



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 5, 2022

Administrator
PSC Of New Richland
113 1st Street Southwest
New Richland, MN 56072

RE: Project Number(s) SL30606015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on July 27, 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

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

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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

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

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30606	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2022
NAME OF PROVIDER OR SUPPLIER PSC OF NEW RICHLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 113 1ST STREET SW NEW RICHLAND, MN 56072		
(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: SL#30606015 On July 25, 2022, through July 27, 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 11 residents, all of whom received services under the provider's Assisted Living with Dementia Care 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.	
0 460 SS=E	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request	0 460		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 460	Continued From page 1 assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide a means for three of eleven residents (R5, R8, and R9) to request assistance for health and safety needs as required. The licensee did not have a system in place for each resident in a double occupancy room at the facility to request assistance for health and safety needs 24 hours a day, seven days a week. This had the potential to affect four of eight residents at the facility residing in double occupancy rooms. 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	0 460		

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0 460	Continued From page 2 than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On July 26, 2022, at 10:35 a.m. room four was observed with unlicensed personnel (ULP)-D; ULP-D confirmed R9 and R10 resided in room four. R10's bed was observed to have a pull-string call light on the wall next to the bed within reach of the resident. There was no evidence of a call light near R9's bed. ULP-D confirmed R9 did not have access to a call light and further stated the resident wouldn't use it anyway. On July 26, 2022, at 11:05 a.m. registered nurse (RN)-B observed the double rooms in the facility (rooms two, three, four, and five) and confirmed only one of the two residents in each room would have access to a call light. When observing room three, it was noted there was only one resident (R8) residing in that double room. RN-B confirmed R8's bed was not positioned within reach of the call light. On July 26, 2022, at 2:15 p.m. the regional director (RD)-C confirmed the double occupancy rooms only had one call light system in the room and both residents would not have access to it. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 460		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 3 (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 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 included document titled, Food and Beverage Establishment Inspection Report dated July 25, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		

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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 maintain smoke alarms in the facility and ensure smoke alarms are interconnected so that actuation of one alarm causes all alarms in the dwelling to actuate as required. This had the potential to directly 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	0 780		

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0 780	Continued From page 5 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 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 residents). The findings include: On July 25, 2022, between 1:30 p.m. to 3:00 p.m., survey staff observed smoke alarms located in bedrooms were not interconnected to smoke alarms located outside and in the immediate vicinity of the sleeping area. Regional director (RD)-C verbally confirmed survey staff observations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		
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	0 810		

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0 810	Continued From page 6 or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct the required evacuation drills twice per year per shift with at least one evacuation drill every other month, and document the drills and staff participation. This has the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all residents).	0 810		

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0 810	Continued From page 7 The findings include: On July 25, 2022, between 1:30 p.m. to 3:00 p.m., survey staff review of documentation revealed that no records were provided to confirm that evacuation drills are being conducted twice per year per shift with at least one drill every other month Regional director (RD)-C verbally confirmed survey staff observations. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure insulin administration via a prefilled insulin pen was according to manufacturer instructions, for one of one resident (R4) with record reviewed.	01750			

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01750	Continued From page 8 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R4's Service Plan (Waiver) - Addendum to Contract dated November 12, 2021, indicated R4 received assistance with medication administration. R4's diagnoses included Alzheimer's dementia and diabetes. R4's prescriber orders dated December 6, 2021, included Novolog FlexPen (an injectable medication for diabetes) inject three times daily per sliding scale with meals. Blood sugar 140-179 milligrams per deciliter (mg/dL) = 2 units, 180-219 mg/dL = 4 units; 220-259 mg/dL = 6 units; 260-299 mg/dL = 8 units; 300-339 mg/dL = 10 units; 340-379 mg/dL = 12 units; 380-399 mg/dL = 13 units. On July 26, 2022, at 11:38 a.m. the surveyor observed unlicensed personnel (ULP)-D obtain R4's blood sugar which measured 250 mg/dL and ULP-D stated R4 would require six units of insulin according to physician orders. ULP-D dialed the Novolog FlexPen prefilled insulin pen to '6' and administered to R4's right lower quadrant. ULP-D confirmed the Novolog FlexPen had not been primed first by dialing it to '2' units and ejecting the medication prior to dialing the prescribed '6'	01750		

