.m., unlicensed	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01760	Continued From page 14 personnel (ULP)- Q stated the ULPs apply R4's topical medications when they perform cares. ULP-Q stated they let the medication passer know when the topicals have been applied and wound care has been completed. On August 22, 2023, at 1:01 p.m., the surveyor observed unlicensed personnel (ULP)-V prepare gabapentin 300 mg at the medication cart and bring it to R4 in R4's room. R4 was sitting up in thier wheelchair and took the medication. The surveyor observed Baza protect cream, Calmoseptine ointment, triad paste, and nystatin powder on R4's nightstand next to R4's bed. R4 stated the ULPs applied those when they assisted with wound care in the morning and evening. On August 22, 2023, at 1:05 p.m., the surveyor observed ULP-V document administration of 2:00 p.m. gabapentin. ULP-V showed the surveyor the documentation entries from the morning with R4's Baza protect cream, Calmoseptine, triad paste, and nystatin powder where ULP-V had initialed confirming application of these medications. ULP-V stated the medications are kept in R4's room so the ULPs can apply them during cares. ULP-V as the medication passer confirms application by initialing the MAR. ULP-V stated they did not apply the topicals or observe their application on August 22, 2023 but did sign off for them on the MAR. On August 23, 2023, at 10:10 a.m., clinical nurse supervisor (CNS)-I stated they were aware the ULPs who are not medication passers have been applying topicals and the medication passer ULP signs off on them. CNS-I's stated their expectation was the topical medications would be kept in the medication cart, the ULPs should get them from the medication passer when they are	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01760	Continued From page 15 ready to use them, then return them once they were used and cares have been completed. Then the medication passer would have direct communication from the ULPs on the topicals they are signing off for. CNS-I stated this has been the facility's process for all topical medications that need to be applied during cares or with assist of two. The licensee's Medication and Treatments-Medication Management- Administration and Setup policy dated August 1,2021, indicated documentation of medication assistance or administration would be completed immediately after the task had been performed by the person who provided the medication assistance or administration. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
{01880} SS=F	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 store all medications in a securely locked location for three of four residents (R2, R3, R4). 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	{01880}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
{01880}	Continued From page 16 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: R2 R2 admitted to the licensee on January 26, 2017, under the licensee's former comprehensive license and began receiving assisted living services August 1, 2021. R2's diagnoses included Parkinson's disease, muscle weakness, hypertension, malignant neoplasm of the prostate, neuromuscular dysfunction of bladder, and Lewy body dementia. R2's Individual Service Plan Agreement signed May 16, 2023, indicated R2 received assistance with bathing, behavior management, meals, dressing and grooming, reassurance checks, vital signs including oxygen (o2) saturation (sat), housekeeping, laundry, medication management, transfers, escorts, and toileting. R2's Uniform Assessment Tool dated July 6, 2023, indicated R2 could not self-administer medications and medications were stored in the medication cart. On August 22, 2023, at 12:13 p.m., the surveyor observed four vials of Systane hydration (eye drops) on the night stand next to R2's bed. R3 R3 admitted to the licensee on April 4, 2023, and began receiving assisted living services.	{01880}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
{01880}	Continued From page 17 R3's diagnoses included diabetes type 2, vascular dementia, and anxiety disorder. R3's signed Individual Service Plan agreement dated April 4, 2023, indicated R3 received assistance with diabetic management, bathing assistance, meals, dressing, grooming, oral care, housekeeping, laundry, medication administration, escort, mechanical lift transfers, and toileting. R3's Uniform Assessment Tool dated June 20, 2023, indicated R3 could not self-administer medications and medications were stored in the medication cart and refrigerator. On August 23, 2023, at 9:26 a.m., the surveyor observed R3's 1.1 percent (%) sodium fluoride prescription dental paste on the bathroom counter. R4 R4 admitted for assisted living services on February 24, 2023. R4's diagnoses included diabetes, chronic kidney disease stage 4, history of transient ischemic attacks, hemiplegia and hemiparesis affecting left non dominant side, and urinary retention. R4's Individual Service Plan Agreement signed March 6, 2023, indicated R4 received assistance with dressing, grooming, bathing, Hoyer lift transfers, toileting, catheter bag emptying, blood glucose monitoring, laundry, linens, meals, diabetic management, and medication management. R4's Uniform Assessment Tool dated June 5,	{01880}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
{01880}	Continued From page 18 2023, indicated R4 was deemed unable to safely self-administer medications due to hemiparesis and hemiplegia and medications were stored in the medication cart or refrigerator. On August 22, 2023, at 1:05 p.m., the surveyor observed Thera Honey wound gel, Sensi Care skin protectant barrier cream, and calmoseptine ointment on R4's nightstand next to R4's bed. On August 22, 2023, at 12:28 p.m., unlicensed personnel (ULP-D) stated they do not pass medication however medications were not supposed to be left in rooms. On August 23, 2023, at 8:46 a.m. clinical nurse supervisor (CNS)-I stated medication should be kept in medication cart unless a resident had a provider order to keep medication in thier room. In addition, CNS-I stated they believed R2's eye drops were brought in by family. The licensee's Medication Storage policy dated August 1, 2021, indicated medications would be stored consistent with each residents' medication management plan and service plan. In addition, all medications managed and stored by licensee would be kept securely locked and only accessible by authorized staff. No further information was provided.	{01880}			
{01890} SS=E	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	{01890}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
{01890}	Continued From page 19 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 remove expired medication from availabilitiy for use for three of seven residents (R16, R21, R22). In addition, the licensee failed to ensure time-sensitive medications were labeled with the date opened for one of seven residents (R21). 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 August 22, 2023, at 12:00 p.m., the surveyor observed the third-floor medication cart and observed the following: EXPIRED MEDICATIONS - R16 cyclobenzapr tablets 5 mg expired August 8, 2023; - R21 Salonpas lidocaine 4 percent (%) patches expired June 2023; - R22 acetaminophen 500 milligram (mg) expired May 25, 2023. TIME SENSITIVE MEDICATION - R21 Advair Diskus 100/50 inhalation powder- in	{01890}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
{01890}	Continued From page 20 use. The Advair Diskus cartridge contained a sticker for date opened to be written. The sticker lacked documentation of the opened-on date. On August 22, 2023, at 12:15 p.m., unlicensed personnel (ULP)-V stated they would let nursing know if they noticed an expired medication in the cart. ULP-V stated when they open a new medication ULP-V writes the date opened on the medication label. On August 23, 2023, at 8:46 a.m., clinical nurse supervisor (CNS)-I stated time sensitive medications should be labeled with date opened by the ULP who opened the medication. On August 23, 2023, at 11:23 a.m., CNS-I stated nurses were required to complete medication cart audits monthly with cycle fill (pharmacy automatically replenishes the routine medications in a facility). CNS-I stated they should be looking for expired medications, undated open containers, and anything not put away correctly. CNS-I stated in addition to the monthly audit, the medication carts were gone through weekly by the office assistants or nurses. The licensee's Medication cart audit document indicated on July 5, 2023, the third-floor medication cart was evaluated by office assistant (OA)-X. The audit indicated eye drops, bottles, and creams were labeled with an open date and not expired. The manufacturer's instructions for Advair Diskus dated January 2019, recommended Advair Diskus to be discarded one month after opening the foil overwrap pouch.	{01890}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
{01890}	Continued From page 21 The licensee's Medication Disposal policy dated August 1, 2021, indicated licensee staff would dispose any medication, as needed, in a proper way including following the guidelines of the Minnesota Board of Pharmacy. The licensee's Medication Storage policy dated August 1, 2021, indicated medications would be stored consistent with manufacturer's recommendations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	{01890}			
