Electronically Delivered

July 6, 2022

Administrator
Sunset Homes Assisted Living
3686 Kenosha Drive Northwest
Rochester, MN 55902

RE: Project Number SL30659015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on June 7, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health 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 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.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes 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 Department of Health 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 (a)(5)(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, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 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 Department of Health within 15 calendar days of the correction order receipt date.

A state licensing 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 general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general 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

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30659	A. BUILDING: _____ B. WING _____	06/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOMES ASSISTED LIVING	3686 KENOSHA DRIVE NW ROCHESTER, MN 55902

(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 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: SL30659015 On, June 6, 2022, through June 7, 2022, 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 three residents, two of which were receiving services under the provider's Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (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 comply with Minnesota Food Code, chapter 4626. This had the potential to affect all three residents residing at the facility. 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 included document titled, Food and Beverage Establishment Inspection Report dated June 10, 2022, for the specific Minnesota Food Code deficiencies.	0 480		

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0 480	Continued From page 2 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide working smoke alarms for resident rooms #3 and # 4, and in the hallway within the vicinity of the resident rooms in the lower level. This has the potential to directly	0 780		

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0 780	Continued From page 3 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 7, 2022, between the hours of 10:30 a.m. and noon, survey staff toured the home with the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed and LALD-A verified the following findings: - The smoke alarm in resident room # 4 on the lower level was not maintained as required to ensure smoke alarms did not exceed 10 years from the date of manufacture. Survey staff and the LALD-A observed that the label on the back of the unit of the hardwired smoke alarm had a manufactured stamped year of 2005. Survey staff explained that all smoke alarms in the home must be maintained and be replaced when they exceed the 10 years from the date of manufacture. -The smoke alarm in resident room # 3 on the lower level was chirping and not working properly. Survey staff and the LALD-A observed the alarm chirping. The LALD-A stated that he had just replaced the battery. Survey staff explained that the smoke alarm is not working properly and needed to be replaced. - The combination smoke alarm and carbon monoxide detector in the hallway of the lower level outside the vicinity of the resident rooms failed to sound when tested.	0 780		

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0 780	Continued From page 4 On June 7. 2022, at approximately 12:30 p.m., the LALD-A acknowledged the findings at the exit interview. He explained he will seek a contractor to correct the findings. No further information was provided. TIME PERIOD FOR CORRECTION: Fourteen (14) days	0 780		
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 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, but was not likely to cause serious injury, impairment, or death), and is 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	0 800		

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0 800	Continued From page 5 portion or all of the residents). The findings are: On June 7, 2022, between the hours of 10:30 a.m. and noon, survey staff toured the home with the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed and LALD-A verified the following findings: 1) The primary entrance door hardware was not in the correct working order for proper exiting of the home. The door handle when turned downward position to exit failed to open. Upon further investigation, the door handle only opened the door in the upward position when survey staff attempted to open again. Survey staff explained to the LALD-A that the hardware for the front door must functioned in a manner that special knowledge must not be necessary or required for safe egress. 2) The entrance landing in front of home and walkways to the driveway and public way were cracked and damaged from water intrusion creating tripping hazards in the means of egress to the public way. The LALD-A showed survey staff the recent estimate for the repair and explained that he has obtained a contractor to repair the landing and walkways. 3) The driveway budding to the garage door/floor was cracked and along the front next to the finished floor of the garage. This damage was observed to be from potential long exposure of water intrusion through freeze and thaw compromising the integrity of the walkways and driveway of the home. Survey staff suggested that the LALD-A seek a permanent solution to properly remove the water from the home to prevent the water intrusion problem and further damage.	0 800		

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0 800	Continued From page 6 4) The roof downspouts in home entrance and one side of the home were missing spout extensions to carry water away from the home and possibly contributing to the crack in the sidewalk and the garage. 5) No carbon monoxide detector was provided on the main level in the required vicinity of the resident rooms. The LALD-A stated that he had thought he installed a combination of smoke alarm and carbon monoxide detector for this location, rather than just a smoke alarm. 6) Multiple extension cords were near used in the mechanical room in the lower level that posed potential electrical fire hazard from overloading the electrical circuits and risk of shock near water (water softener and drain receptor). 7) The door for resident room #3 on the lower level was difficult to open and closed through wear and tear of hardware, and needing adjustments. In addition, the mold casing on the exterior of the resident room door was removed. The LALD-A explained that the mold casing was removed because it was damaged but will put it back. 8) The egress window in resident room #3 on the lower level was obstructed for safe egress due to the placement of a nightstand, books, and other personal items. Survey staff explained that egress windows must be kept cleared of all obstructions. 9) The egress window in resident room #2 on the main level was not maintained to be easily operable. 10) The door to the deck on the main level was missing a handle for proper exiting. In addition, the hardware was broken to secure the home properly for safety of residents and staff. 11) The door to the patio in the lower level was missing a handle for proper use and exit. 12) The closet wall between the resident room #4	0 800		

