



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 8, 2025

Licensee
Vermilion Senior Living
1232 Birch Street North
Tower, MN 55790

RE: Project Number(s) SL30498016

Dear Licensee:

On June 10, 2025, the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders from the survey completed on March 19, 2025. This follow-up survey verified that the agency is in substantial compliance.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tim Hanna'.

Tim Hanna, Supervisor
State Engineering Services Section
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-866-890-9290

KKM



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 16, 2025

Licensee
Vermilion Senior Living
1232 Birch Street North
Tower, MN 55790

RE: Project Number(s) SL30498016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 19, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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 . . ."

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 may be 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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

A handwritten signature in cursive script that reads "Jessie Chenze".

Jessie Chenze, Supervisor

State Evaluation Team

Email: jessie.chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30498	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER VERMILION SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1232 BIRCH STREET NORTH TOWER, MN 55790		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	Initial Comments ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL30498016 On March 17, 2025, through March 19, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 20 residents receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 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	0 480			

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 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. 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, 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 portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated March 17, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480			

Minnesota Department of Health

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0 480	Continued From page 3	0 480			
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services All assisted living facilities must offer to provide or make available 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 menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living contract. This had the potential to affect all residents. 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 or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).	0 485			

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0 485	Continued From page 4 The findings include: During the entrance conference on March 17, 2025, at 10:12 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar with current minimum assisted living requirements. During the entrance conference on March 17, 2025, at 10:17 a.m., LALD-A stated the licensee provided residents three meals per day that included fresh fruits and vegetables, residents had input in the menus, meal alternatives and snacks were offered, menus were posted, and residents were made aware of menu changes. During the entrance conference on March 17, 2025, at 10:35 a.m., the surveyor asked if all the contracts were the same; if the same was template used? LALD-A stated contracts could be "a little different." LALD-A added the residents who were admitted "lately" could have slightly different contracts (language). R1's contract included a Meal/Food Plan Addendum dated June 6, 2022, that noted: - menus for all meals would be available resident one (1) week in advance. These menus would be posted in the dinning room. Entering into a Meal/Food plan with (name of licensee) was entirely optional and was not required to be and/or remain a resident at the assisted living. Please select one the following meal/food plan options: - three (3) meals each day for \$225.00 per month - no meal plan through the (name of) assisted living. R13's contract included a Meal/Food Plan	0 485			

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0 485	Continued From page 5 Addendum dated November 6, 2024, that noted: - menus for all meals would be available resident one (1) week in advance. These menus would be posted in the dinning room. Entering into a Meal/Food plan with (name of licensee) was entirely optional and was not required to be and/or remain a resident at the assisted living. Please select one of the following meal/food plan options: - three (3) meals each day for \$500.00 per month - no meal plan through the (name of) assisted living. On March 10, 2025, at 10:00 a.m., LALD-A stated she just heard about the issue with the licensee's contracts. LALD-A stated she had resident's sign them but she did not "make them" (contracts). The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated December 13, 2024, indicated the provider cannot have a blanket "one size fits all" meal charge. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485			
0 510 SS=E	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and	0 510			

Minnesota Department of Health

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0 510	Continued From page 6 Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure reusable equipment was cleaned in-between resident use for two of three unlicensed personnel (ULP)-L, ULP-B). Further, the licensee failed to ensure infection control standards were followed by one of two unlicensed personnel (ULP-J) while providing assistance to one of two residents, (R3). 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). The findings include: REUSABLE EQUIPMENT ULP-L On March 18, 2025, at 5:38 a.m., the surveyor observed ULP-L pick up a SpO2 monitor (oxygen/pulse oximeter, which consists of a computerized monitor and probe. The probe may be attached to a patient's finger, toe, nostril or earlobe. The monitor then displays a reading of how saturated	0 510			

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0 510	Continued From page 7 the patient's blood is with oxygen) from the medication cart and take the SpO2 monitor to R4's room. ULP-L placed the SpO2 monitor on a finger on R4's left hand to obtain a reading of 96%. The surveyor did not observe ULP-L sanitize the SpO2 monitor prior to or after use. Directly after the above observation ULP-L stated the SpO2 monitor was cleaned by the morning shift, once a day, "unless someone was sick." ULP-B On March 18, 2025, at 10:30 a.m., the surveyor observed ULP-B remove a blood pressure (BP) machine and an SpO2 monitor from the medication cart and go to R11's room. The surveyor did not observe ULP-B sanitize the vital sign equipment prior to use. ULP-B placed the SpO2 monitor on R4's right hand pointer finger to obtain a reading of 92%. ULP-B placed the BP cuff on R4's left upper arm to obtain a reading of 116/73. The surveyor did not observe ULP-B sanitize the vital sign equipment after use. On March 18, 2025, at 10:35 a.m., the surveyor observed ULP-B place the SpO2 monitor on R1's left hand pointer finger. ULP-B was not able to obtain a SpO2 reading, and reviewed a form he had prepared for vital sign monitoring and stated an SpO2 reading was not required for R1. ULP placed the BP cuff on R1's right arm to obtain a reading of 116/73. The surveyor did not observe ULP-B sanitize the vital sign equipment prior to or after use. On March 18, 2025, at 10:43 a.m., ULP-B stated he was trained to clean the vital sign equipment once a day. PERSONAL CARE/WOUND CARE	0 510			

Minnesota Department of Health

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0 510	Continued From page 8 R3's diagnosis included Parkinson's disease (long-term degenerative disorder of the central nervous system that affected the motor system). R3's service plan dated January 8, 2025, included wound care daily, dressing assistance, and incontinence care. R3's wound care service instructions, active date February 9, 2024, noted: - evaluate, treat, and document wound care: remove old dressing, cleanse wound with normal saline, pat dry, apply Silvadene (topical medication to treat and prevent serious infection on areas of skin). Cover with gauze. Report to nurse any redness, warmth, odor, increased drainage, swelling, increased pain, increased size or any other concern. On March 18, 2025, the surveyor continuously observed ULP-J from 6:32 a.m. until 6:48 a.m. On March 18, 2025, at 6:32 a.m., the surveyor observed ULP-J apply gloves, unlock a file cabinet and obtain a tube of Silvadene cream. ULP-J went to R3's room with the Silvadene cream. On March 18, 2025, at 6:36 a.m., the surveyor observed some wound care supplies (tape, wound dressings/gauze, saline) on a counter in R3's room. ULP-J prepared the tape that would be used for R3's new dressing (tape strips cut to size and dated). ULP-J asked R3 if he would like to go to the bathroom. ULP-J asked R3 if he could/would take him pants and brief off. R3's brief was soiled. ULP-J stated she would help assist with R3's brief removal. ULP-J put a clean shirt on the bathroom floor. ULP-J removed R3's pants and soiled brief. ULP-J removed the gloves	0 510			