{01910} SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.	{01910}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
{01910}	Continued From page 22 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to identify the prescription number and quantity of all dispositioned medications for one of two discharged residents (R26). 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: R26 Licensee's Discharged or Deceased Resident Roster: State Evaluations indicated R26 discharged from licensee on July 5, 2023, to another facility. R26's Medication Receipt dated July 5, 2023, indicated R26's medications listed on the form were being transferred to the new facility with R26 and included: - hydrocodone/ APAP 5/325 Rx number 23209189 quantity 12 tablets; - Wixela Inhub 250/50 Rx number 23208691 no quantity noted; - Ventolin HFA no Rx number noted, and no quantity noted; - amoxicillin 500 milligram (mg) Rx number 7114777 no quantity noted; - Advair Diskus 250/50 no Rx number noted, and no quantity noted;	{01910}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
{01910}	Continued From page 23 - acetaminophen 650 mg Rx number 4395230-02805 no quantity noted; and - chlorhexidine gluconate 0.12 percent (%) Rx number 7114776 no quantity noted. R26's record lacked Rx numbers for Ventolin and Advair Diskus. In addition, the record lacked a quantity for Wixela Inhub, Ventolin, amoxicillin, Advair Diskus, acetaminophen, and chlorhexidine. On August 23, 2023, at 10:11 a.m., clinical nurse supervisor (CNS)-I stated when they dispose of medication, they complete a medication disposition form that lists the medications including dose, quantity destroyed, and who destroyed the medications. The surveyor inquired what the licensee's process was if they sent the medication home with family. CNS-I stated they would follow the same process with the exception of the family signing the form. The licensee's policy Medication Disposal dated August 1, 2021, indicated unused controlled substances must be disposed of in accordance with accepted practices of the Minnesota Board of Pharmacy. In addition, the policy indicated upon disposition, the facility must document the disposition of the medication including the medication name, strength, prescription number, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	{01910}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01960	Continued From page 24	01960			
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 administer a prescribed treatment or therapy as ordered and failed to document any follow-up procedures to meet the resident's needs for one of one resident (R4). 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: R4's diagnoses included type two diabetes, stage four chronic kidney disease, history of transient ischemic attacks, hemiplegia and hemiparesis affecting left non dominant side, and	01960			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01960	Continued From page 25 hypertension. R4's signed service plan dated March 6, 2023, indicated R4 received services including assistance with dressing and grooming. On August 22, 2023, at approximately 1:00 p.m., surveyor observed R4 sitting up in R4's wheelchair. The stockings R4 was wearing were regular cotton type fabric and not compression stockings. R4's signed Physician's Orders, dated May 23, 2023, indicated R4 had an order for TED Stockings (anti-embolism or compression stockings) to be applied in the morning and removed in the evening. R4's Nursing Assessment, dated June 5, 2023, did not indicate anything about TED stockings. R4's Individual Treatment or Therapy Management Plan, dated June 14, 2023, indicated R4 received application and removal of TED stockings. R4's Medication Administration Record, dated August 1 to August 31, 2023, indicated R4 would have TED stockings applied in the morning and off at bedtime. ULPs documented the service as not provided with reasons including med not available, not on, and has regular socks on. On August 23, 2023, at 9:30 a.m., the surveyor observed unlicensed personnel (ULP) assist R4 to get dressed and up in her wheelchair. R4 was wearing regular cotton type fabric stockings again and not TED stockings. R4 stated she used to wear TED stockings but has not worn them in a long time. ULPs in room looked in R4's drawer to	01960			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01960	Continued From page 26 see if TED stockings were present. One TED stocking was found in a drawer with many other non-TED stockings. No TED stockings were observed any other place in the apartment. On August 23, 2023, at 9:57 a.m. unlicensed personnel ULP-V stated R4 came to the facility with only one TED stocking and has not worn TEDS while at the facility. On August 23, 2023, at 10:10 a.m., clinical nurse supervisor (CNS)-I stated the items on the treatment management plan come from the delegated task list. The nurses select the delegated tasks, and they populate to the treatment management plan. CNS-I stated if a task is present on the treatment management plan, physician orders, and MAR, the licensee should be providing the service. CNS-I stated they didn't believe R4 was supposed to wear TED stockings because she observed R4 did not have any on. The Treatment & Therapy Management Plan dated August 1, 2021, indicated the licensee would develop and maintain a current individualized treatment and therapy management record for each resident which must contain monitoring of treatment or therapy to prevent possible complications or adverse reactions. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960			
{02040} SS=F	144G.81 Subdivision 1 Fire protection and physical environment	{02040}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
{02040}	Continued From page 27 An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: No further action required.	{02040}			
03000 SS=D	626.557 Subd. 3 Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph	03000			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
03000	Continued From page 28 (a), clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to report an incident of missing medications to the Minnesota Adult Abuse Reporting Center (MAARC) for one of three discharged residents reviewed (R14). This practice resulted in a level two violation (a violation that did not harm a resident's health or	03000			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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	
03000	Continued From page 29 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: R14's Discharge Record indicated R14 passed away on March 9, 2023. On June 14, 2023, at 9:00 a.m., during the initial survey, the surveyor observed documentation that did not account for the disposition of the following two medications upon R14's death. - Morphine 5 mg- 16 pills of Rx number 223561; and - Fentanyl 25 micrograms (mcg)- 2 patches of Rx number 2234873. On June 14, 2023, at 10:52 a.m., clinical nurse supervisor (CNS)-I, stated based on documentation there were two medications currently unaccounted for and the licensee would initiate an investigation to determine what happened to the medications that left the medication cart but were not received by the nurse's office. On August 22, 2023, at 7:05 a.m., during the follow-up survey, a request was made to licensed assisted living director (LALD)-T and registered nurse (RN)-A to review the investigation notes and Minnesota Adult Abuse Reporting Center (MAARC) report regarding the controlled substances noted to be present in the facility but not indicated to be disposed of with the other medications upon R14's death.	03000			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
03000	Continued From page 30 On August 22, 2023, at 9:20 a.m., the licensee presented two Controlled Substance Imbalance Reports that failed to indicate any conclusive findings of the disposition of the sixteen pills of morphine and two patches of Fentanyl. On August 22, 2023, at 9:27 a.m., regional RN nurse educator (NE)-J stated a MAARC report was not filed because the medications went missing a long time ago and they did not feel there was any way to figure out what happened that long after the occurrence. On August 23, 2023, at 8:44 a.m., CNS-I stated any vulnerable adult concern should be reported to MAARC within 24 hours. The surveyor inquired why a MAARC report was not completed for R14's missing medications. CNS-I stated they did not know however they had provided education to staff on what to do with medications when a resident discharges from the facility. On August 23, 2023, at 11:50 a.m., CNS-I stated they had not reported the missing medications to MAARC because they have to report within 24 hours, and it had been too long since it happened. The licensee's Vulnerable Adult Maltreatment Prevention and Reporting policy dated August 1, 2021, indicated licensee would report confirmed suspicion of maltreatment to MAARC no later than 24 hours of their awareness of the suspected maltreatment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	03000			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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	



