Electronically Delivered

June 17, 2025

Licensee
Woodstone Senior Living
2020 Meyer Drive
New Ulm, MN 56073

RE: Project Number(s) SL29913016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 7, 2025, 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,

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29913	A. BUILDING: _____ B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTONE SENIOR LIVING	2020 MEYER DRIVE NEW ULM, MN 56073

(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: SL29913016-0 On May 5, 2025, through May 7, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 29 residents; 29 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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 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 evaluators ' 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 SUBDIVISION 1-3.	
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for	01890		

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01890	Continued From page 1 immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were labeled correctly for one of two residents (R2). In addition, the licensee failed to ensure medications were not expired for licensee's house medication supply. This had the potential to affect all the licensee's current 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 the residents). Findings include: FAILED TO ENSURE MEDICATIONS WERE LABELED On May 6, 2025, at 7:37 a.m., ULP-F prepared morning medications along with over the counter (OTC) medications: -Hair skin and nails by mouth once daily; -Optimal vision by mouth daily; and -Provex Plus 250 (milligrams) mg by mouth daily. R2's OTC medications prepared by unlicensed personnel (ULP)-F lacked the original prescription label or any identification on R2's OTC's pill	01890		

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01890	Continued From page 2 bottles as stated above. On May 6, 2025, at 7:43 a.m., the surveyor asked ULP-F how she knew she was using R2's pill bottles. ULP-F stated each OTC medication bottle should have a name or a room number on it, and ULP-F marked each pill bottle with R2's room number on it. EXPIRED MEDICATIONS The licensee's medication cart contained expired medications. On May 6, 2025, at 8:25 a.m., the medication cart was inspected along with ULP-F. The following expired medications were observed and verified by ULP-F: -A & D ointment had an expiration date of September 2024; and -antacid 500 mg multi-dose tablets had an expiration date of March 2025 On May 6, 2025, at 9:00 a.m., clinical nurse supervisor (CNS)-B stated she would expect to have a room number, name, or prescription label on medication and further stated the licensed practical nurse (LPN) usually goes through medication cart and does audit on expired medication and must have missed those two. The licensee's Central Storage of Medications policy, undated, indicated when the RN has identified that a resident needs central storage of medications, that resident's medications will be stored in a clearly labeled. Legend medications that are centrally stored in the nurse's office/medication room will be kept in their original containers bearing the original prescription label with legible information stating the prescription number, name of the drug, strength and quantity	01890		

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01890	Continued From page 3 of the drug, expiration date of a time-dated drug, directions for use, the resident's name, prescriber's name the date of issue, and the name and address of the dispensing pharmacy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01890		

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

WOODSTONE SENIOR LIVING
2020 Meyer Drive
New Ulm, MN 56073
Brown County
Parcel:

Phone:

License Info

License: HFID29913

Risk:
License:
Expires on:
CFPM: Vincent G Branch
CFPM #: FM107259; Exp: 7/29/2027

Inspection Info

Report Number: F1034251008
Inspection Type: Full - Single
Date: 5/6/2025 Time: 11:15:23 AM
Duration: 45 minutes
Announced Inspection: Yes
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Inspection conducted in conjunction with HRD.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Mankato District Office inspection report number F1034251008 from 5/6/2025

McKenna Mathews

Vincent Branch

McKenna Mathews, RS
Public Health Sanitarian 2
507-344-2729
mckenna.mathews@state.mn.us

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Establishment Info

WOODSTONE SENIOR LIVING
New Ulm
County/Group: Brown County

Inspection Info

Report Number: F1034251008
Inspection Type: Full
Date: 5/6/2025
Time: 11:15:23 AM

Food Temperature: Product/Item/Unit: Onion**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 36.4 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Shrimp**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 39.6 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Rice**; Temperature Process:** Hot-Holding
Location: Hot Line at 201 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Peas**; Temperature Process:** Hot-Holding
Location: Hot Line at 202 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Meat**; Temperature Process:** Hot-Holding
Location: Hot Line at 182 Degrees F.
Comment:
Violation Issued?: No

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Sanitizer Observations/Recordings

Establishment Info

WOODSTONE SENIOR LIVING
New Ulm
County/Group: Brown County

Inspection Info

Report Number: F1034251008
Inspection Type: Full
Date: 5/6/2025
Time: 11:15:23 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** High Temp Dishwasher
Location: Dishwashing Area **Equal To** 161.1 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Dishwashing Area **Equal To** 200 PPM
Comment:
Violation Issued?: No