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0 510	Continued From page 9 worn. The surveyor did not observe ULP-J perform hand hygiene. ULP-J applied clean gloves. ULP-J removed the dressing/gauze that had been on the left inside of R3's foot. ULP-J cleaned the wound with normal saline. The surveyor did not observe ULP-J perform hand hygiene and change gloves after wound cleansing. ULP-J applied Silvadene cream to clean gauze dressing and used the prepared tape to secure the gauze dressing. On March 18, 2025, at 6:43 a.m., the surveyor observed ULP-J place a clean pair of pants on the floor near R3's clean shirt. ULP-J got a clean brief for R3. ULP-J applied a clean brief and readied R3's pants. ULP-J cleaned R3's peri area, " I'll (ULP-J) wipe your butt to make sure it is all clean." ULP-J assisted with R3's brief, and pants. ULP-J assisted with R3's application of clean shirt and suspenders. The surveyor did not observe ULP-J perform hand hygiene after peri care and before assisting with clean clothes. ULP-J flushed the toilet and removed gloves, tucking one inside the other glove. ULP-J made R3's bed with used gloves tucked inside one hand. ULP-J tossed the used gloves into the trash can located by the toilet. On March 18, 2025, at 6:51 a.m., ULP-J stated R3 had never had a "BM" (bowel movement/dirty brief) when she had assisted R3 and she (ULP-J) was not expecting that (dirty brief and the need to provide peri care). ULP-J stated she normally put R3's clothes on the floor, and she did the same thing when she was tested out (trained by registered nurse). ULP-J stated she washed her hands before she entered R3's room but she did not perform hand hygiene in-between cares or glove changes.	0 510			

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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
0 510	Continued From page 10 On March 18, 2025, at 8:44 a.m., CNS-C stated ULPs should perform hand hygiene in-between glove changes, and during wound care between dirty and clean tasks. In addition, CNS-C stated R3's clean clothes should not have been placed on R3's bathroom floor. The licensee's Oximeter policy dated August 1, 2021, noted, to accurately determine oxygen saturation when an individual is receiving oxygen on a regular basis, when ordered by a medical doctor, and/or as a monitoring tool. - gather needed equipment - explain procedure to resident - wash hands - apply oximeter to resident's first finger or middle finger, by clipping in on the end of the finger - read oxygen percentage when flashing numbers stop flashing - record oxygen percentage as indicated - clean equipment as needed - wash hands. The licensee's Vital Signs policy dated August 1, 2021, noted: - gather needed equipment - explain procedure to resident - wash hands - complete readings or counts - record - clean equipment as needed - wash hands - contact nurse if vitals sign out of normal range. The licensee's Cleaning of Shared Medication Equipment policy dated August 1, 2021, noted, all equipment must be cleaned immediately if visibly soiled, and immediately after use on residents with contact precautions regardless of cleaning schedule. Items routinely shared, which cannot	0 510			

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0 510	Continued From page 11 be cleaned between uses, will follow a regular schedule for cleaning and disinfection. The community would implement and maintain processes to ensure all reusable assisted living resident care equipment was routinely cleaned, and when appropriate, disinfected, before and after reuse. The licensee' Standard Precautions policy dated August 1, 2021, noted, hand washing -wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, regardless of whether gloves were worn -wash hands immediately after gloves are removed each time, regardless of if you switch tasks or not In addition, environmental control: ensure that the community has adequate procedures for the routine care, cleaning and disinfection of environmental surfaces, beds, bedrolls, bedside equipment, and other frequently touched surfaces and that these procedures were being followed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
0 650 SS=F	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;	0 650			

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0 650	Continued From page 12 (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained required content for two of two employees (unlicensed personnel (ULP)-D, ULP-O). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP- D ULP-D was hired on October 21,2024, to provide direct care services to the facility's residents.	0 650			

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0 650	Continued From page 13 ULP-D's employee record did not include training or competency for warm packs. ULP-O ULP-O was hired on December 10, 2018, to provide direct care services to the facility's residents. ULP-O's employee record did not include training or competency for warm packs. On March 19, 2025, at 9:59 a.m., licensed assisted living director (LALD)-A stated she was not able to find the training or competency of warm packs listed in the 96 page training and competency package used by the licensee for ULPs. On March 19, 2025, at 10:02 a.m., clinical nurse supervisor (CNS)-C stated she trained and deemed two ULPs competent for warm packs, ULP-D and ULP-O, who were both working the day R8's family brought in the warm pack/rice pack to be used. CNS-C stated ULP-D and ULP-O's records did not include warm pack/rice pack training and competency. The licensee's Personnel Files Employee Records policy dated August 1, 2021, noted every employee of the community shall have personnel file created upon hire. The employee file shall contain: - for unlicensed personnel, evidence of completed competency evaluations, conducted by a registered nurse for delegated nursing services or conduction by a therapist for delegated therapy services, indicating competency in the delegated areas. The licensee's Delegated vs Non-Nursing	0 650			

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0 650	Continued From page 14 Services policy dated August 1, 2021, noted documentation was on file indicating the ULP had completed the training and had written proof of the ULP's competency via a written, oral, or practical skills test demonstration. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0190, Subp. 6, effective October 2022, the licensee must maintain a record of staff training and competency required under this part and Minnesota Statutes, chapter 144G, that documents the following information for each competency evaluation, training, retraining, and orientation topic: (1) facility name, location, and license number; (2) name of the training topic or training program, and the training methodology, such as classroom style, web-based training, video, or one-to-one training; (3) date of the training and competency evaluation, and the total amount of time of the training and competency evaluation; (4) name and title of the instructor and the instructor's signature, and the name and title of the competency evaluator, if different from the instructor, and the evaluator's signature with a statement attesting that the employee successfully completed the training and competency evaluation; and (5) name and title of the staff person completing the training, and the staff person's signature with statement attesting that the staff person successfully completed the training as described in the training documentation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650			

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0 775	Continued From page 15	0 775			
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the Minnesota State Fire Code. 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 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). Findings include: On a facility tour on March 18, 2025, from 10:15 a.m. to 11:50 a.m., with director of maintenance (DM)-E, maintenance (M)-G, and operations supervisor (OS)-K, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511: USED SMOKING MATERIAL DISPOSAL There was a plastic bubble making machine used as a dispenser for used cigarette butts and containing used cigarette butts on the back patio in the designated smoking area.	0 775			