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 14, 2023

Licensee

Blaine White Pine

12446 Jamestown Street Northeast

Blaine, MN 55449

RE: Project Number(s) SL30650015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 15, 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 . . ."

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

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

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

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

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The MDH

also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0110 - 144g.10 Subdivision 1a - Assisted Living Director License Required - \$3,000.00

St - 0 - 2070 - 144g.81 Subd. 4 - Awake Staff Requirement - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$6,000.00**. 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.

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.

Blaine White Pine

July 14, 2023

Page 3

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

REQUESTING A HEARING

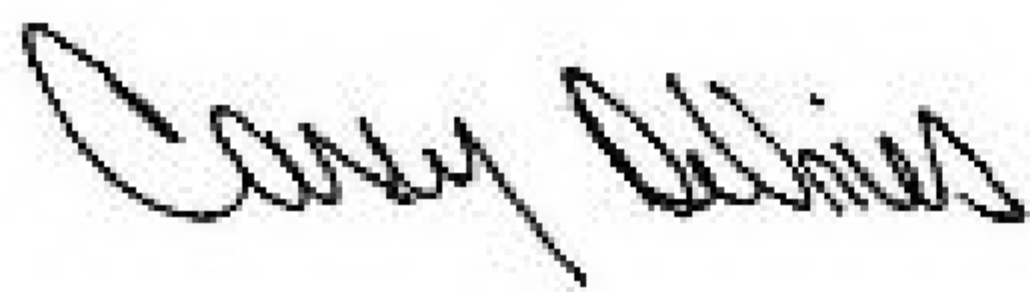
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the MDH 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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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: SL30650015-0 On June 12, 2023, through June 15, 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 61 residents, all of whom received services under the Assisted Living with Dementia Care license. An immediate correction order was identified on June13, 2023, issued for SL30650015-0, tag identification 2070. The immediacy of tag identification 2070 was not removed at the time of exit on June 15, 2023.	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.		
0 110 SS=I	144G.10 Subdivision 1a Assisted living director license required Each assisted living facility must employ an	0 110			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 110	Continued From page 1 assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.? This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employment of an assisted living director (LALD) licensed by the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all residents receiving Assisted Living services. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings included: On June 12, 2023, at approximately 10:00 a.m., during entrance conference, house manager (HM)-B stated they were the assisted living director (ALD). The surveyor reviewed the BELTSS license verification website which indicated HM-B was not licensed as an assisted living director by BELTSS. On June 12, 2023, at approximately 11:24 a.m., during facility tour, the surveyor did not observe a license or permit of an ALD hung in the facility. On June 12, 2023, at 1:00 p.m., the surveyor inquired if HM-B held a LALD licensure. HM-B	0 110			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 110	Continued From page 2 stated they applied for a licensed assisted living director in residency (LALDIR) and were in the process of obtaining there LALD licensure and would need to complete eight more classes. In addition, HM-B stated they were hired for the position three weeks ago and were told by BELTSS they had 30 days to complete the process. The surveyor asked if there was anyone mentoring or supervising them. HM-B stated they were being supervised by regional director of operations (RDO)-F. On June 12, 2023, at 2:37 p.m., RDO-F stated they were the regional director for ten communities in Minnesota. The surveyor inquired if they were the LALD for this licensee. RDO-F stated they were not acting as the LALD however, were overseeing HM-B. In addition, RDO-F stated the licensee was in a transition period and HM-B was waiting to receive their LALDIR. RDO-F stated they believed the licensee had 30 days to obtain the LALDIR and when HM-B received their permit, the permit could be used on the facility for up to a year. On June 12, 2023, at 2:52 p.m., the surveyor contacted BELTSS regarding HM-B and RDO-F licensures and involvement with the licensee. On June 12, 2023, at 3:03 p.m., the surveyor received and email from BELTSS that indicated the following: - HM-B applied on March 15, 2023, and was sent a packet of information to apply for the residency permit on April 14, 2023, and May 17, 2023, however BELTSS had not received a permit application back from HM-B; - once an application was sent in, they have 30 days to obtain the residency permit from the date they are designated in the role as the assisted	0 110			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 110	Continued From page 3 living director (ALD); - RDO-F was unable to oversee at the licensee's location. The licensee's Assisted Living Director policy dated August 1, 2021, indicated the licensee is required to have an ALD licensed or permitted by BELTSS. In addition, the license or permit of the ALD would be hung in the facility. No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the	0 470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
0 470	Continued From page 4 facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement a written staffing plan that included an evaluation completed by a registered nurse at least twice a 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 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living with dementia license. The facility was licensed for a capacity of 63 residents and had a current census of 61 residents. On June 12, 2023, at 10:45 a.m., during the entrance conference, the surveyor inquired if the licensee developed and implemented a staffing plan that was evaluated twice per year. Housing Manager (HM)-B stated, "yes." The surveyor requested the licensee's staffing plan.	0 470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
0 470	Continued From page 5 The licensee's undated White Pine Blaine 1 Staffing Plan is as Follows document lacked an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility by a registered nurse. On June 14, 2023, at 10:00 a.m., clinical nurse supervisor (CNS)-I stated the director of the facility created the staffing plan and they ensured nurses were staffed. In addition, CNS-I stated they were hired as the director of nursing (DON) in January 2023. The surveyor inquired if the CNS was aware of the staffing plan requirement. CNS-I stated they were unaware of the requirement. The licensee's Staffing Plan policy dated March 30, 2021, indicated the licensee would develop and implement a staffing plan for determining its appropriate staffing level to ensure sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the resident's assessments and service plans on a 24 hour per day basis. In addition, the staffing plan would have an evaluation twice a year conducted by the licensed assisted living director (LALD) and nursing staff to determine the appropriateness of staffing levels in the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 470			
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	0 485			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 485	Continued From page 6 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 ensure to offer at least three nutritious meals daily, according to the recommended dietary allowances in the United Stated Department of Agriculture (USDA) guidelines and failed to have a menu prepared at least one week in advance and made available to all residents. This had the potential to affect all residents who received services. 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).	0 485			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 485	Continued From page 7 The findings include: MENU White Pine June 2023 Menu dated June 1 through June 30, 2023, included a lunch and a dinner menu however, lacked a menu for breakfast. NUTRITIOUS MEALS On June 13, 2023, at 8:00 a.m., the surveyor observed two residents eating breakfast in the secured unit. The two residents were eating cold cereal, toast, and had a glass of juice. On June 13, 2023, at 8:02 a.m., the surveyor inquired what the residents received for breakfast in the secured unit. Activities assistant (AA)-H stated, "breakfast is cereal and toast and juice." In addition, AA-H stated residents occasionally were provided with oatmeal however, they did not receive eggs during the week. AA-H stated the licensee did not have a cook in the facility until 9:00 a.m., Monday through Friday, and activities staff were responsible for the breakfast meal. The surveyor inquired if the resident's received fruit. AA-H stated the residents in the secured unit were provided bananas, if available, however, they do not always have them available. On June 14, 2023, 8:30 a.m., the surveyor observed six residents in the secure unit eating cereal or oatmeal, toast, and drinking juice. The surveyor did not observe fruit or protein at the meal. On June 14, 2023, at 8:34 a.m., unlicensed personnel (ULP)-Q stated the unsecure unit had bananas and /or apples available during the meals, and the unsecure unit did not have fruit	0 485		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 485	Continued From page 8 available. On June 14, 2023, at 8:35 a.m., the surveyor observed blueberries and a breakfast sandwich which contained egg and meat being offered to residents in the unsecured unit dining room. On June 14, 2023, at 8:37 a.m., AA-T stated the residents in the unsecured unit received toast, cereal, oatmeal, juice, and fruit Monday through Friday with the exception of Wednesdays when they made breakfast sandwiches. The surveyor inquired if residents in the secured unit received the option of breakfast sandwiches on Wednesday. AA-T stated the residents in the secured unit did not receive breakfast sandwiches unless a staff member came down and requested them. In addition, AA-T stated, "it is up to the activities on memory care [secured unit] of what they receive for breakfast." On June 14, 2023, at 10:01 a.m., clinical nurse supervisor (CNS)-I stated residents received three meals per day and two snacks. The surveyor inquired if they received three meals per day according to the USDA guidelines. CNS-I stated, "I know they have a dietary menu they need to follow." The surveyor inquired if residents in the secured unit received different meal options than in the unsecured unit. CNS-I stated they were supposed to have the same menu in both units unless there were special requests or substitutions. The USDA What is My Plate dated 2020 -2025, recommended a food plate to contain grains, protein, dairy, and fruits and vegetables. In addition, vegetables and fruits should make 50 percent of the food plate.	0 485		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
0 485	Continued From page 9 The licensee's Food Service & Menu Planning policy dated August 1, 2021, indicated the licensee would offer to provide or make available at least three meals daily with snacks available seven days per week according to the recommended dietary allowances in the USDA guidelines, including seasonal fresh fruit and fresh vegetables. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485			
0 490 SS=F	144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements (iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance; (v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance; (vi) provide culturally sensitive programs; and (vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and This MN Requirement is not met as evidenced	0 490			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