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01750	Continued From page 9 units. ULP-D further stated she was not aware of that step. ULP-D stated she had been trained to administer insulin with a prefilled pen by a registered nurse (RN) that no longer worked at the facility. On July 26, 2022, at 12:15 p.m. RN-B confirmed the insulin should be administered according to manufacturer's recommendations, and priming included dialing the pen to '2' units, expressing the insulin, and dialing to the prescribed dose. The manufacturer's instructions for use of the Novolog FlexPen dated February 2015, instructed to "prime the pen by turning the dose selector to 2 units, hold the pen with the needle pointing up, tap the top of the pen gently to let air bubbles rise to the top, and press and hold the dose button until the dose counter shows 0. A drop of insulin should be seen at the needle tip." The licensee's Insulin Pen Administration Competency policy, undated, included: "point the needle up. Gently tap the insulin cartridge to force any air bubbles to the top. Dial 2 units of insulin on the dose selector. Point the needle up. Firmly press the plunger until a drop of insulin appears at the needle tip. If a droplet does not appear, contact nursing for further instruction." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the	01910		

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01910	Continued From page 10 resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medication including the medication's prescription number as applicable, for one of one discharged resident (R3) with record review. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include:	01910		

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01910	Continued From page 11 R3's Discharge-Transfer Summary dated May 31, 2022, identified R3 was admitted on January 14, 2020, and expired on May 25, 2022. R3's discharge-transfer summary indicated R3 received services which included medication administration. R3's Medication Disposition-Resident form dated May 31, 2022, listed the date, medication, prescribing physician, pharmacy RX (prescription) number, quantity, strength, reason, means of disposition, name of individual of disposing, and name of witness. The following medications were listed without a prescription number: haloperidol (antipsychotic) and morphine (narcotic for severe pain). On July 25, 2022, at 1:34 p.m. registered nurse (RN)-B verified the prescription numbers of the medications noted above were not identified on the disposition of medications. RN-B stated their system only allows one RX number to be documented and he had combined the quantity disposed for each medication. RN-B indicated he should have made separate entries to include the associated RX number of each medication. The licensee's Disposition or Disposal of Medication policy undated, included: documentation of the destruction, listing the date, quantity, name of drug, prescription number, signature of person destroying the drugs and signature of witness to the destruction must be recorded and maintained in the client's record for two years. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30606	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2022
NAME OF PROVIDER OR SUPPLIER PSC OF NEW RICHLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 113 1ST STREET SW NEW RICHLAND, MN 56072		
(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
02410 SS=E	144G.91 Subd. 13 Personal and treatment privacy (a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable or unless otherwise documented in the resident's service plan. (b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan. (c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure privacy in double occupancy rooms for seven of eight residents (R4, R5, R6, R7, R9, and R10) residing in a double occupancy room. 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	02410		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30606	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2022
NAME OF PROVIDER OR SUPPLIER PSC OF NEW RICHLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 113 1ST STREET SW NEW RICHLAND, MN 56072		
(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
02410	Continued From page 13 resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On July 26, 2022, at approximately 8:25 a.m. unlicensed personnel (ULP)-D was observed administering medication to R9 in her room (room 4) while the resident was lying in bed. R10, who also resided in room 4, was also present in the room seated on her own bed. There was no privacy curtain observed in the room and R10 was able to observe ULP-D administering R9's medications. On July 26, 2022, at approximately 8:40 a.m. ULP-D was observed administering medication to R6 in her room (room 2). ULP-D confirmed R6 had lived in the room independently until yesterday (July 25, 2022) when a new admission (R7) had moved into the room. There was no privacy curtain observed in R9's room. On July 26, 2022, at 11:05 a.m. registered nurse (RN)-B observed the double occupancy rooms in the facility (rooms 2, 3, 4, and 5) and confirmed the rooms did not include a privacy curtain. RN-B verified only one resident (R8) resided in room 3; however, if a new resident moved into the room, privacy would be an issue. On July 26, 2022, at 2:15 p.m. regional director (RD)-C confirmed the double occupancy rooms did not include privacy curtains. RD-C stated the residents were usually out of their rooms, but confirmed with cares and dressing, privacy could	02410		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30606	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2022
NAME OF PROVIDER OR SUPPLIER PSC OF NEW RICHLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 113 1ST STREET SW NEW RICHLAND, MN 56072		
(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
02410	Continued From page 14 be an issue. The Minnesota Bill of Rights for Assisted Living Residents dated May 16, 2021, indicates that residents have the right for personal and treatment privacy. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02410		



Minnesota Department of Health
Food, Pool, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 07/25/22
Time: 11:10:07
Report: 1020221096

Food and Beverage Establishment Inspection Report

Page 1

Location:

Psc Of New Richland
113 South Ash Street
New Richland, MN56072
Waseca County, 81

Establishment Info:

ID #: 0038695
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5074633565
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.