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0 775	Continued From page 16 There was an appropriate cigarette disposal dispenser located in the designated smoking area as well. Used cigarette smoking material is required to be disposed of in appropriate metallic containers or containers designed and manufactured for the use of dispensing used cigarette materials. SMOKE ALARM MAINTENANCE The smoke alarm in resident sleeping unit 108 was removed by DM-E, during the tour, in order to verify manufacture date of the alarm. It was observed the manufacture date stamped on the back of the alarm was 2005. During the tour DM-E, stated they believed all smoke alarms in the building had the same date of manufacture. Smoke alarms are required to be maintained with a manufacture date of not more than 10 years from date of manufacture. OXYGEN CYLINDER STORAGE AND USE There was an oxygen tank observed in the basket of a walker not secured in a transportation cart to maintain in the upright position in resident sleeping unit 114. Oxygen cylinders are required to be secured in the upright position and in the appropriate cart for transportation during use to prevent tipping of the tank and damaging the valve assembly on top of the tank. During the facility tour DM-E, M-G, and OS-K,	0 775			

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0 775	Continued From page 17 verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) days.	0 775			
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) 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.	0 810			

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0 810	Continued From page 18 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 with required content, make the plan readily available, provide required training and drills. 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 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). The findings include: On March 18, 2025, at 9:15 a.m., director of maintenance (DM)-E, maintenance (M)-G, and operations supervisor (OS)-K, provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN The licensee provided FSEP undated, failed to include the following: The available FSEP did not identify specific fire protection actions for residents as evident by not providing procedures for residents to take in this specific facility in the event of a fire or similar emergency in writing in the FSEP.	0 810			

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0 810	Continued From page 19 During an interview on March 18, 2025, at 9:30 a.m., M-G, stated residents were verbally given the procedures they should take during a fire or similar emergency, but the resident procedures were not documented in writing in the FSEP. TRAINING Record review of the available documentation indicated the licensee failed to provide training to employees on the FSEP at least twice per year as evident by not providing written documentation the FSEP training was completed twice per year in addition to during orientation for employees. Record review of the available documentation indicated the licensee failed to provide evacuation training to residents at least once per year as evident by not providing documentation in writing the resident training was provided as required. During an interview on March 18, 2025, at 11:40 a.m., M-G, stated written documentation of employee training separate from drills and resident training was not available. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810			
01290 SS=F	144G.60 Subdivision 1 Background studies required (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	01290			

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01290	Continued From page 20 self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (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. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure a background study was affiliated with the assisted living license for two of two employees who required background studies (registered nurse (RN-H), RN-I). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On March 17, 2025, at 10:14 a.m., during the entrance conference with assisted living director (LALD)-A and clinical nurse supervisor (CNS)-C, CNS-C stated there was an RN available 24/7 for the facility. CNS-C stated the licensee posted a phone number/schedule at the front desk for the on-call RN so unlicensed personnel (ULP) would know which RN to contact if/as needed for "the week". CNS-C stated RN call was shared with	01290			

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01290	Continued From page 21 five other RNs who were employed by the same company which owned the facility. RN-H RN-H was hired by the licensee on September 20, 2023, to provide direct care and services to the licensee's residents and oversight of the licensee's employees. RN-H was licensed as a RN by the Minnesota State Board of Nursing effective July 28, 2016. The licensee's RN on call schedule dated March 1, 2025, through March 30, 2025, included: - RN-H scheduled March 3, 2025, through March 9, 2025. RN-H's record included a background study dated September 20, 2023, for health facility identification (HFID) 35519, (a facility affiliated with HFID 34098). RN-H's record lacked documentation of a cleared background study affiliated with the facility's correct HFID. RN-I RN-I was hired by the licensee on February 27, 2023, to provide direct care and services to the licensee's residents and oversight of the licensee's employees. RN-I was licensed as a RN by the Minnesota State Board of Nursing effective June 23, 2008. The licensee's RN on call schedule dated March 1, 2025, through March 30, 2025, included: - RN-I scheduled March 10, 2025, through March 16, 2025.	01290			

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01290	Continued From page 22 RN-I's record included a background study dated February 2, 2023, for HFID 34080, (a facility affiliated with HFID 34098). RN-I's record lacked documentation of a cleared background study affiliated with the facility's correct HFID. On March 18, 2025, at 12:37 p.m., operation supervisor (OS/ULP)-K stated RN-H and RN-I's background studies had not been affiliated with HFID 30498. OS/ULP-K stated he was not aware that the on-call RNs needed to be affiliated with all HFIDs to whom the RNs provided care. The licensee's Background Checks- NETStudy 2.0 policy dated August 1, 2021, noted employee signs release to complete background study. - LALD or designee enters information into NETStudy 2.0. When background study is successfully submitted print MNDHS (Minnesota Department of Health Service) fingerprint authorization form. - LALD gives employee MNDHS fingerprint authorization form & site location information from 3M Cogent's webpage which included address and hours of operation - employee takes fingerprint authorization form, and drier's license, government-issues ID or other acceptable from of identification to fingerprint and photo service location. The name and date of birth of the fingerprint authorization from must match the information on the employee identification documents - employee had 14 days to be fingerprinted and photographed - LALD verifies background study determination via an e-mail, notification from NETStudy 2.0. Print copy of determination for community background study file. Employee will be notified	01290			

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01290	Continued From page 23 by postal mail. - the vast majority of people will only need to be fingerprinted and photographed once if they elect to include their social security numbers in their NETStudy 2.0 profiles. The licensee's Background Checks policy noted August 1 2021, noted the community will conduct a Minnesota Department of Human Services Background Study on all staff of community who will have independent, unsupervised contact with tenants or residents of community. No employee may have independent direct contact with any tenants or residents until acceptable result of the background study have been received. The community will not employ individuals whose results of the background study indicate disqualification for the position. - using the MD DHS NETStudy 2.0 online program, the community will initiate a background study on all staff given job offer letter who will have independent, unsupervised contact with tenants or residents - if first day of hire is prior to receiving the results of the background study, or the tentative background study results indicate more time is needed- requiring supervision, new hires shall not be permitted to interact or provide services to tenants or resident of the community except under the supervision of another qualified staff person - once an approved background study had been received, staff may act independently with tenants or residents, assuming all other requirements have been met - copies of completed background studies shall be kept in separate consolidated locked file. No further information was provided.	01290			

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01290	Continued From page 24	01290			
	TIME PERIOD FOR CORRECTION: Two (2) days				
01420 SS=F	144G.62 Subd. 2 Delegation of assisted living services (b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) ensured training and competency demonstration was completed for one of one unlicensed personnel (ULP-N). Additionally, the licensee failed to provide written instructions in the resident records for delegated tasks for two of three residents (R1, R8). 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	01420			

