



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 7, 2025

Licensee
Woodbury Estates
2825 Woodlane Drive
Woodbury, MN 55125

RE: Project Number(s) SL20551016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 4, 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,



Renee L. Anderson, Supervisor

State Evaluation Team

Email: Renee.L.Anderson@state.mn.us

Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2024
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NAME OF PROVIDER OR SUPPLIER WOODBURY ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 2825 WOODLANE DRIVE WOODBURY, MN 55125
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0 000	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL #20551016-0</p> <p>On December 2, 2024, through December 4, 2024, 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 55 residents, 53 of whom were receiving services under the provider's Assisted Living with Dementia Care Facility license.</p>	0 000	<p>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.</p> <p>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.</p> <p>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 pursuant to 144G.31 Subd. 1, 2 and 3.</p>	
0 480 SS=F	<p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter</p>	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 480	<p>Continued From page 1</p> <p>4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>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.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated, December 3, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		

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0 550	Continued From page 3	0 550		
0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the licensee's grievance procedure along with the required contact information. This had the potential to affect all the licensee's current residents, staff, and visitors.</p> <p>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).</p>	0 550		

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0 550	<p>Continued From page 4</p> <p>The findings include:</p> <p>On December 2, 2024, at 10:00 a.m., upon entering the facility, the surveyor observed the licensee lacked posting of the grievance procedure, including the name, telephone number, and e-mail contact information for the individuals who were responsible for handling resident grievances.</p> <p>On December 2, 2024, at 3:05 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the grievance procedure should have been posted, but it was not. LALD/CNS-A further stated she was not sure why it was not posted.</p> <p>The provider's Grievance/Feedback Form Guideline and Action Plan, revised 2018, indicated the grievance process was given to the resident as part of admission materials, but did not address requirements for posting the required contact information in common areas.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 550		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity</p>	0 660		

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0 660	<p>Continued From page 5</p> <p>and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) including completing a facility TB risk assessment annually. This had the potential to affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's facility TB risk assessment, dated December 2, 2024 (during the time of survey), indicated the facility was a low risk for TB transmission.</p> <p>On December 2, 2024, at 3:20 p.m., licensed assisted living director/clinical nurse supervisor</p>	0 660		

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0 660	<p>Continued From page 6</p> <p>(LALD/CNS)-A stated the facility risk assessment was completed during the time of survey and they were unable to locate the previous one. LALD/CNS-A further stated she was unsure why they could not locate it.</p> <p>The Minnesota Department of Health (MDH) Facility Tuberculosis (TB) Risk Assessment Instructions and Worksheet for Health Care Settings Licensed by MDH, dated June 2024, indicated a TB facility risk assessment should be performed annually.</p> <p>The licensee's TB Infection Control Plan, revised May 2024, indicated a facility TB risk assessment would be updated annually.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 780 SS=D	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is</p>	0 780		

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0 780	<p>Continued From page 7</p> <p>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</p> <p>(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;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms inside all sleeping rooms in the facility. This had the potential to affect a limited number of residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On a facility tour with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and, campus director of maintenance (CDM)-E, on December 3, 2024, from 9:30 a.m. to 1:30 p.m., the surveyor made the following observations of non-compliance with current Minnesota Fire Code provisions.</p>	0 780		

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0 780	<p>Continued From page 8</p> <p>When testing hard-wired smoke alarm in resident room 206, it was observed that both alarms were not interconnected.</p> <p>Resident rooms required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling/sleeping unit.</p> <p>During the tour the smoke alarms were tested and LALD/CNS-A and CDM-E verified the smoke alarms were not interconnected so activation of one alarm activates all alarms throughout the facility.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 780		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain 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</p>	0 800		

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0 800	<p>Continued From page 9</p> <p>residents. This deficient condition had the potential to affect all staff, residents, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On December 3, 2024, from 9:30 a.m. to 1:30 p.m., during a facility tour with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and, campus director of maintenance (CDM)-E, the surveyor made the following observations:</p> <p>The drywall wall covering was missing from several areas in the basement including but not limited to the workshop, outside storage rooms, and inside storage rooms. During the tour CDM-E, stated the drywall was not re-installed after leak repairs had been completed several months ago.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment	0 810		

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0 810	<p>Continued From page 10</p> <p>(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) staff 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) Staff 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 staff 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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan (FSEP) with the required content, failed to provide the required</p>	0 810		