0 490	Continued From page 10 by: Based on observation and interview, the licensee failed to provide a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large. This had the potential to affect the 20 residents of the secured 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) 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 June 12, 2023, at 9:50 a.m., during the entrance conference, house manager (HM)-B stated licensee provided a daily program of social and recreational activity. The licensee's June 2023 activities calendar indicated there were activities scheduled every day between 10:00 a.m. and 1:45 p.m. On June 12, 2023, at 11:40 a.m., the surveyor observed seven residents in the secured unit alone in the dining room with no activities to engage them. On June 13, 2023, between 9:00 a.m. and 11:45 a.m., the surveyor observed eight residents in the secured unit dining room remained in their seats following their breakfast meal throughout the observation without any activities to engage them.	0 490			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 490	Continued From page 11 On June 14, 2023, at 9:51 a.m., the surveyor observed five residents in the secured unit dining room without any activities to engage them. On June 14, 2023, at 10:08 a.m., activities assistance (AA)-H stated residents in the secured unit had activities scheduled every day however, on June 13, 2023, they were out for a work meeting the entire day and did not work with the residents. In addition, AA-H stated in their absence, ULPs took over to assist residents in daytime activities however it was not possible to provide the residents with activities on June 13, 2023, because they were short staffed. On June 14, 2023, at 11:08 a.m., HM-B stated the residents had programs and activities to engage them throughout the day. In addition, HM-B stated if staff had an issue they should reach out to their office for assistance. The licensee's ALDC Life Enrichment Program & Outdoor Space policy dated August 1, 2021, indicated licensee will strive to provide valuable activities and life enrichment programs for residents with Alzheimer's disease or other dementia. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	0 490		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 510	Continued From page 12 nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complied with accepted health care, medical and nursing standards for infection control related to gloving and hand hygiene for one out of four employees (unlicensed personnel (ULP)-K). 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: ULP-K was hired on February 21, 2021, to provide direct cares and services to residents. On June 13, 2023, from 7:11 a.m. to 7:30 a.m., during continuous observation, the surveyor observed ULP-K apply clean gloves, turn on R21's lights, and remove gloves. Without	0 510			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 510	Continued From page 13 performing hand hygiene ULP-K exited R21's room, went to a vacant room which stored R21's clothing, gathered clothing, re-entered R21's room, dropped off clothing, exited R21's room, went to the storage room to gather supplies, re-entered R21's room, and applied a new pair gloves. ULP-K then assisted R21 with shoe application, guided assistance to the restroom, removal of soiled night gown and incontinent product, performed perineal cares, and removed gloves. Without performing hand hygiene ULP-K applied a new pair of gloves, sat R21 on the toilet, applied socks, pants, shoes, and provided additional perineal care to R21. Without performing hand hygiene or glove removal, ULP-K attempted to apply an incontinent brief to R21, raised R21's lower extremity clothing, removed trash from trash can, placed dirty laundry by wash machine, and removed gloves. Without performing hand hygiene ULP-K exited R21's room, placed trash in the trash room, and then performed hand hygiene. On June 13, 2023, at 7:33 a.m., ULP-K stated they were trained to perform hand hygiene after resident cares were performed. On June 13, 2023, from 7:54 a.m. to 8:10 a.m., during continuous observation, the surveyor observed ULP-K apply clean gloves without performing hand hygiene. ULP-K then assisted to transfer R5 to the wheelchair, escorted R5 to the bathroom, stood R5 to a standing position and removed R5's soiled incontinent brief. Without performing hand hygiene or glove removal, ULP-K assisted R5 to sit on the toilet, washed and dressed R5's upper and lower body, stood R5, provided perineal care, and removed gloves. Without performing hand hygiene ULP-K applied a new pair of gloves, transferred R5 from toilet to	0 510			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 510	Continued From page 14 wheelchair via pivot transfer, escorted R5 to sink, provided oral cares to R5, and removed gloves. Without performing hand hygiene ULP-K escorted R5 to the living room and performed housekeeping tasks. On June 14, 2023, clinical nurse supervisor (CNS)-I stated ULPs were trained to perform hand hygiene by nurses observing them. In addition, CNS-I stated they conducted weekly hand hygiene audits and provided education to ULPs if hand hygiene was not followed. The surveyor inquired if the director of the facility reviewed the audits with them. CNS-I stated they were not reviewed with the director of the facility however; audits were reviewed with a regional director. The Centers for Disease Control's (CDC), "CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings" dated November 29, 2022, under section 5a.2 (§ a,c,d,e,f) reads: 2.) Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: a.) Immediately before touching a patient; c.) Before moving from work on a soiled body site to a clean body site on the same patient; d.) After touching a patient or the patient's immediate environment; e.) After contact with blood, body fluids or contaminated surfaces; and f.) Immediately after glove removal. The licensee's Hand Washing policy dated August 1, 2021, read, "Hand Hygiene and Gloves: When conducting a procedure requiring the use of gloves, proper hand hygiene should be completed before donning gloves and after	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
0 510	Continued From page 15 removing gloves." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
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 observation, interview, and record	0 680			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 680	Continued From page 16 review, the licensee failed to have a written emergency preparedness plan with all the required content. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On June 12, 2023, at approximately 11:54 a.m., the surveyor requested the Appendix Z / Emergency preparedness manual from house manager (HM)-B. The surveyor inquired where the Appendix Z/ Emergency preparedness manual was stored. HM-B stated the manual was typically stored in the nurse's office, which was located on first floor, not near the main entrance of the facility, and was behind a locked door. Appendix Z / Emergency preparedness manual dated effective August 16, 2022, lacked the following updated information: - key management phone numbers, as the manual included the previously employed licensed assisted living director (LALD); and - succession of command, as the manual listed the previously employed LALD as designated incident command manager. On June 14, 2023, at approximately 11:50 a.m., regional director of operations (RDO)-F verified the Appendix Z/ Emergency preparedness manual had not yet been updated to reflect	0 680			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 680	Continued From page 17 current leadership within the facility. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents, visitors, and staff. 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:	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 800	Continued From page 18 On June 15, 2023, approximately from 10:40 a.m. to 2:10 p.m., survey staff toured the facility with maintenance staff (MS)-S and the director of maintenance (DM)-R. During the tour, survey staff observed the following: -The dryer exhaust ducts in the memory care resident rooms 21, 38, and 45 were disconnected from the dryers. The findings were evident as there were visible gaps at the duct connection to the dryers. -The laundry sink located inside the storage room next to the memory kitchenette had a drain trap that was disconnected from the drainpipe and water leaked onto the floor when the water was turned on by the DM-R. -Clean medical supplies were placed on the floor throughout the storage room (memory care) and were subject to contamination from the laundry sink disconnected drainpipe leak. Survey staff explained that the clean supplies must be placed on shelves. -The integral backflow preventer (atmospheric vacuum breaker) on the faucet of the service/mop sink was comprised as the backflow was missing a cap on the 1st floor where the chemical soap dispenser connects to the faucet. This compromised backflow preventer poses concerns of the building water supply system from potential cross-connection. - The fire-rated door on the 1st-floor elevator lobby failed to positively latch when closed. -The fire-rated door to the trash/storage room next to the mechanical room (near rooms 52/53) failed to latch when closed to protect and maintain the smoke-tight integrity of the corridor. The above findings were physically and/or verbally verified by the DM-R and the MS-S accompanying the facility tour.	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
0 800	Continued From page 19 On June 15, 2023, at approximately 3:00 p.m., during the exit interview, the DM-R and the housing manager-B acknowledged the above findings. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800			
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	0 810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 810	Continued From page 20 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, record review, and interview, the licensee failed to provide a complete fire safety and evacuation plan and the required employee training on the fire safety and evacuation plan. This has the potential to directly affect the safety of all residents receiving services, 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 June 15, 2023, at approximately 2:15 p.m., survey staff received the facility fire safety and evacuation plan and related documentation for review from the director of maintenance (DM)-R and maintenance staff-S. At approximately 2:40 p.m., document review and interview were conducted with the housing manager (HM)-B and the DM-R indicated the following: -Documentation review indicated the plan documentation lacked resident relocation information as part of the emergency evacuation	0 810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
0 810	Continued From page 21 plan. The HM-B confirmed the finding and agree to revise the plan to incorporate the resident relocation information during an emergency evacuation. -Documentation review indicated the licensee lacked the required minimum employee training specifically on the fire safety and evacuation plan twice a year on fire safety and evacuation for the year 2022 (after new employee orientation). Records were requested for the years 2022 and 2023, but staff received employee fire safety and evacuation training for 6/14/2023 and 6/15/2023, and none for the year 2022. The HM-B verified the finding and stated that she thought the training had been provided but will look for those records. On June 15, 2023, at approximately 3:00 p.m., during the exit interview, the DM-R and the HM-B acknowledged the above findings. Survey staff noted that additional employee training documentation will be honored if received by the end of the next day (6/16/2023). An email was received from the HM-B on Friday 6/16/2023 at 3:56 p.m. regarding notes and changes underway, but no additional documentation and/or records were received. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01330 SS=D	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in	01330			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01330	Continued From page 22 section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of three employees (unlicensed personnel (ULP)-N). 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: ULP-N was hired on February 2, 2023, to provide direct care services. ULP-N's record lacked the following training and competency evaluations:	01330			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01330	Continued From page 23 - medication, exercise, and treatment reminders. On June 14, 2023, at 10:52 a.m., registered nurse (RN)-A stated newly hired ULPs need to complete required training and competency evaluations prior to working independently. RN-A indicated ULPs that are not medication passers do not receive training on medication reminders. RN-A agreed that a non med-passer might be assisting with a treatment or even a medication reminder since that does not involve setting up or touching medications. The surveyor attempted to contact ULP-N for an interview multiple times but did not receive a call back. The licensee's Training and Competency Evaluations for Unlicensed Personnel dated August 1, 2021, indicated training and competency evaluations for all ULP's shall include: documentation requirements for all services provided; - reports of changes in the resident's condition to the supervisor designated by the facility; - basic infection control, including blood-borne pathogens; - maintenance of a clean and safe environment; - appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; and - dressing and assisting with toileting; - training on the prevention of falls; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety,	01330			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01330	Continued From page 24 and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; - awareness of confidentiality and privacy; - understanding appropriate boundaries between staff and residents and the resident's family; - procedures to use in handling various emergency situations; and - awareness of commonly used health technology equipment and assistive devices. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01330			