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01420	Continued From page 25 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: TRAINING AND COMPETENCY/WARM PACKS ULP- N was hired on February 9, 2024, to provide direct care services to the facility's residents. On March 19, 2025, at 9:00 a.m., ULP-N removed a warm pack (rice pack) from the microwave in the room labeled "the office." ULP-N took the heated warm pack to R8's room and asked R8 if he would like to lay down in bed on the warm pack. ULP-N's employee record did not include training or competency for warm packs. On March 19, 2025, at 9:59 a.m., licensed assisted living director (LALD)-A stated she was not able to find the training or competency of warm packs listed in the 96-page training and competency package used by the licensee for ULPs. On March 19, 2025, at 10:02 a.m., clinical nurse supervisor (CNS)-C stated she trained and deemed two ULPs competent for warm packs, ULP-D and ULP-O, who both worked the day R8's family brought in the warm pack/rice pack and asked that the warm pack be used. CNS-C stated she did not train or deem competent ULP-N, or other ULPs for warm pack use. WRITTEN INSTRUCTIONS WARM PACKS R8's diagnoses included back pain and	01420			

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01420	Continued From page 26 hypertension (HTN/high blood pressure). R8's service plan dated January 13, 2025, indicated R8 received the following services: activity assistance, bathing assistance, safety checks, and management of behaviors/resistive tendencies. R8's service plan did not include warm packs/pain management. R8's service record, active on January 20, 2025, noted: - staff to warm a rice pack for three minutes in the conference room and put it on R8's back to ease some of his chronic back pain. DO NOT HEAT IN KITCHEN MICROWAVE. R8's record did not include specific directions for warm packs. On March 19, 2025, at 10:02 a.m., CNS-C stated she knew how long the warm/rice pack should be heated since she tested the rice pack prior to use. CNS-C stated R8's record did not include directions, such as do not place warm pack on direct skin. CNS-C stated R8 always wore a t-shirt so she "knew" placing the warm pack on direct skin would not be a concern. CNS-C stated R8 did not have a microwave oven in R8's room and the door to the "conference room" currently was labeled "office." CNS-C confirmed R8's record did not include specific instructions for R8's warm pack. CATHETER CARE (a tube placed in the body to drain and collect urine from the bladder) R1's diagnoses included benign prostatic hyperplasia (BPH/urinary obstruction/lower urinary tract).	01420			

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01420	Continued From page 27 R1's service plan dated January 10, 2025, indicated R1 received the following services: catheter care three times daily and record output three times daily. On March 17, 2025, at 1:02 p.m., the surveyor observed ULP-B pick up a basin which was in the bathroom and take the basin to the recliner where R1 was seated. ULP-B stated, "let's check that" (catheter leg bag) and lifted up R1's left pants leg. ULP-B used correct technique to empty 250 cubic centimeter (cc) of urine from R1's leg bag into the basin. R1's service record, catheter care, active December 6, 2022, noted: -please change resident's overnight bag to a leg bag. Document any refusals 9:00 p.m., Please change resident's leg bag to an overnight bag. Document any refusals. Please ensure that resident's overnight bag is not left on his bed." February 22, 2024: per facility policy, resident's leg bag is to be rinsed with cold water. If there are odors, rinse with three parts water to one part vinegar and empty into the toilet. Once rinsed, leg bag is to be placed on a clean towel or hung in the shower. Do not allow tubing to be on the floor. R1's service record, output, active June 9, 2022, noted: - document accurate urinary output each time you empty resident catheter. Make sure document is noted with either cc or ml (milliliter) Notify nurse promptly if no urine output for your entire shift. R1's record did not include specific directions for catheter care. On March 19, 2025, at 9:41 a.m., the surveyor	01420			

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01420	Continued From page 28 reviewed R1's service record for R1's catheter with CNS-C. CNS-C stated she was not able to find complete instructions for what she would like ULPs to report in either R1's catheter care or output record. The licensee's Delegated vs Non-Nursing Services policy dated August 1, 2021, noted a registered nurse or licensed therapist may delegate nursing/therapy services to ULP only after all of the following were met: - written instructions for performing the delegated task for the resident had been developed - documentation was on file indicating the registered nurse/therapist had completed the training and had written proof of the ULP's competency via a written, oral, or practical skills test demonstration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01420			
01640 SS=E	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for	01640			

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01640	Continued From page 29 Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure service plans were revised to include provided services for two of four residents (R8, R13). 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). The findings include: R8 R8's diagnoses included back pain and hypertension (HTN/high blood pressure). R8's service plan dated January 13, 2025, indicated R8 received the following services: activity assistance, bathing assistance, safety checks, and management of behaviors/resistive tendencies.	01640			

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01640	Continued From page 30 R8's service plan did not include warm packs/pain management. On March 19, 2025, at 9:00 a.m., the surveyor observed unlicensed personnel (ULP)-N remove a warm pack (rice pack) from the microwave in the room labeled "the office." ULP-N took the heated warm pack to R8's room and asked R8 if he would like to lay down in bed on the warm pack. R8's service record, active on January 20, 2025, noted: -staff to warm a rice pack for three minutes in the conference room and put it on R8's back to ease some of his chronic back pain. DO NOT HEAT IN KITCHEN MICROWAVE. On March 19, 2025, at 9:08 a.m., clinical nurse supervisor (CNS)-C stated R8's service plan had not been revised as required when warm pack assist was added to R8's services. R13 R13's diagnosis included advanced dementia, and cognitive impairment. R13's service plan dated March 6, 2025, indicated R13 received the following services: ambulation twice daily, and daily, and therapeutic exercise twice daily. R13's nurse note dated March 6, 2025, included: - (name/R13) is using her wheelchair for mobility at this time due to unable to use her right arm to push her walker. R13 is using her feet to self-propel in her wheelchair. R13 has a splint on her right arm with instructions to keep clean and dry. Assessment and services changed to reflect	01640			

