Electronically Delivered

October 25, 2024

Licensee
The Pines Assisted Living
400 West 67th Street
Richfield, MN 55423

RE: Project Number(s) SL21780016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 2, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21780	A. BUILDING: _____ B. WING _____	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES ASSISTED LIVING	400 WEST 67TH STREET RICHFIELD, MN 55423

(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 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: SL21780016 On September 30, 2024, through October 2, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 57 resident(s); 54 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 30, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
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:	01880		

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01880	Continued From page 2 Based on observation, interview, and record review, the licensee failed to ensure refrigerated medications were maintained at manufacturer recommended temperatures by failing to monitor and document medication refrigerator temperatures for one of one medication refrigerator. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On October 1, 2024, at 1:40 p.m., the surveyor observed the medication refrigerator with registered nurse (RN)-E. The following medications were being stored in the refrigerator: -four unopened Ozempic injectable pens (diabetic medication); -four unopened Repatha injectable pens (decreases cholesterol); and -two unopened Lantus injectable pens (diabetic medication). The licensee's daily refrigerator temperature log for August 2024 was missing documentation of the temperature reading for August 10, 18, 24, and 27. The licensee's Daily refrigerator temperature log for September 2024 was missing documentation	01880		

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01880	Continued From page 3 of the temperature reading for September 15, 18, 21, 27, 28, and 29. On October 1, 2024, at 1:40 p.m., RN-E stated the temperature should be logged daily and she is unsure why August and September logs are missing recorded temperatures for several days and would talk with clinical nurse supervisor (CNS)-B. On October 1, 2024, at 2:00 p.m., CNS-B stated logging the temperature is a task that either the overnight staff complete or one of the nurses and the reason some of the temperature readings are missing from the last two months is due to either agency staff working and not completing the task, or the task had been missed by the staff. The manufacturer's instructions for Ozempic dated October 2023, indicated to store your new, unused pens in the refrigerator between 36°F to 46° Fahrenheit (F). The manufacturer's instructions for Repatha dated August 2024, indicated refrigerate the autoinjector carton until you are ready to use it. Keep the autoinjector in the refrigerator between 36°F to 46°F. The manufacturer's instructions for Lantus Solostar insulin pen dated June 2022, indicated to store unopened Lantus insulin in the refrigerator at 36°F to 46°F and do not freeze. The licensee's Development of the individualized medication management plan an individualized medication record -AL-MN policy, dated August 1, 2021, indicated the RN develops an individualized medication management plan for the resident in conjunction with the resident and/or the resident's	01880		

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01880	Continued From page 4 representative. The plan will address: -Description of how medications managed by our facility will be stored, based on the resident's needs, risk of diversion and consistent with the manufacturer's directions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	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 expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to discard expired medication for three of five residents (R3, R5 and R6). 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).	01890		

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01890	Continued From page 5 The findings include: On October 1, 2024, at 1:00 p.m., the surveyor observed one of the licensee's medication carts with unlicensed staff (ULP)-F and observed the following expired medications: -R5's loperamide 2 milligram (mg) tablets that expired on July 7, 2024; -R6's loperamide 2 mg tablets that expired on April 23, 2024; -R6's docusate 100 mg tablets that expired on August 29, 2024; -R6's ondansetron 4 mg tablets that expired on April 23, 2024; and -R6's senna 8.6 mg tablets that expired on April 23, 2024. On October 1, 2024, at 1:00 p.m., ULP-E confirmed the expiration dates on the medications with the surveyor. On October 1, 2024, at 1:20 p.m., the surveyor observed a second medication cart with registered nurse (RN)-E and observed the following expired medications: -R3's acetaminophen 325 mg tablets that expired on April 9, 2024; -R3's bisacodyl suppository 10 mg that expired on June 11, 2024; and -R3's mucus relief 600 mg tablets that expired on July 4, 2024. On October 1, 2024, at 1:20 p.m., RN-E confirmed the expiration dates on the medications with the surveyor. On October 1, 2024, at 2:00 p.m., clinical nurse supervisor (CNS)-B stated the nurses are to check for expired mediation once weekly, but they have recently switched how they store the	01890		

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01890	Continued From page 6 medications and moved all the medications to new medication carts, when this happened these expired medications must have been missed. The licensee's Medication administration policy revised on April 29, 2021, indicated expired or discontinued medications will be promptly removed from the medication cart and disposed of per the medication disposition policy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

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

Type: Full
Date: *09/30/24*
Time: 13:00:00
Report: 1013241113

Food and Beverage Establishment Inspection Report

Location:
The Pines Assisted Living
400 West 67th Street
Richfield, MN55423
Hennepin County, 27

Establishment Info:
ID #: 0038218
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6128613331
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ***** Priority 1 *****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

COLD TCS FOOD MEASURED ABOVE 41F IN THE PREP 2 DOOR COOLER AND WALK-IN COOLER. SEE TEMP LOG. STAFF ADJUSTED COOLERS AND MONITORED TEMPS. A FOOD RACK WAS MOVED IN THE WALK-IN COOLER TO ALLOW AIR FLOW.

10/1/24
STAFF SENT PHOTOS OF HOLDING TEMPS AT 36F.

Comply By: 09/30/24

Surface and Equipment Sanitizers

Chlorine: = 50 ppm at Degrees Fahrenheit
Location: Dish machine
Violation Issued: No

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: Sanitizer - prep area
Violation Issued: No

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: Sanitizer - cook line
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Soup
Temperature: 179 Degrees Fahrenheit - Location: Soup warmer
Violation Issued: No

Type: Full
Date: *09/30/24*
Time: 13:00:00
Report: 1013241113
The Pines Assisted Living

Food and Beverage Establishment Inspection Report

Process/Item: Soup
Temperature: 175 Degrees Fahrenheit - Location: Steam table
Violation Issued: No

Process/Item: Chicken
Temperature: 41 Degrees Fahrenheit - Location: Cold top cooler
Violation Issued: No

Process/Item: Milk
Temperature: 45 Degrees Fahrenheit - Location: 2 door cooler
Violation Issued: Yes

Process/Item: Cream
Temperature: 45 Degrees Fahrenheit - Location: 2 door cooler
Violation Issued: Yes

Process/Item: Cream cheese
Temperature: 46 Degrees Fahrenheit - Location: 2 door cooler
Violation Issued: Yes

Process/Item: Chopped leafy greens
Temperature: 41 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

Process/Item: Chicken wings
Temperature: 45 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: Yes

Process/Item: Hot dogs
Temperature: 45 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: Yes

Process/Item: Milk
Temperature: 38 Degrees Fahrenheit - Location: Dining room cooler
Violation Issued: No

Process/Item: Milk
Temperature: 36 Degrees Fahrenheit - Location: 2 door cooler on 10/1/24
Violation Issued: No

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

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator W. Robarge.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, glove use, food storage, sanitizer use, and food handling procedures.

Type: Full
Date: *09/30/24*
Time: 13:00:00
Report: 1013241113
The Pines Assisted Living

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1013241113 of 09/30/24.

Certified Food Protection Manager: Roberto Mendoza Alvarado

Certification Number: 81520 Expires: 12/05/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Roberto Mendoza Alvarado
Operator

Signed: JM
Jerry Malloy
Sanitarian Supervisor
FPLS Metro
651-201-3998
jerry.malloy@state.mn.us