4-300 Equipment Numbers and Capacities

4-302.13B **** Priority 2 ****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

HIGH TEMP DISHWASHER USED AT THE ESTABLISHMENT; PROVIDE AN IRREVERSIBLE UTENSIL SURFACE TEMP INDICATOR SUCH AS A WATERPROOF MIN/MAX THERMOMETER, DISHTEMP, OR THERMAL LABELS. USE AT LEAST 2-3 TIMES WEEKLY TO ENSURE THE 160F UTENSIL SURFACE TEMP IS MET

Comply By: 08/12/22

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

SERVSAFE COURSE HAS BEEN TAKEN, BUT NO KNOWN MN CFPM ON-SITE. PROVIDED A FACT SHEET ON MN CERTIFIED FOOD PROTECTION MANAGER.

Comply By: 01/13/23

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

BUILD UP OF FROST IN THE CHEST FREEZER; DEFROST.

Comply By: 08/01/22

Type: Full
Date: 07/25/22
Time: 11:10:07
Report: 1020221096
Psc Of New Richland

Food and Beverage Establishment Inspection Report

Page 2

4-900 Protecting Clean Items

4-903.11A

MN Rule 4626.0955A Store all clean equipment, utensils, linens, single-service and single-use articles in a clean dry location where not exposed to splash, dust, or other contamination and at least six inches above the floor.

1)CLEAN COOKING UTENSILS BEING STORED ABOVE THE HANDWASHING SINK. RELOCATE CLEAN COOKING UTENSILS TO PREVENT POSSIBLE CONTAMINATION OF SPLASHING WATER FROM HANDWASHING. 2) DOG BED, FOOD, AND WATER BEING STORED IN THE DRY STORAGE AREA; RELOCATE.

Comply By: 07/25/22

Surface and Equipment Sanitizers

Wash Temperature Gauge: = at 154 Degrees Fahrenheit

Location: DISHWASHER

Violation Issued: No

Final Rinse Temperature Ga: = at 189 Degrees Fahrenheit

Location: DISHWASHER

Violation Issued: No

Utensil Surface Temperatur: = at 171 Degrees Fahrenheit

Location: DISHWASHER

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: <0 Degrees Fahrenheit - Location: FOODS FIRM - CHEST FREEZER

Violation Issued: No

Process/Item: Cold Holding

Temperature: 39 Degrees Fahrenheit - Location: SWEET POTATOES - UPRIGHT COOLER

Violation Issued: No

Process/Item: Cold Holding

Temperature: <0 Degrees Fahrenheit - Location: FOODS FIRM - UPRIGHT FREEZER

Violation Issued: No

Process/Item: Cooking

Temperature: 159 Degrees Fahrenheit - Location: SPAGHETTI SAUCE - STOVE TOP

Violation Issued: No

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

GENERAL COMMENTS:

DISCUSSED EMPLOYEE ILLNESS POLICIES AND PROCEDURES. AN EMPLOYEE ILLNESS LOG IS USED ON-SITE.

DISCUSSED COOLING AND RE-HEATING PROCEDURES.

Type: Full
Date: 07/25/22
Time: 11:10:07
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Psc Of New Richland

Food and Beverage Establishment Inspection Report

Page 3

ALL FOOD ITEMS ARE PREPARED IN-HOUSE IN ESTABLISHMENT KITCHEN THE DAY OF SERVICE. MEALS ARE PREPARED TO FEED CURRENT VOLUME OF RESIDENTS AND RARELY IS THERE ANY LEFT-OVER FOOD ITEMS. ANY LEFTOVERS ARE NOT SERVED TO RESIDENTS.

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 1020221096 of 07/25/22.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Inspection report reviewed with person in charge and emailed.