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01640	Continued From page 31 wheelchair and splint use at this time. On March 18, 2025, at 8:02 a.m., the surveyor observed R13 seated in a wheelchair, self-propelling in the common's area, yelling "help". ULP-N asked R13 if she could help R13 with anything. On March 18, 2025, at 7:51 a.m., the surveyor observed ULP-J dress, toilet, and provide hair care to R13 while R13 sat on the toilet in R13's bathroom. ULP-J cleaned R13's wheelchair and transferred R13 off the toilet and into R13's wheelchair. On March 19, 2025, at 9:37 a.m., CNS-C stated ULPs could ambulate R13 with two staff. CNS-C stated ULPs could and did assist R13 ambulate however R13 was not ambulating at the current time as a mode of locomotion. CNS-C stated R13's service plan was not revised as required, and that ULPs did not assist R13 with ambulation twice daily, at the current time. The licensee's Service Plan Modification policy dated August 1, 2021, noted to ensure compliance with the assisted living licensure, any changes to the service plan or agreement must be in writing and must be signed by the resident or the resident's responsible person. The service plan or agreement must be modified due to a change in a prescriber's order or a change in the resident's needs, or change in condition, in change in fee: - a list of changes in service - changes in service frequency - who is to perform the service - frequency of supervision - change (s) for the service - date/signature of the registered nurse making	01640			

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01640	Continued From page 32 changes - date/signature of resident or the resident's representative each time a medication is made (the signature may be obtained by mail, or fax if an agreement was reached in person or telephone). No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640			
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 interview and record review, the licensee failed to ensure the registered nurse (RN) prepared in writing specific instructions for each resident receiving medication management services and documented those instructions for one of three residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01750			

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01750	Continued From page 33 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). The findings include: R1's diagnoses included chronic inflammatory lung disease, chronic right hip pain, pain in right knee, and history of falls. R1's service plan dated January 10, 2025, indicated R1 received medication administration ten times day. R1's medication administration record (MAR) dated March 1, 2025, through March 17, 2025, included: - Salonpas/lidocaine 4% (pain) patch, apply one patch to area of pain for eight hours then remove once daily. R1's MAR did not include directions of location to apply the patch. R1's prescriber order dated May 14, 2024, included the above order. On March 18, 2025, at 11:00 a.m., the surveyor reviewed R1's MAR with clinical nurse supervisor (CNS)-C. CNS-C stated R1's record did not include the location ULPs should place R1's Salonpas/lidocaine pain patch. CNS-C stated the pharmacy had recently updated R1's MAR and the placement of R1's Salonpas patch was no longer in R1's record as required. CNS-C stated R1's record had directed ULPs to alternate pain patch placement between R1's shoulders.	01750			

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01750	Continued From page 34 The licensee's Medication Administration- Services Provided by ULP policy dated August 1, 2021, noted a R must specify, in writing, specific instructions for each resident and document those instructions in the resident's record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of three unlicensed personnel (ULP)-L, ULP-B) followed registered nurse (RN) written instructions for three of three residents (R11, R1, R4). In addition, the licensee failed to ensure manufacturer's instructions were followed for one of three residents (R1) who received medication	01760			

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01760	Continued From page 35 management services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: WRITTEN INSTRUCTIONS R11 R11's diagnosis included hypothyroidism, dementia with behavioral disturbance and hypertension (HTN/high blood pressure). R11's service plan dated October 30, 2024, indicated R11 received medication administration nine times daily. R11's MAR dated March 1, 2025, through March 18, 2025, included: -levothyroxine tablet (treatment of hypothyroidism) 112 micrograms (mcg). Take one tablet by mouth every morning. Per primary care provider attempt to crush and give this medication with a small amount of water instead of mixing with food. R11's prescriber order dated March 22, 2024, included the above order. On March 18, 2025, at 4:59 a.m., the surveyor observed ULP-L review R11's MAR. ULP-L stated "we" (ULPs) crush R11's medication. ULP-L stated she would crush R11's levothyroxine and	01760			

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01760	Continued From page 36 mix it with a little apple juice. ULP-L used a pill crusher to crush R11's levothyroxine tablet. ULP-L added the crushed medication to a plastic medication cup and added approximately 20 milliliters (ml) of apple juice to the crushed medication. ULP-L removed a one ml syringe from the medication cart and took the medication and syringe to R11's room. ULP-L assisted R11 into a slightly raised position. ULP-L drew up one ml syringe of the levothyroxine/apple juice mixture and placed the syringe into R11's mouth. ULP-L filled the syringe, four more times with the levothyroxine/ apple juice mixture. ULP-L looked at the remaining levothyroxine/apple juice in the medication cup and stated she "thought" she got all the medication. ULP-L assisted R11 into a lying position. The surveyor observed ULP-L pour the remaining medication/apple juice mixture into a sink near a coffee station area in the commons area, (approximately 15 ml). Directly after the above observed ULP-L stated she did not see anymore "chunks" of the medication in the apple juice. ULP-L added the medication (levothyroxine), "really does not dissolve." On March 18, 2025, at 10:51 a.m., CNS-C stated R11's levothyroxine should have been given with a small amount of water, not mixed with food (given with juice). CNS-C stated a medication error had occurred. The manufacturer's instructions for levothyroxine dated February 15, 2019, noted it usually is taken once a day on an empty stomach, 30 minutes to one hour before breakfast. Swallow capsules whole: do not chew or crush them. Do not remove the capsule from the package until you are ready to take it. Take the tablet with a full glass of water	01760			

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01760	Continued From page 37 as they may get stuck in your throat or cause choking or gagging. If you are giving levothyroxine to an infant, child, or adult who cannot swallow the tablet, crush and mix it with one to two teaspoons (five to ten ml) of water. Only mix the crushed tablets with water: do not mix it with food or soybean infant formula. Give this mixture by spoon or dropper right away. R1 R1's diagnoses included chronic inflammatory lung disease, HTN, and benign prostatic hyperplasia (BPH/urinary obstruction/lower urinary tract). R1's service plan dated January 10, 2025, indicated R1 received medication administration ten times day. R1's medication administration record (MAR) dated March 1, 2025, through March 17, 2025, included: - budesonide/formoterol (lung disease) 160/4.5 mcg, two puffs. Inhale two puffs into the lungs twice daily. Scheduled for shortness of breath. Wash hands and apply gloves. Remove cap from mouthpiece, shake the inhaler for five to ten seconds. Position inhaler upside down with mouthpiece on the bottom. Place the resident in an upright position and tilt the head back slightly and breathe out. Instruct the resident to the number of puffs ordered and to close their mouth around the mouthpiece. Instruct the resident to take a breath and let it out. Begin to breathe in slowly, and then compress the inhaler to release the medication. Hold breath for five to ten seconds to allow medication to reach deeply into lungs. Wait at least one minute in between puffs of same medications. Wait at least five minutes before administering different inhaled	01760			