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0 800	Continued From page 7 and the mechanical room had damaged sheetrock (approximately 1.5 inch opening). On June 7. 2022, at approximately 12:45 p.m., the LALD-A acknowledged the above findings at the exit interview. 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	0 810		

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0 810	Continued From page 8 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: Based on observation, record review, and interview, the licensee failed to provide all required content on the fire safety and evacuation plan, and the minimum number of evacuation drills. This has the potential to directly affect the safety of all residents receiving care, 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 7, 2022, at approximately 12:15 p.m., survey staff received and reviewed the facility's fire safety and evacuation documentation, the evacuation drill, and the training documentation from the licensed assisted living director (LALD)-A. FIRE SAFETY AND EVACUATION PLAN The plan documentation lacked fire protection procedures for residents.	0 810		

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0 810	Continued From page 9 EVACUATION DRILLS The review of the facility's documented drill record indicated licensee failed to show compliance with the minimum number of required employee fire and evacuation drills performed to date for a minimum of two drills per year per shift with at least one drill every other month for a total minimum of six evacuation drills per year: 1) The evacuation drill records showed discrepancies with multiple drills performed wihtin the week and per day for this home. Records showed drills performed on January 15, 2022 (10:00 a.m. and 8:00 p.m.) and January 22, 2022 (10:30 am and 8:00 p.m.). Survey staff asked for clarification on the multiple drills recorded and how many shifts were in a day. The LALD-A explained that he may have documented in error for their other facility and they have two shifts in the day. 2) The recorded evacuation drills for March 15 (8:00 p.m.) and May 25 (10 a.m.) lacked documenting the year on the records. 3) No drills records were provided for the year 2021. The LALD-A explained that those records were located at their other facility. Survey staff advised the LALD-A to maintain those records on-site and survey staff would honor those additional evacuation drill records if survey staff received the documents via email by end of the day. TRAINING of FIRE SAFETY and EVACUATION 1) The review of the training documentation did not show the correct employee training on fire safety and evacuation. The policy and record documentation provided for review indicated employee training was provided for general emergency preparedness, annually. Survey staff explained that fire safety and evacuation training	0 810		

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0 810	Continued From page 10 is specifically required at minimum upon hire and twice a year, in addition, to their emergency preparedness training if not relevant to fire safety and evacuation plan. The policy and record documentation must reflect as such. 2) The documentation lacked the policy and records of residents that can self-assist in their evacuation on the proper actions to be taken in the event of a fire including movement, evacuation, or relocation, required annually. The LALD-A explained that the he has conducted a resident council meeting but the record for this training was located off site. Survey staff advised the LALD-A to provide the additional resident training documentation via email by end of the day. On June 7, 2022, at approximately 12:45 p.m.,the LALD-A acknowledged the above findings. Survey staff also advised the LALD-A to vary the drill times for each shift performed by employees. Additional information were provided from the LALD-A via email on June 13, 2022, at 1:23 p.m.: 1) Fire and evacuation drill record, September 6, 2021, for dayshift and nightshift employees, but the record lacked the facility name and address. 2) Fire and evacuation drill records, May 3, 2021, July 3, 2021, and November 3, 2021, for dayshift and nightshift employees, with the correct facility name and address. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		

Minnesota Department of Health
Food, Pools, Lodging
18 Woodlake Dr. SE
Rochester
507-206-2700

Type: Follow-Up
Date: *06/10/22*
Time: 11:28:29
Report: 8074221105

Food and Beverage Establishment Inspection Report

Location:
Sunset Homes Assisted Living
3686 Kenosha Drive Nw
Rochester, MN55902
Olmsted County, 55

Establishment Info:
ID #: 0038487
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5073228055
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 previously issued on 06/06/22 have NOT been corrected.

2-100 Supervision
2-102.12AMN
MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

No certified food manager certificate. Link sent with e-mail.
Issued on: 06/06/22 *Comply By: 06/06/22*

6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A
MN Rule 4626.1520A Clean and maintain all physical facilities clean.

Food on wall behind stove, dust string caught under cabinet by stove.
Issued on: 06/06/22 *Comply By: 06/06/22*

No NEW orders were issued during this inspection.

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

Follow-up to remove quat test strips and illness log, verified via picture.

Establishment Info:

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 8074221105 of 06/10/22.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Signed:_____ Signed:_____

Establishment Representative

Andrea Kieffer

507-206-2721
andrea.kieffer@state.mn.us