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 the needs of the resident and cannot exceed 90	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01620	Continued From page 25 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 interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident assessment and reassessment, not to exceed 90 calendar days from the last date of the assessment for one of five 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 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: R1 R1 admitted to the licensee on August 30, 2020, under the former comprehensive license and started receiving assisted living services August 1, 2021. R1's diagnoses included hemiplegia and hemiparesis following a cerebral infarction affecting left non-dominant side, type 2 diabetes mellitus, pain in left shoulder, alcohol abuse, insomnia, and chronic ischemic heart disease.	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01620	Continued From page 26 R1's Individual Service Plan Agreement dated March 18, 2023, indicated R1 received services including medication administration, quarterly nursing assessment, housekeeping, laundry, assistance with 2-person transfer, and blood glucose monitoring. In addition, the service plan indicated a nursing assessment of the resident and services were completed every 90 days in person by a RN. R1's record included 90-day nursing assessments completed on November 2, 2022, and February 3, 2023. The last nursing assessment exceed 90 calendar days by three days. On June 14, 2023, at 10:30 a.m., RN-A stated licensee was aware of time frames for assessments however, they were unable to complete all assessments before they became overdue because of being short staffed. The licensee's Assessments, Reviews & Monitoring policy dated August 11, 2021, indicated 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. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) Days	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01640	Continued From page 27	01640			
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the current service plan included all services to be provided for one of five residents (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	01640			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01640	Continued From page 28 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 admitted to the licensee on January 26, 2017, under the licensee's former comprehensive license and began receiving assisted living services August 1, 2021. R2's diagnoses included Parkinson's disease, muscle weakness, hypertension, malignant neoplasm of the prostate, neuromuscular dysfunction of bladder, and Lewy body dementia. On June 13, 2023, at 6:36 a.m., the surveyor observed one oxygen concentrator and one portable oxygen tank in R2's room. R2's provider orders dated May 23, 2023, included 2 - 6 liters (L) of oxygen as needed (PRN) administered via nasal cannula for oxygen (o2) saturation (sat) (a measurement of how much oxygen the blood is carrying as a percentage of the maximum it could carry) less than 87 percent (%). R2's Individual Service Plan Agreement signed May 16, 2023, indicated R2 received assistance with bathing, behavior management, meals, dressing and grooming, reassurance checks, vital signs including o2 sat, housekeeping, laundry, medication management, transfers, escorts, and toileting. R2's service plan lacked identification of a service for oxygen use. R2's provider orders dated May 23, 2023, included 2 - 6 liters (L) of oxygen as needed (PRN) administered via nasal cannula for o2 sat less than 87 percent (%).	01640			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01640	Continued From page 29 R2 Medication Administration Record (MAR) dated June 1, 2023, through June 30, 2023, included 2 - 6 L of o2 PRN administered via nasal cannula for o2 sat less than 87 %. On June 14, 2023, at 10:14 a.m., clinical nurse supervisor (CNS)-I stated resident's service plans were signed by resident or resident's representatives and were updated with changes in services and annually. Registered nurse (RN)-G verified R2's o2 service was not on the service plan and stated, "it is now." The surveyor observed RN-G add the service to the service plan on the computer system. The licensee's Service Plan policy dated August 11, 2022, indicated the service plan and any revision shall include a signature or other authentication by the licensee and the resident or resident representative documenting agreement on the services to be provided. In addition, service plans shall be revised if needed based on resident reassessment and monitoring. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
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	01880			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01880	Continued From page 30 by: Based on observation, interview, and record review, the licensee failed to store all medications in a securely locked location for one of three residents (R4). 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: R4 admitted for assisted living services on February 24, 2023. R4's diagnoses included diabetes, chronic kidney disease stage 4, history of transient ischemic attacks, hemiplegia and hemiparesis affecting left non dominant side, and urinary retention. R4's Service Plan signed March 6, 2023, indicated R4 received assistance with dressing, grooming, bathing, Hoyer lift transfers, toileting, catheter bag emptying, blood glucose monitoring, laundry, linens, meals, diabetic management, and medication management. R4's Individualized Medication Management Plan (IMMP) dated February 28, 2023, indicated R4's medications were administered by staff and stored under lock, key, and supervision of staff. In addition, the IMMP indicated R4 had been deemed unable to safely self-administer any medications due to hemiplegia and hemiparesis.	01880			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01880	Continued From page 31 On June 13, 2023, at approximately 8:15 a.m., the surveyor observed a bottle of nystatin powder on the night stand next to R4's bed. On June 14, 2023, at approximately 11:00 a.m., registered nurse (RN)-A stated all medications were kept locked in medication cart with the exception if a resident had a self-administration order. In addition, RN-A attempted to locate a self-administration order in R4's electronic medical record (EMR) and was unable to. RN-A verified R4 did not have a self-administration order for any medications and should not have medications in their room. The licensee's policy Medication Storage dated August 1, 2021, indicated all medications managed and stored by licensee would be kept securely locked and only accessible by authorized staff. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=F	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	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01890	Continued From page 32 review, the licensee failed to ensure to discard expired medication for four of four residents (R1, R9, R10, R20). In addition, licensee failed to ensure the overflow medication storage closet had all medications bearing the original prescription label with legible information and did not carry expired medications. This had 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) 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 June 13, 2023, 8:42 a.m., the surveyor observed the first-floor medication cart and observed the following expired medications: - R1 ketoconazole 2 percent (%) expired May 13, 2023; - R9 nystop powder expired May 11, 2023; - R10 saline mist spray 0.65 % expired May 11, 2023; and - R20 nystop powder expired May 11, 2023. On June 13, 2023, at 9:20 a.m., the surveyor observed the medication storage closet and observed the following unlabeled or expired medications: Unlabeled - 5 bottles of pain relief regular strength 325 milligram (mg); and - major senna 8.6 mg tablets. Expired medications - polythene glycol powder expired January 5,	01890			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01890	Continued From page 33 2023; - easy touch 2 boxes expired April 11, 2022, and June 22, 2022; - 2 bottles of stool softener 100 mg expired December 2022, and May 2023; - equate 8 hour arthritis pain relief 650 mg expired July 2022; - acetaminophen extended release 650 mg expired April 2022; - meclizine 12.5 mg expired August 2022; and - oral syringes mist 1 milliliter (ml) expired February 3, 2022. On June 13, 2023, at 8:47 a.m., registered nurse (RN)-A stated the medication carts were audited weekly to remove unlabeled, and expired medications. In addition, RN-A stated the overflow storage closets should be audited weekly, but audits were missed for a couple of weeks due to short staffing. The licensee's Medication Disposal policy dated August 1, 2021, indicated licensee staff would dispose any medication, as needed, in a proper way including following the guidelines of the Minnesota Board of Pharmacy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a	01910		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01910	Continued From page 34 resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to identify the names of staff and other individuals involved in medication disposition per their policy for two of two discharged residents (R6, R14). 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: R6 R6 discharged from licensee on April 13, 2023, to another facility.	01910			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01910	Continued From page 35 R6's discharge summary dated April 13, 2023, indicated R6's medications upon discharge were to be destroyed. R6's disposition record for controlled and uncontrolled substances indicated the following medications were destroyed by method of Drug Buster on June 2, 2023: - Rx number 23048633 gabapentin 100 milligrams (mg) - 65 capsules; - Rx number 23009394 acetaminophen 500 mg - 46 tablets; - Rx number 22858237 amlodipine 5 mg - 56 tablets; - Rx number 22947409 gabapentin 300 mg- 79 tablets; - Rx number 23009418 escitalopram 5 mg - 7 tablets; and - Rx number 23048630 losartan potassium 100 mg - 10 tablets. The disposition of the above medications was not signed off by a nurse but had witness initials noted. R6's record of the inventory and destruction of controlled substances form dated December 29, 2022, indicated destruction by method of drug buster for: - Rx number 22690252 oxycodone (identified by MN. Rule 6800.4220 as a Schedule II Controlled Substance) 5 mg - 43 tablets destroyed by registered nurse (RN)-R. This entry lacked a witness. On June 14, 2023, Nurse Educator (NE)-J indicated all documentation of medication disposition entries should be signed off by a nurse and a witness.	01910			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01910	Continued From page 36 R14 According to R14's Discharge Record, R14 passed away on March 9, 2023. Upon R14's passing, according to licensee's Individual Narcotics Records, dated March 9, 2023, licensee was still in possession of the following controlled substances: - Lorazepam 0.5 milligram (mg) 9 pills of Rx number 4118056; - Morphine 5 mg- 60 pills of Rx number 2235516; - Lorazepam 1 mg- 54 pills of Rx number 4118172; - Morphine 5 mg- 16 pills of Rx number 223561; and - Fentanyl 25 micrograms (mcg)- 2 patches of Rx number 2234873. On March 9, 2023, ULP-L documented all of above noted medications were transferred to nurse's office leaving zero of each medication in the second floor Individual Narcotic Record Log Book. This entry was not cosigned by another staff member. On June 14, 2023, at 9:00 a.m., registered nurse (RN) and nurse educator (NE)-J reviewed the record of narcotics received by the nurse's office and confirmed receipt of: - Lorazepam 0.5 milligram (mg) 9 pills of Rx number 4118056; - Morphine 5 mg- 60 pills of Rx number 2235516; and - Lorazepam 1 mg- 54 pills of Rx number 4118172. The disposition record of controlled and uncontrolled substances for R14 indicated the following medications were destroyed by method	01910			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