Signed: Report emailed
Establishment Representative

Signed: Ashley B
Ashley B

651-201-4500

Report #: 1020221096

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pool, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out

1

Date 07/25/22

No. of Repeat RF/PHI Categories Out

0

Time In 11:10:07

Legal Authority MN Rules Chapter 4626

Time Out

Psc Of New Richland

Address

113 South Ash Street

City/State

New Richland, MN

Zip Code

56072

Telephone

5074633565

License/Permit #
0038695

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

Compliance Status

COS R

Supervision

1	IN	OUT	PIC knowledgeable; duties & oversight		
2	IN	OUT	Certified food protection manager; duties		

Employee Health

3	IN	OUT	Mgmt/Staff; knowledge, responsibilities & reporting		
4	IN	OUT	Proper use of reporting, restriction & exclusion		
5	IN	OUT	Procedures for responding to vomiting & diarrheal events		

Good Hygienic Practices

6	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use		
7	IN	OUT	N/O	No discharge from eyes, nose, & mouth		

Preventing Contamination by Hands

8	IN	OUT	N/O	Hands clean & properly washed		
9	IN	OUT	N/A	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10	IN	OUT		Adequate handwashing sinks supplied/accessible		

Approved Source

11	IN	OUT		Food obtained from approved source		
12	IN	OUT	N/A	Food received at proper temperature		
13	IN	OUT		Food in good condition, safe, & unadulterated		
14	IN	OUT	N/A	Required records available; shellstock tags, parasite destruction		

Protection from Contamination

15	IN	OUT	N/A	Food separated and protected		
16	IN	OUT	N/A	Food contact surfaces: cleaned & sanitized		
17	IN	OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status

COS R

Time/Temperature Control for Safety

18	IN	OUT	N/A	N/O	Proper cooking time & temperature		
19	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding		
20	IN	OUT	N/A	N/O	Proper cooling time & temperature		
21	IN	OUT	N/A	N/O	Proper hot holding temperatures		
22	IN	OUT	N/A		Proper cold holding temperatures		
23	IN	OUT	N/A	N/O	Proper date marking & disposition		
24	IN	OUT	N/A	N/O	Time as a public health control: procedures & records		

Consumer Advisory

25	IN	OUT	N/A		Consumer advisory provided for raw/undercooked food		
----	----	-----	-----	--	---	--	--

Highly Susceptible Populations

26	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered		
----	----	-----	-----	--	--	--	--

Food and Color Additives and Toxic Substances

27	IN	OUT	N/A		Food additives: approved & properly used		
28	IN	OUT			Toxic substances properly identified, stored, & used		

Conformance with Approved Procedures

29	IN	OUT	N/A		Compliance with variance/specialized process/HACCP		
----	----	-----	-----	--	--	--	--

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

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is **not** in compliance

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

COS= corrected on-site during inspection

R= repeat violation

Safe Food and Water

30	IN	OUT	N/A	Pasteurized eggs used where required		
31				Water & ice obtained from an approved source		
32	IN	OUT	N/A	Variance obtained for specialized processing methods		

Food Temperature Control

33				Proper cooling methods used; adequate equipment for temperature control		
34	IN	OUT	N/A	Plant food properly cooked for hot holding		
35	IN	OUT	N/A	Approved thawing methods used		
36				Thermometers provided & accurate		

Food Identification

37				Food properly labeled; original container		
----	--	--	--	---	--	--

Prevention of Food Contamination

38				Insects, rodents, & animals not present		
39				Contamination prevented during food prep, storage & display		
40				Personal cleanliness		
41				Wiping cloths: properly used & stored		
42				Washing fruits & vegetables		

Proper Use of Utensils

43				In-use utensils: properly stored		
44	X			Utensils, equipment & linens: properly stored, dried, & handled		
45				Single-use/single service articles: properly stored & used		
46				Gloves used properly		

Utensil Equipment and Vending

47	X			Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X			Warewashing facilities: installed, maintained, & used; test strips		
49				Non-food contact surfaces clean		

Physical Facilities

50				Hot & cold water available; adequate pressure		
51				Plumbing installed; proper backflow devices		
52				Sewage & waste water properly disposed		
53				Toilet facilities: properly constructed, supplied, & cleaned		
54				Garbage & refuse properly disposed; facilities maintained		
55				Physical facilities installed, maintained, & clean		
56				Adequate ventilation & lighting; designated areas used		
57				Compliance with MCIAA		
58				Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) *Report emailed*

Date: 08/02/22

Inspector (Signature) *Mya Ru*