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0 810	<p>Continued From page 11</p> <p>training, and failed to conduct the required evacuation drills. This had the potential to directly affect all residents, staff, and visitors.</p> <p>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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On December 3, 2024, from 9:30 a.m. to 1:30 p.m., during a facility tour with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, and campus director of maintenance (CDM)-E, the surveyor made the following observations:</p> <p>TRAINING The licensee failed to provide training to employees on the FSEP at least twice per year. The licensee's training records, indicated staff were trained upon hire and annually afterwards. Staff was not aware of that training was required twice annually. No other training documentation was provided.</p> <p>DRILLS The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's evacuation drill log indicated evacuation drills were conducted in February 2024 for all three shifts, May 2024, for all three shifts, August 2024, for first and second shifts and in November 2024 for all three shifts.</p>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2024
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NAME OF PROVIDER OR SUPPLIER WOODBURY ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 2825 WOODLANE DRIVE WOODBURY, MN 55125
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(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 12 No other documentation was provided. On December 4, 2024, at 12:30 p.m., LALD/CNS-A stated they understood the statute requirements and would make changes in 2025. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract.	0 900		

Minnesota Department of Health

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0 900	<p>Continued From page 13</p> <p>Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to execute a written contract containing a signature or other authentication by the facility and by the resident prior to providing assisted living services for one of three residents (R4).</p> <p>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).</p> <p>The findings include:</p> <p>R4 was admitted on December 9, 2020, and received services to include assistance with housekeeping, and medication administration.</p> <p>R4's record contained a contract signed by the resident representative on September 9, 2022, but lacked a signature or other authentication by the licensee.</p> <p>On December 3, 2024, at 8:00 a.m., unlicensed personnel (ULP)-C was observed assisting R4 with medication administration.</p> <p>On December 4, 2024, at 10:30 a.m., licensed assisted living director/clinical nurse supervisor</p>	0 900		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2024
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0 900	Continued From page 14 (LALD/CNS)-A stated R4's contract had not been signed by a facility representative. LALD/CNS-A further stated she thought it was an oversight by the licensee's marketing director. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		
0 980 SS=C	144G.51 ARBITRATION (a) An assisted living facility must clearly and conspicuously disclose, in writing in an assisted living contract, any arbitration provision in the contract that precludes, limits, or delays the ability of a resident from taking a civil action. (b) An arbitration requirement must not include a choice of law or choice of venue provision. Assisted living contracts must adhere to Minnesota law and any other applicable federal or local law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract's arbitration agreement did not preclude, limit, or delay the ability of a resident from taking civil action. The licensee further failed to ensure the agreement did not include a choice of venue provision for three of three residents (R2, R3, R4). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive	0 980		

Minnesota Department of Health

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0 980	<p>Continued From page 15</p> <p>or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R2, R3, and R4 were admitted on January 2, 2024, June 27, 2016, and December 9, 2020, respectively.</p> <p>R2, R3 and R4's Assisted Living contracts, signed December 29, 2023, September 14, 2022, and August 1, 2021, respectively, all contained an arbitration agreement with the following language limiting the resident's choice of venue, "the arbitration will be conducted at a site selected by (licensee) which shall be either at (licensee) or somewhere within a reasonable distance of (licensee). The agreement further indicated "any request to arbitrate a dispute must be submitted to AAA (American Arbitration Association) before two (2) years from the date the event giving rise to the dispute occurred. In the event AAA is unable or unwilling to serve, then the request for Arbitration must be submitted to (licensee) within (30) thirty days of receiving AAA's notice."</p> <p>On December 3, 2024, at 12:35 p.m., regional director of operations (RDO)-F stated she was aware of the arbitration agreement and the licensee had changed the language. RDO-F further stated the licensee did not have documentation the residents received an addendum with the corrected language or that they had signed a new arbitration agreement.</p> <p>No further information was provided.</p> <p>TIME PERIOD OF CORRECTION: Twenty-one</p>	0 980		

Minnesota Department of Health

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0 980	Continued From page 16 (21) days	0 980		
01290 SS=F	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure four of six employees were affiliated with the assisted living license as required (licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, unlicensed personnel (ULP)-G, ULP-H, ULP-I).</p> <p>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</p>	01290		