01910	Continued From page 37 of drug buster on March 9, 2023, and signed off by two nurses. - Lorazepam 0.5 milligram (mg) 9 pills of Rx number 4118056; - Morphine 5 mg- 60 pills of Rx number 2235516; and - Lorazepam 1 mg- 54 pills of Rx number 4118172. NE-J stated they were unable to locate confirmation of receipt or record of disposition for: - Morphine 5 mg- 16 pills of Rx number 223561; and - Fentanyl 25 micrograms (mcg)- 2 patches of Rx number 2234873. On June 14, 2023, at 10:52 a.m., clinical nurse supervisor (CNS-I), stated the expected procedure of maintaining appropriate chain of custody of controlled substances should include a nurse going to the medication cart and retrieving the medications for disposition. At that time the nurse and ULP (Unlicensed Personnel) are both expected to sign the top of the page in the Individual Narcotic Record and indicate the medication and amount that are transferred to the nurse's office for disposition. The nurse would then bring the medications directly to the nurse's office and sign them into the Individual Narcotic Record of medications received by the licensee's nurse's office. This entry is also expected to be cosigned. CNS-I acknowledged based on documentation there are two medications currently unaccounted for and the licensee would initiate an investigation to determine what happened to the medications that left the medication cart but were not received by the nurse's office.	01910			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
01910	Continued From page 38 The licensee policy Narcotic Log dated August 1, 2021, indicated discontinued controlled substances will be flagged in such a way as to prevent use. These discontinued medications will continue to be counted with the regular narcotic inventory until they can be destroyed according to established procedures. The licensee policy Medication Disposal dated August 1, 2021, indicated unused controlled substances must be disposed of in accordance with accepted practices of the Minnesota Board of Pharmacy. The facility must document in the resident's record the disposition of the expired medication including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff (including a witness) and other individuals involved in the disposition. The licensee is required to maintain a copy of the destruction record for two years. The licensee's policy Medication Disposal dated August 1, 2021, indicated unused controlled substances must be disposed of in accordance with accepted practices of the Minnesota Board of Pharmacy. The facility must document in the resident's record the disposition of the expired medication including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff (including a witness) and other individuals involved in the disposition. The licensee is required to maintain a copy of the destruction record for two years. No further information was provided TIME PERIOD FOR CORRECTION: Seven (7) days	01910			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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 SS=E	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 by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of five	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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 40 residents (R2, R4). 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: R2 R2 admitted to the licensee on January 26, 2017, under the licensee's former comprehensive license and began receiving assisted living services August 1, 2021. R2's diagnoses included Parkinson's disease, muscle weakness, hypertension, malignant neoplasm of the prostate, neuromuscular dysfunction of bladder, and Lewy body dementia. R2's Individual Service Plan Agreement signed May 16, 2023, indicated R2 received assistance with bathing, behavior management, meals, dressing and grooming, reassurance checks, vital signs including oxygen (o2) saturation (sat), housekeeping, laundry, medication management, transfers, escorts, and toileting. On June 13, 2023, at 6:36 a.m., the surveyor observed one oxygen concentrator and one portable oxygen tank in R2's room. R2's provider orders dated May 23, 2023, included 2 - 6 liters (L) of o2 as needed (PRN)	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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 41 administered via nasal cannula for o2 sat less than 87 percent (%). R2 Medication Administration Record (MAR) dated June 1, 2023, through June 30, 2023, included 2 - 6 L of o2 PRN administered via nasal cannula for o2 sat less than 87 %. The MAR lacked documentation for o2 sat monitoring to prevent complications. R2's Pulse Oximetry dated January 30, 2023, through May 24, 2023, indicated R2 had their o2 sat monitored six times from January 2023 to May 2023. R2's Individualized Treatment or Therapy Management Plan dated May 2, 2023, included specialized diets, lidocaine patches, and eye drops however, lacked oxygen management. R2's Individual Service Plan Agreement signed May 16, 2023, MAR dated June 1, 2023, Pulse Oximetry dated January 30, 2023, through May 24, 2023, and Individualized Treatment or Therapy Management Plan dated May 2, 2023, included parts of the treatment or therapy management record however, lacked the following required content for the treatment or therapy management record for o2: - resident-specific instructions related to documentation of all treatments and/or therapies administered or monitored to prevent complications or adverse reactions including signs or symptoms of low o2 sat, sufficient o2 saturation monitoring, and directions on o2 titration of PRN o2 delivery. On June 14, 2023, at 10:10 a.m. registered nurse (RN)-A stated when a resident received PRN o2 staff would check o2 sat twice per day. The	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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 42 surveyor inquired why R2 o2 sat were checked 7 times in the last 6 months for R2. RN-G stated the missed placing a daily o2 sat monitoring order in R2's MAR and it would have to be added to the MAR. R4 R4 admitted to the licensee and began receiving assisted living services February 24, 2023. R4's diagnoses included chronic kidney failure, Diabetes, history of transient ischemic attacks (TIA) with hemiplegia and hemiparesis affecting the left non dominant side, obesity, sleep apnea, and urinary retention. R4's Individual Service Plan Agreement signed March 6, 2023, indicated R4 received assistance with bathing, dressing, grooming, toileting, reassurance checks, diabetic management, emptying of catheter bag, laundry, linen changes, meals, medication administration, vital signs including weight and oxygen saturation, blood glucose monitoring, escorts, and Hoyer lift transfers. On June 13, 2023, at 8:07 a.m., the surveyor observed one continuous positive airway pressure (CPAP) machine with tubing and mask attached and humidifier half full on a table in R4's room with six bottles of distilled water on the floor next to the table. On June 13, 2023, at approximately 9:00 a.m., R4 stated she used the CPAP nightly. R4 was unable to apply the mask herself, add distilled water to the humidifier, or manage cleaning the equipment. R4 does remove the mask in the morning and sets it on the machine.	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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 43 On June 13, 2023, at approximately 9:15 a.m., according to ULP-O, ULP-P, ULP-Q, and ULP-M, the day shift ULPs do not do anything with the CPAP machine. They reported the mask and tubing are on top of the machine on the bedside table when they arrived in the morning. The ULP's move the table over to get closer to the bed for cares. On June 14, 2023, surveyor made multiple attempts to reach ULP-N by voice or text to ask what CPAP management is provided on the evening shift. ULP-N did not respond before the conclusion of this survey. R4's 14 Day Assessment completed on March 8, 2023, indicated R4 had a CPAP machine but gave no direction about managing the CPAP. R4's 90 Day Assessment completed on June 5, 2023, indicated R4 had a CPAP machine but gave no direction about managing the CPAP. R4's Individualized Treatment or Therapy Management Plan dated May 5, 2023, included insulin administration, blood glucose checks, Hoyer lift, compression stockings, and catheter care however, lacked CPAP management. R4's Individual Service Plan Agreement signed March 6, 2023, MAR dated June 1, 2023, and Individualized Treatment or Therapy Management Plan dated May 5, 2023, included parts of the treatment or therapy management record however, lacked the following required content for the treatment or therapy management record for CPAP: - resident-specific instructions related to documentation of all treatments and/or therapies administered or monitored to prevent	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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 44 complications or adverse reactions. On June 14, 2023, at 10:52 a.m. RN-A stated the ULPs should be removing and cleaning R4's CPAP in the morning and applying it at night when R4 goes to bed. Upon reviewing R4's Individual Service Plan Agreement, Individualized Treatment or Therapy Management Plan, and the current MAR, RN-A acknowledged the documents lacked directions to apply, remove, and care for R4's CPAP machine. RN-A stated it would have to be added to the records. The Treatment & Therapy Management Plan dated August 1, 2021, indicated the licensee would develop and maintain a current individualized treatment and therapy management record for each resident which must contain monitoring of treatment or therapy to prevent possible complications or adverse reactions. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
02040	Continued From page 45 (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to carry out the facility's site-specific safety risk assessment and mitigation plan to protect memory care residents from harm. This has the potential to directly affect staff and all memory care residents receiving assisted living services. 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). The findings include: On June 15, 2023, at approximately 2:10 p.m., survey staff received the documentation (undated), "White Pine Blaine1 Safety Risk Assessment & Mitigation Assisted Living & Memory Care" for review. At approximately 2:50 p.m., a documentation review and interview were performed with the housing manager (HM)-B and the director of maintenance (DM)-R relating to the facility's memory care site-specific safety risk/vulnerability assessment and mitigation plan, indicated the licensee failed to implement the mitigation plan to secure the chemicals and/or detergents from resident access inside resident rooms 30, 37, 38, and 41, and the common	02040			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