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01760	Continued From page 38 medications. Provide resident the opportunity to rinse out mouth. Remove gloves, wash hands, and mouthpiece of inhaler(s). ** Have resident rinse and spit after use (Symbicort). R1's prescriber order dated May 14, 2024, included the above order. R1's assessment dated January 10, 2025, included R1 required medication administration service. R1 has an extensive complex medication list with multiple medications and treatments. Nebulizer treatments (small machine that creates a mist out of liquid medication, allowing for quicker and easier absorption of medication into the lungs) four times a day, two different inhalers four times a day, pain patches and pain creams and frequently changing medication and treatments. Appropriately trained staff will administer medications in accordance with facility policy, provider orders, and under the supervision of a RN. Staff to administer medication as ordered. On March 18, 2025, at 7:03 a.m., the surveyor observed ULP-B prepare R1's morning medication to include oral medication and a Symbicort inhaler. ULP-B handed the inhaler to R1. R1 shook the inhaler and inhaled twice. R1 handed the inhaler back to ULP-B. The surveyor did not observe ULP-B instruct or offer R1 rinse mouth after inhaler administration. On March 18, 2025, at 7:26 a.m., the surveyor reviewed R1's MAR with ULP-B. ULP-B stated he "missed" to have R1 rinse mouth out after inhaler use. On March 18, 2025, at 8:49 a.m., CNS-C stated the directions on R1's MAR were to be followed.	01760			

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01760	Continued From page 39 R1's mouth should have been rinsed after inhaler use, or at least offered to R1. In addition, R1's MAR did not instruct staff that R1 self-administered the inhaler. CNS-C stated R1 has some confusion and required ULPs to administer inhaled medication. R4 R4's diagnosis included HTN, chest pain and schizoaffective disorder (mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions and mood disorder, such as depression or mania). R4's service plan dated February 14, 2025, indicated R4 received medication administration six times daily. R4's March 1, 2025, through March 17, 2025, MAR included: -metoprolol succinate (relaxes blood vessels and slowing heart rate to improve blood flow and decrease blood pressure/HTN) 25 milligrams (mg), take one table by mouth daily, hold if pulse is less than 60 (record pulse) (do not crush). R4's prescriber order dated March 22, 2024, included the above order. On March 18, 2025, at 7:10 a.m., the surveyor observed ULP-B prepare R4's morning medication to include metoprolol succinate 25 mg. ULP-B removed the metoprolol succinate from a bubble pack card which read, hold if pulse is less than 60. ULP-B administered R4's medication. The surveyor did not observe ULP-B monitor R4's pulse prior to metoprolol administration.	01760			

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01760	Continued From page 40 Directly after the above observation R4's MAR was reviewed with ULP-B. ULP-B stated he did not check R4's pulse prior to medication administration as directed on R4's MAR. On March 18, 2025, at 10:54 a.m., R4's MAR was reviewed with CNS-C. CNS-C stated the directions on MARs were to be followed as written, and R4's pulse should have been monitored prior to medication administration. MANUFACTURER'S INSTRUCTION R1's (MAR dated March 1, 2025, through March 17, 2025, included: -tamsulosin 0.4 mg take one capsule by mouth daily, 5:00 a.m. On March 18, 2025, at 8:04 a.m., R1's MAR and manufacturer's instructions for tamsulosin were reviewed with CNS-C. CNS-C stated she was not aware of the specific instructions for tamsulosin administration. CNS-C confirmed R1's tamsulosin was not administered per manufacturer's instructions. The manufacturer's instructions for tamsulosin dated January 15, 2018, noted- take tamsulosin 30 minutes after the same meal each day. Follow the directions on your prescription label carefully. The licensee's Inhalers policy dated August 1, 2021, noted inhaler medications must be administered according to the prescriber's orders and verified with the manufactures requirements per instructions. Medications always need to be administered according to the six rights inhalers - right person - right medication - right time - right route	01760			

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01760	Continued From page 41 - right dose - right chart/record to document that the mediation was taken - compare the information on the electronic medication administration record (EMAR) with the label on the medication container. The following information should be in all the places, name, of individuals, name of the mediation, the strength and dosage of the mediation, the route, the time that the medication was to be given, any special instructions. Read the label and compare the information on the EMAR three times to ensure you haven't made a mistake. - provide resident the opportunity to rinse out mouth. The licensee's Medication Administration-Services Provided by ULP policy dated August 1, 2021, noted: - if resident had an order to crush mediation and/or to mix with food. Whole medications can be given with small amounts of pudding/applesauce to enhance swallowing. Report difficulty to nurse. Never force a patient to take a medication by hiding it in food, unless it is ordered by a medical doctor that medication can be hidden in food or medication reasons. - inhalers come in many different forms and have specific direction for preparing. Ask the resident to inhale and exhale. While the resident holds the exhaled position the nurse/ULP will count one-two-three and have the resident inhale on the mouthpiece on the count of three. Encourage resident to hold their breath as long as comfortable before exhaling. If more than one puff is ordered, the resident needs to wait one minute. Offer/provide a drink to rinse mouth after use.	01760			

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01760	Continued From page 42 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medication was stored according to manufacturer's instructions by maintaining acceptable medication refrigerator temperatures for one of one medication refrigerator. In addition, the licensee failed to ensure medications were secured in one of two medication storage areas (file cabinet). Further, the licensee failed to ensure medication was secured in a locked area for three of six residents (R13, R3, R10). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include:	01880			

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01880	Continued From page 43 MEDICATION STORED ACCORDING TO MANUFACTURER'S RECOMMENDATIONS On March 17, 2025, at 10:56 a.m., during a tour of the facility with clinical nurse supervisor (CNS)-C, the facility's secured medication refrigerator was reviewed. CNS-C stated the current temperature of the medication refrigerator was 40 degrees Fahrenheit (F). CNS-C observed and confirmed the following: - an opened gabapentin 250 milligrams (mg) (nerve pain) container for R11 approximately one quarter full - an unopened Basaglar 100 units/ milliliter (ml) (long-acting) insulin pen for R12. On March 17, 2025, at 12:03 p.m., the medication refrigerator log dated February 1, 2025, through March 16, 2025, was reviewed with CNS-C. The temperature had been recorded 44 opportunities: - ten of the 44 opportunities the temperature of the medication refrigerator was under 36 degrees F. On March 17, 2025, at 12:13 p.m., the directions for temperatures/medication room refrigerator, overnight, daily, were reviewed with CNS-C, which noted: -if temperature was outside of appropriate range, please identify action taken into note section. Action code: A= none, B= raised temperature, C= lowered temperature, D= notified maintenance; E= transfer to another fridge. Medication refrigerator appropriate temperature range: 36 F to 46 F (target is 40 F). CNS-C stated the temperature of the medication refrigerator was to be kept in range. CNS-C added she was not sure if ULPs (unlicensed personnel) had notified maintenance when the medication refrigerator was out of range and if/ or	01880			