Minnesota Department of Health

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01290	<p>Continued From page 17</p> <p>a large portion or all of the residents).</p> <p>The findings include:</p> <p>LALD/CNS-A, ULP-G, ULP-H, and ULP-I, were hired June 10, 2024, July 6, 2011, January 8, 2024, and November 21, 2024, respectively, to provide direct care services to the licensee's residents.</p> <p>On December 3, 2024, at 12:40 p.m., the surveyor observed the background studies for the licensee's staff with human resources staff (HRS)-J. The background studies indicated the employees had background study clearance, but the employees were not affiliated with the current health facility identification (HFID), 20551. HRS-J stated she must have made a mistake when she entered the submissions. HRS-J further stated she had three location options to choose from when she entered the site information, and she must have chosen the wrong site.</p> <p>The licensee's The Employee Experience document, dated August 22, 2024, indicated the human resources generalist would run a background study through the Minnesota Department of Human Services (DHS) on all new employees.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290		
01760 SS=D	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>Each medication administered by the assisted</p>	01760		

Minnesota Department of Health

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01760	<p>Continued From page 18</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the steps of the medication administration process were followed for one of three residents (R4).</p> <p>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).</p> <p>The findings include:</p> <p>R4's diagnosis included dementia.</p> <p>R4's service plan dated June 4, 2024, indicated the resident received services including assistance with medication administration.</p> <p>R4's prescriber orders, dated November 18,</p>	01760		

Minnesota Department of Health

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01760	<p>Continued From page 19</p> <p>2024, included orders for fluticasone propionate 50 micrograms(mcg)/spray (for sinus congestion).</p> <p>On December 3, 2024, at 8:00 a.m., unlicensed personnel (ULP)-C was observed to administer two sprays of fluticasone propionate 50 mcg into each of R4's nostrils. Without wiping the applicator tip, ULP-C put the cap back on the bottle and placed the nasal spray back into the medication cabinet.</p> <p>On December 3, 2024, at 1:45 p.m., ULP-C stated they did not wipe the nasal applicator tip prior to putting the cap back on the bottle, but should have.</p> <p>On December 3, 2024, at 2:10 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she thought wiping the applicator tip should have been done, but she would need to look at their process.</p> <p>The Mayo Clinic guidelines on fluticasone (nasal route) administration, dated February 1, 2024, indicated the tip of the outside of the nose piece should be with wiped with a clean, dry tissue or cloth before putting the cap back on.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01890 SS=E	<p>144G.71 Subd. 20 Prescription drugs</p> <p>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</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 20</p> <p>by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to discard time sensitive medication for two of three residents (R2, R3).</p> <p>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).</p> <p>The findings include:</p> <p>R2 R2's service plan, dated December 3, 2024, indicated R2 received services including assistance with medication management.</p> <p>On December 3, 2024, at 7:15 a.m., the surveyor observed R2's medication cabinet with unlicensed personnel (ULP)-D. In the cabinet was a bottle labeled Lido/Diphen/Maalox 1:1:1 (a compounded medication mouthwash used to treat mouth pain referred to as "magic mouthwash"). A dispense date read August 8, 2024, and a sticker located near the bottom of the bottle read "do not use after 9/27/24." ULP-D stated the nurse usually removed expired medications. ULP-D further stated she would let the nurse know about the</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 21</p> <p>expired medication.</p> <p>R3 R3's service plan, dated August 1, 2022, indicated R3 received services including assistance with medication management.</p> <p>On December 3, 2024, at 8:30 a.m., the surveyor observed R3's medication cabinet with ULP-C. In the cabinet was a bottle labeled "brimonidine sol 0.2 percent (%)" (used to treat glaucoma). There was an opened date of October 8, 2024, written on the bottle, and a sticker which indicated to refill or discard by October 22, 2024. ULP-C stated the medication was old and he would need to contact the nurse.</p> <p>On December 3, 2024, at 9:00 a.m., registered nurse (RN)-B stated eye drops typically expired 30 days after they were opened. RN-B further stated the nurse usually checks for expired medications and she was unsure why the medications were not removed from the cabinets, but she thought they were just missed.</p> <p>A PubMed article Beyond-use dating of lidocaine alone and in two "magic mouthwash" preparations, dated May 1, 2017, indicated a beyond use date of 21 days was recommended for lidocaine prepared with diphenhydramine and aluminum hydroxide-magnesium hydroxide-simethicone (Maalox) in ratios of 1:1:1.</p> <p>The licensee's Medications & Treatments policy, revised March 2021, indicated "old containers will be removed to prevent medication errors, expiration and overflow. The policy's Storage and Expiration Grid indicated eye drops should be discarded 28 days from the date they were opened.</p>	01890		