02040	Continued From page 46 kitchenette cabinet under the sink contained coral colored with a label "cranberry flavored" handwashing liquid soap bag. The findings were evident in the facility's assessment plan with a table with two columns, "Safety Concern" and "Mitigation Plan". The "Safety Concern" column included "chemicals common area" with mitigation plan identified, "chemicals are kept in locked cabinets/room" and "chemicals (family in the room)" with mitigation plan identified, "Housekeeping/staff removes if found/family notified of policy". The findings were confirmed during the interview with the HM-B and the DM-R that the licensee lacked implementation of the facility's safety risk and memory care site-specific mitigation plan. On June 15, 2023, at approximately 3:00 p.m., during the exit interview, the DM-R and the HM-B acknowledged the above findings. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02040			
02070 SS=I	144G.81 Subd. 4 Awake staff requirement An assisted living facility with dementia care providing services in a secured dementia care unit must have an awake person who is physically present in the secured dementia care unit 24 hours per day, seven days per week, who is responsible for responding to the requests of residents for assistance with health and safety needs, and who meets the requirements of section 144G.41, subdivision 1, clause (12). This MN Requirement is not met as evidenced	02070			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449			
(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
02070	Continued From page 47 by: Based on interview and record review, the licensee failed to ensure one or more persons were physically present and available 24 hours a day, seven days a week, who were responsible for responding to requests of residents for assistance in the secured unit. This resulted in an immediate correction order issued on June 13, 2023. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living with dementia care license, which was comprised of one building with three levels, second floor was a secured unit, first and third floor were unsecured units, and had a current census of 61 residents. The licensee's undated staffing plan, indicated for the overnight (NOC) shift, first floor would be staffed with one unlicensed personnel (ULP) with the ability to float, second floor would be staffed with one ULP, and third floor would be staffed with one ULP with the ability to float. The surveyor reviewed the staffing schedule for the overnight shift from March 27, 2023, to April 4, 2023, which indicated the overnight shift had two ULPs scheduled, one ULP in the secured unit and one ULP on the unsecured unit, eight times	02070			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
02070	Continued From page 48 within the period reviewed. In addition, the staffing schedule indicated overnight shift was 10:30 p.m. to 6:30 a.m. The surveyor reviewed the licensee's Falls 2023 Shooting Stars Book January-June, which indicated 13 falls occurred in the overnight hours from April 1, 2023, to June 13, 2023, on the unsecured unit. On June 12, 2023, at 10:48 a.m., housing manager (HM)-B stated the licensee had three ULPs comprised of two caregivers and a medication passer during the overnight hours. The surveyor inquired if the secured unit had a dedicated ULP that remained on the unit throughout the shift. HM-B stated one ULP was dedicated to the secured unit however, if necessary, that ULP "would travel around." On June 13, 2023, at 5:47 a.m., the surveyor inquired if the secured unit personnel ever left the unit in the overnight hours to assist first and third floor staff. ULP-E stated, "I wouldn't say never unless they are short [staffed] and not a third person. Sometimes it happens." The surveyor inquired how many times in the last three months. ULP-E stated two times to assist with a fall or when only two ULPs worked. On June 13, 2023, at 5:54 a.m., ULP-D stated the ULP from the secured unit did not leave the unit unless there was an emergency. In addition, ULP-D stated this had occurred two times in the past two years for them however, they only picked up on the overnight shift occasionally and were regularly scheduled for the day shift. On June 13, 2023, at 9:13 a.m., regional director of operations (RDO)-F provided the surveyor a	02070			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
02070	Continued From page 49 list of eight residents who resided in the unsecured unit and who required assist of two with cares during the overnight hours. R1 R1 resided on the unsecured first floor. R1's Individual Service Plan Agreement signed March 15, 2023, indicated R1 received assist of two toileting assistance with use of the Lumex stand assist lift in the overnight hours. R4 R4 resided on the unsecured third floor. R4's Individual Service Plan Agreement signed March 6, 2023, indicated R4 required assist of two with a Hoyer lift for transfers, and required two person assist for toileting needs in the overnight hours. R7 R7 resided on the unsecured third floor. R7's Individual Service Plan Agreement signed February 8, 2023, indicated R7 required transfer assist of two with a Hoyer lift, and required assist of two for toileting needs in the overnight shift and as needed (PRN). On June 13, 2023, at 10:27 a.m., R8 (R7's spouse who resides with R7) stated R7 received occasional assistance in the overnight hours for toileting needs. R9 R9 resided on the unsecured first floor. R9's Individual Service Plan Agreement signed March 9, 2023, indicated R9 received transfer	02070		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
02070	Continued From page 50 assist of two with a Hoyer lift, and required assist of two to change incontinent brief in the overnight hours. On June 13, 2023, at 11:12 a.m., R9 stated they received assist of two in the overnight hours to transfer to the toilet. The surveyor inquired when the last time they needed assist of two in the overnight hours. R9 stated last night he received assistance. R10 R10 resided on the unsecured first floor. R10's Individual Service Plan Agreement signed March 15, 2023, indicated R10 received two person assist transfer with use of a Hoyer lift in the overnight hours. R11 R11 resided on the unsecured first floor. R11 Individual Service plan Agreement signed January 31, 2023, indicated R11 received assistance in the overnight hours assist of two with use of stand lift, and required toileting assistance assist of two every two hours. R12 R12 resided on the unsecured third floor. R12 Individual Service Plan Agreement signed March 27, 2023, indicated R12 transferred pivot assist of two in the overnight hours. R13 R13 resided on the unsecured third floor. R13's Individual Service Plan Agreement signed March 5, 2023, indicated R13 required assist of	02070		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
02070	Continued From page 51 two with toileting needs in the overnight hours. On June 13, 2023, at 2:19 p.m., registered nurse (RN)-A and RN-G stated their process (when staffed with three on the overnight shift) would be for the ULP caregiver to communicate with the medication passer (also ULP) for assistance if needed on the unsecured unit. The surveyor inquired when there was two ULPs working on the overnight shift, with one on the secured unit and the other on the unsecured unit, who would assist the unsecured unit with falls or with two person assists. RN-G stated, "they would have had to pull someone from the memory care [secured unit] if there was only two scheduled." The licensee's Staffing Plan policy dated March 30, 2021, indicated the staffing plan would ensure sufficient staff at all times to meet the schedule and reasonably foreseeable unscheduled needs of each resident as required by the resident's assessment and service plan on a 24 hour per day basis. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE On June 13, 2023, at 2:41 p.m., the survey supervisor received a read receipt via email indicating HM-B received the immediate order for correction. On June 14, 2023, at 11:04 a.m., the survey supervisor received an email from HM-B. HM-B indicated they were working on their plan of correction and would forward it promptly. On June 14, 2023, at 12:21 p.m., HM-B emailed the survey supervisor documentation of their	02070			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
02070	Continued From page 52 actions taken to comply with the immediate correction order. On June 14, 2023, at 1:37 p.m., the survey supervisor emailed HM-B an acknowledgement of their email. The survey supervisor requested additional information from HM-B no later than 4:00 p.m., that day. The licensee did not comply with the request. On June 15, 2023, at 3:35 p.m., HM-B emailed the following to the survey supervisor, "Will get to you asap." On June 15, 2023, at 4:10 p.m., the surveyor emailed the licensee the Exit Conference document. No further information was provided.	02070			
02090 SS=D	144G.82 Subdivision 1 General The licensee of an assisted living facility with dementia care is responsible for the care and housing of the persons with dementia and the provision of person-centered care that promotes each resident's dignity, independence, and comfort. This includes the supervision, training, and overall conduct of the staff. This MN Requirement is not met as evidenced by: Surveyor: Anderson, Peggy S. Based on observation, interview, and record review, the licensee failed to maintain a resident's dignity and privacy while performing a 90-day uniform assessment for one of one resident (R7).	02090			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
02090	Continued From page 53 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R7 admitted to licensee's secured unit for assisted living services October 5, 2022. R7's service plan dated October 5, 2022, indicated R7 had diagnoses including Alzheimer's Disease, major depressive disorder, emphysema, peripheral vascular disease, and fracture of right acetabulum. On June 13, 2023, at 10:43 a.m., the surveyor observed registered nurse (RN)-G seated next to R7 in the dining room table on second floor secured unit. There was another resident sitting at other end of the table approximately four feet away and another resident one table over approximately two feet from RN-G and R7. The surveyor observed RN-G had a clipboard in front of her with a paper copy of the Uniform Assessment Tool on it. The surveyor overheard RN-G ask R7 questions from the Uniform Assessment Tool including appetite, if there had been presence of stomach upset, and questions about pain. On June 14, 2023, at approximately 10:30 a.m., the surveyor reviewed a completed 90-day assessment in R7's record dated June 13, 2023, and completed by RN-G.	02090			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449		
(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
02090	Continued From page 54 On June 14, 2023, at 11:00 a.m., CNS-I, RN-A, and RN-G stated assessments should be completed in private areas such as the resident's room. This practice supports confidentiality, dignity, and respect. RN-G acknowledged they did complete R7's assessment in the day room on June 13, 2023. RN-G stated she had seen staff from R7's physician group meet with R7 in the day room area. RN-G stated she had spoken with the physician group about R7 being more relaxed, talkative, and willing to respond to questions in the day room area. RN-G reported she would not usually assess residents in a community setting but did not feel the other residents in the vicinity could understand what was going on and R7 did not care. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	02090			