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01880	Continued From page 44 any action had been taken. The temperature log dated February 1, 2025, through March 16, 2025, included: - February 6, 2025: 35 F, note: "complete" - February 12, 2025: 31 F, note: 31 - February 17, 2025: 35 F, note: 35 - February 18: 34 F, note: "A" - February 19: 34 F, note: "good" - February 21, 2025: 35 F, note: 35 - February 22, 2025: 35 F, note: "A" - February 22, 2025: 34 F, note: "A" - March 9, 2025: 34 F, note: "A" - March 10, 2025: 34 F note: "A". The manufacturer's instructions for gabapentin oral solution dated August 12, 2024, noted store refrigerated, 36 degrees F to 46 degrees F. The manufacturer's instructions for Basaglar insulin dated July 2021, noted not in use (unopened) refrigerate 36 degrees to 46 degrees F. On March 19, 2025, at 11:27 a.m., licensed assisted living director (LALD)-A stated maintenance had been notified one time the medication refrigerator temperature was out of range. SECURE MEDICATION STORAGE On March 17, 2025, at 10:59 a.m., during a tour of the facility with CNS-C the surveyor observed a file cabinet located next to the locked medication cart in the common's/ dining area of the facility unsecured. CNS-C stated the file cabinet was to be secured. CNS-C observed and confirmed the following: - opened Ben Gay (topical pain ointment) for R6 - opened nystatin (anti-fungal) topical powder for	01880			

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01880	Continued From page 45 R7 - opened Ben Gay for R8 - opened Aspercreme (topical pain ointment) for R9 - opened diclofenac sodium 1% topical gel (arthritis, sprains, gout/ eases pain and reduces inflammation) for R5. On March 17, 2025, at 11:13 a.m., CNS-C stated the file cabinet was to be locked. CNS-C added the licensee was aware of the need to have more locked storage area for resident's items and the licensee had recently purchased another locking medication cart however the licensee was waiting for the key to arrive for the second medication cart. MEDICATION STORAGE ACCORDING TO MEDICATION ASSESSMENT R13 R13's diagnosis included advanced dementia, and cognitive impairment. R13's service plan dated March 6, 2025, included medication administration two times daily. R13's assessment dated February 1, 2025, included: - R13 had advanced dementia and required medication management services provided by facility - all medications were stored in a locked medication cart. On March 18, 2025, at 7:51 a.m., the surveyor observed ULP-J dress, toilet, and provide hair care to R13 while R13 sat on the toilet in R13's bathroom. The surveyor observed several medication containers in R13's unsecured medicine cabinet in R13's bathroom.	01880			

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01880	Continued From page 46 On March 17, 2025, at 8:52 a.m., the contents of R13's unsecured medicine cabinet was reviewed with CNS-C. CNS-C observed and confirmed the following: - two opened TUMS (heart burn) containers - opened acetaminophen 325 milligrams (mg) (mild pain) - opened Tussin (cough syrup). On March 17, 2025, at 8:58 a.m., CNS-C removed the above noted medication from R13's unsecured medicine cabinet. CNS-C stated R13's husband must have brought in the medication for R13 and placed them into R13's medication cabinet. R3 R3's diagnosis included Parkinson's disease (long-term degenerative disorder of the central nervous system that affected the motor system). R3's service plan dated January 8, 2025, included medication administration six times daily. R3's individualized Medication Management Plan dated February 13, 2025, included: - R3 was not able to safely administer medication due to cognition and Parkinson's - medications were kept stored in a locked medication cart. On March 18, 2025, at 6:36 a.m., the surveyor observed ULP-J perform wound care on R3's left foot. The surveyor observed an opened container of antifungal ointment on R3's counter, near some of R3's wound care supplies. On March 18, 2025, at 8:59 a.m., CNS-C stated she did not have a clue where the antifungal	01880			

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01880	Continued From page 47 ointment in R3's room came from. CNS-C confirmed the antifungal medication in R3's room should have been secured. R10 R10's diagnosis included anxiety, chronic inflammatory lung disease (COPD/ causes obstructed airflow from the lungs), shortness of breath, congested heart failure (CHF-condition in which the heart's function as a pump was inadequate to meet the body's needs), and deconditioning. R10's service plan dated February 27, 2025, included medication administration six times daily. R10's individualized medication management plan dated February 26, 2025, included: - medication self-administration not applicable - can correctly state when medications are taken and proper dosage for each? no, frequent medication changes - can demonstrate secure storage for medication kept in room? medication centrally stored in locked medication cart - can correctly administer inhalant medications, yes, PRN (as desired or as needed inhaler) - order received from primary care provider for R10 to keep and self-administer as needed inhaler. On March 18, 2025, at 10:39 a.m., the surveyor observed ULP-B hand R10 a nasal cannula (NC/a lightweight tube which on one end splits into two prongs which are placed in the nostrils to deliver supplemental oxygen) that was lying on R10's bed. ULP-B placed a blood pressure cuff on R10's left arm to obtain a blood pressure reading of 132/79. The surveyor observed an	01880			

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01880	Continued From page 48 opened bottle of normal saline, nasal spray on R10's bedside table and an inhaler. On March 18, 2025, at 10:48 a.m., CNS-C stated R10's nasal spray should not have been at R10's bedside. CNS-C stated R10 had been assessed to have only a rescue inhaler at bedside. The licensee's Refrigerator Temperatures policy dated August 1, 2021, noted, refrigerator temperatures for medications, will be maintained between 36-46 degrees. - to establish baseline of refrigerator temperatures, for two weeks the temperature will be checked every shift. The temperature will be recorded on a flow sheet - after then two-week baseline temperature monitoring, the refrigerator temperature will be checked once a day, on the night shift. The temperature would be recorded on the flow sheet in the night shift binder. The licensee's Storage of Medications policy dated August 1, 2021, noted: - medications will be stored consistent with each individual assisted living resident's medication management plan and service plan - medications managed by the assisted living provider shall be stored to prevent diversion of medications by residents or others who may have access to the medications. Diversion means the misuse, theft, or illegal or improper dispositions of medications - medications managed outside of a resident's private "living space" must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access. The may be a mediation room, medications cart, or similar setup - medication shall be stored consistent with	01880			

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01880	Continued From page 49 manufacturer's recommendations - once opened medications need to be labeled and dated with the open date, expiration date, if applicable. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information, including the expiration date, for time sensitive medications for two of two medication storage areas (file cabinet, medication cart). In addition, the licensee failed to monitor for expired medication for one of five residents (R5). 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	01890			