Minnesota Department of Health

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01890	Continued From page 22 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		



Type: Full
Date: 12/03/24
Time: 11:44:27
Report: 1036241285

Food and Beverage Establishment Inspection Report

Location:

Woodbury Estates
2825 Woodlane Drive
Woodbury, MN55125
Washington County, 82

Establishment Info:

ID #: 0039086
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6515012100
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.

4-600 Cleaning Equipment and Utensils

4-601.11A **** Priority 2 ****

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

CAN OPENER BLADE WAS FOUND WITH AN ACCUMULATION OF FOOD RESIDUES AND METAL SHAVINGS. ENSURE BLADE IS THOROUGHLY CLEANED AFTER USE AND MAINTAINED. CAN OPENER WAS BROUGHT TO DISH ROOM TO BE CLEANED AND SANITIZED. ISSUE CORRECTED ON SITE.

Comply By: 12/03/24

4-400 Equipment Location and Installation

4-402.11A

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

THE CAULKING SEAL FOR THE TABLE IN THE WARE WASHING AREA IS DETERIORATING. REPAIR AND MAINTAIN.

Comply By: 12/24/24

6-100 Physical Facility Construction Materials

6-101.11A1

MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.

OBSERVED SOME CRACKED TILE THROUGHOUT THE WAREWASHING AREA AND SOME MISSING BASE COVE TILE IN THE KITCHEN NEXT TO THE GRILL. REPLACE AND MAINTAIN.

Comply By: 12/24/24

Surface and Equipment Sanitizers

Type: Full
Date: 12/03/24
Time: 11:44:27
Report: 1036241285
Woodbury Estates

Food and Beverage Establishment Inspection Report

Chlorine: = 100PPM at Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

QUATERNARY AMMONIA: = 200PPM at Degrees Fahrenheit
Location: KITCHEN SANI BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/MILK
Temperature: 39 Degrees Fahrenheit - Location: 3 DOOR TURBO AIR COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: -1 Degrees Fahrenheit - Location: TRAULSEN 2 DOOR REACH IN FREEZER
Violation Issued: No

Process/Item: Hot Holding/POTATOES
Temperature: 144 Degrees Fahrenheit - Location: STEAM WELL
Violation Issued: No

Process/Item: Hot Holding/SOUP
Temperature: 146 Degrees Fahrenheit - Location: STEAM WELL
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 35 Degrees Fahrenheit - Location: 3 DOOR TURBO AIR COOLER
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS TAMMY CARLSON. INSPECTION CONDUCTED IN PRESENCE OF CHRISTINE HASTINGS, THE PERSON IN CHARGE.

DISCUSSED ALL ORDERS ON SITE IN ADDITION TO THE FOLLOWING WITH PERSON IN CHARGE:

- EMPLOYEE ILLNESS POLICY AND LOG
- PREVENTING BAREHAND CONTACT
- SANITIZER USE AND TEST KITS
- CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
- DATE MARKING PROCEDURES
- THERMOMETER USE AND CALIBRATION
- PEST CONTROL
- ALL VIOLATIONS ON THIS REPORT

FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

**IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT

Type: Full
Date: 12/03/24
Time: 11:44:27
Report: 1036241285
Woodbury Estates

Food and Beverage Establishment Inspection Report

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 inspection report number 1036241285 of 12/03/24.

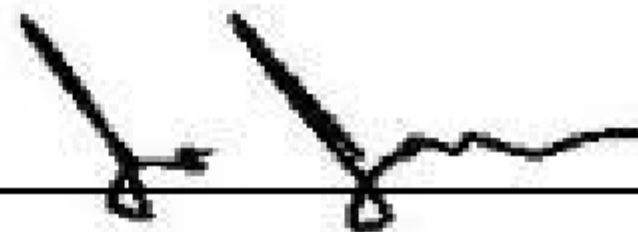
Certified Food Protection Manager: CHRISTINE HASTINGS

Certification Number: FM83729 Expires: 04/26/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

CHRISTINE HASTINGS
PERSON IN CHARGE

Signed:  _____

Jeff Johanson