Type: Full
Date: 06/12/23
Time: 12:00:00
Report: 1031231153

Food and Beverage Establishment Inspection Report

Page 1

Location:

Blaine White Pine
12446 Jamestown Street Ne
Blaine, MN55449
Anoka County, 02

Establishment Info:

ID #: 0038389
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7637541930
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.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: Sanitizer Dispenser
Violation Issued: No

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: Sanitizer Bucket
Violation Issued: No

Hot Water: = at 162 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Hold/Chicken Breast
Temperature: 140 Degrees Fahrenheit - Location: Convection Over
Violation Issued: No

Process/Item: Cold Hold/Milk
Temperature: Degrees Fahrenheit - Location: Kitchen Refrigerator
Violation Issued: No

Process/Item: Cold Hold/Butter
Temperature: Degrees Fahrenheit - Location: Downstairs Refrigerator
Violation Issued: No

Type: Full
Date: 06/12/23
Time: 12:00:00
Report: 1031231153
Blaine White Pine

Food and Beverage Establishment Inspection Report

Page 2

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

Inspection conducted by Chris F (MDH).

All violations discussed with Andy after inspection.

NOTIFY INSPECTOR OF ADDITIONS OR CHANGES TO THE BUILDING, MAJOR EQUIPMENT ADDITIONS, OR CHANGES OF EQUIPMENT DUE TO A MENU CHANGE. THESE ACTIONS MAY REQUIRE A REMODEL PLAN REVIEW.

***ANY CUSTOMER COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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

I acknowledge receipt of the Environmental Health inspection report number 1031231153 of 06/12/23.

Certified Food Protection Manager: Andrew Beane

Certification Number: FM66738 Expires: 08/18/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Andy Beane
Person in Charge

Signed: _____

Chris Foster
Public Health Sanitarian I
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us

Report #: 1031231153

m

DEPARTMENT OF HEALTH

Environmental Health

Food, Pools, and Lodging

625 Robert St. N

St. Paul

No. of RF/PHI Categories Out

0

No. of Repeat RF/PHI Categories Out

0

Legal Authority MN Rules Chapter 4626

Date

06/12/23

Time In

12:00:00

Time Out

Blaine White Pine

Address

12446 Jamestown Street Ne

City/State

Blaine, MN

Zip Code

55449

Telephone

7637541930

License/Permit #

0038389

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

IN= in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS=corrected on-site during inspection R= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceeedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS= corrected on-site during inspection R= repeat violation

COS

R

Safe Food and Water

30

IN

OUT

N/A

Pasteurized eggs used where required

31

Water & ice obtained from an approved source

32

IN

OUT

N/A

Variance obtained for specialized processing methods

Food Temperature Control

33

Proper cooling methods used; adequate equipment for temperature control

34

IN

OUT

N/A

N/O

Plant food properly cooked for hot holding

35

IN

OUT

N/A

N/O

Approved thawing methods used

36

Thermometers provided & accurate

Food Identification

37

Food properly labeled; original container

Prevention of Food Contamination

38

Insects, rodents, & animals not present

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

COS

R

Proper Use of Utensils

43

In-use utensils: properly stored

44

Utensils, equipment & linens: properly stored, dried, & handled

45

Single-use/single service articles: properly stored & used

46

Gloves used properly

Utensil Equipment and Vending

47

Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48

Warewashing facilities: installed, maintained, & used; test strips

49

Non-food contact surfaces clean

Physical Facilities

50

Hot & cold water available; adequate pressure

51

Plumbing installed; proper backflow devices

52

Sewage & waste water properly disposed

53

Toilet facilities: properly constructed, supplied, & cleaned

54

Garbage & refuse properly disposed; facilities maintained

55

Physical facilities installed, maintained, & clean

56

Adequate ventilation & lighting; designated areas used

57

Compliance with MCIAA

58

Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Date:

06/12/23

Inspector (Signature)