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01890	Continued From page 50 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On March 17, 2025, at 10:59 a.m., the surveyor and clinical nurse supervisor (CNS)-C reviewed the contents of the medication storage areas. CNS-C observed and confirmed the following: FILE CABINET TIME SENSITIVE INFORMATION - one opened timolol maleate 0.5 % eye solution (high eye pressure) for R8 lacked an open or expiration date - one opened Genteel eye solution (dry eyes) for R2 lacked an open or expiration date COMPLETE MEDICATION INFORMATION - an opened tube of diclogenac sodium (arthritis, sprains, gout/ eases pain and reduces inflammation) for R5, noted: name only (R5), written in black marker (lacked original container in which it was dispensed by the pharmacy bearing the original prescription) - opened Bengay for R8, noted: name only (R8), three times a day (TID), PRN (as desired or as needed) (lacked original container in which it was dispensed by the pharmacy bearing the original prescription). MEDICATION CART TIME SENSITIVE INFORMATION - on opened Breo Ellipta inhaler (chronic inflammatory lung disease) for R4, lacked an open or expiration date - opened Incruse Ellipta inhaler (COPD) for R4, lacked an open or expiration date. The manufacturer's instructions for timolol maleate dated April 23, 2020, noted discard	01890			

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NAME OF PROVIDER OR SUPPLIER VERMILION SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1232 BIRCH STREET NORTH TOWER, MN 55790		
(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
01890	Continued From page 51 solution 28 days after opening the bottle. The manufacturer's instructions Genteal eye solution dated March 20, 2025, noted make sure to use within four weeks of opening the bottle. The manufacturer's instructions Breo Ellipta inhaler dated May 2023, noted Breo Ellipta should be stored inside the unopened moisture-protective foil tray and only removed from the tray immediately before initial use. Discard Breo Ellipta six weeks after opening the foil tray or when the counter reads "0" (after all blisters have been used), whichever comes first. The inhaler is not reusable. Do not attempt to take the inhaler apart. The manufacturer's instructions for Incruse inhaler dated February 2022, noted safely throw away Incruse in the trash six weeks after you open the tray or when the counter reads "0", whichever comes first. Write the date you open the tray on the label on the inhaler. EXPIRED MEDICATION - an opened tube of Aspercreme (pain relief cream) expiration date, November 2024, for R9. On March 17, 2025, at 11:24 a.m., CNS-C stated R9 "never" used Aspercreme. CNS-C confirmed the Aspercreme should have been removed from the medication storage area, as the medication had expired. On March 17, 2025, at 11:13 a.m., CNS-C stated she did not see any opened/expiration dates on any of the opened medications and confirmed the licensee had a widespread issue (not dating time sensitive medication).	01890			

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01890	Continued From page 52 The licensee's Medication Administration- Procedure policy dated August 1, 2021, noted the labels of all medication bottles will be neat and legible. The nurse may never relabel, it must be sent to pharmacy if re-labeling was necessary. The licensee's Storage of Medications policy dated August 1, 2021, noted: -once opened medications need to be labeled and dated with the open date, expiration date, if applicable. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890			
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatments or therapies were administered as prescribed for one of two residents (R1).	01960			

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01960	Continued From page 53 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). The findings include: R1's diagnoses included chronic inflammatory lung disease, hypertension (HTN/high blood pressure), and benign prostatic hyperplasia (BPH/urinary obstruction of lower urinary tract). R1's service plan dated January 10, 2025, indicated R1 received the following services: - oxygen delivery three times daily - oxygen saturation monitoring three times daily - respiratory equipment care every three days - smoking monitoring daily - safety check three times daily - medication administration ten times daily - ambulation assist, twice daily. R1's medication administration record (MAR) dated March 1, 2025, through March 17, 2025, included: - oxygen daily, R1 wears supplemental oxygen at three liters per minute (LPM) per nasal cannula (NC/a lightweight tube which on one end splits into two prongs which were placed in the nostrils to deliver supplemental oxygen) to keep saturation greater than 90%. R1's prescriber order dated May 14, 2024, included the above order.	01960			

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01960	Continued From page 54 R1's assessment dated January 10, 2025, included: - R1 required medication administration service. R1 has an extensive complex medication list with multiple medications and treatments. Nebulizer treatments (small machine that creates a mist out of liquid medication, allowing for quicker and easier absorption of medication into the lungs) four times a day, two different inhalers four times a day, pain patches and pain creams and frequently changing medication and treatments. Appropriately trained staff will administer medications in accordance with facility policy, provider orders, and under the supervision of a RN (registered nurse). Staff to administer medication as ordered - respiratory equipment: Assist R1 with management of oxygen system. Please make sure that the oxygen is set between one-four liters per MD (medical doctor) order. R1 does have grandchildren that visit often. Daughter thinks the grandchildren may have been messing with it (oxygen setting). Staff to assist R1 with switching from concentrator to portable tank when leaving his room. On March 18, 2025, at 7:03 a.m., the surveyor observed unlicensed personnel (ULP)-B prepare R1's morning medication to include oral medication and a Symbicort inhaler (COPD). ULP-B handed the inhaler to R1. R1 shook the inhaler and inhaled twice. R1 handed the inhaler back to ULP-B. On March 18, 2025, at 8:49 a.m., clinical nurse supervisor (CNS)-C stated R1 has some confusion and required ULPs to administer all medication. OXYGEN	01960			

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01960	Continued From page 55 On March 18, 2025, at 8:05 a.m., the surveyor observed R1 sitting at the dining room table not wearing/using oxygen. On March 18, 2025, at 8:07 a.m., ULP-B stated R1 ambulated to the dining area himself. On March 18, 2025, at 8:10 a.m., the surveyor observed R1 in the hallway ambulating back to his room with aid of a four wheeled walker. R1 was making audible sounds as he ambulated down the hallway. In addition, occasionally R1 would cough as he ambulated. On March 18, 2025, at 8:12 a.m., R1 was observed in his room reaching for his NC. On March 18, 2025, at 8:14 a.m., R1 applied the NC. On March 18, 2025, at 8:50 a.m., CNS-C stated R1 received ambulation assist and that "someone" (ULP) was supposed to be ambulating with R1. On March 18, 2025, at 9:04 a.m., ULP-J stated R1 ambulated to the dining room independently to breakfast. R1 was not observed to use oxygen as prescribed while in the dining area or in the hallway (continuously). On March 18, 2025, at 10:49 a.m., CNS-C stated at times R1 refused to use oxygen, but a ULP should have asked/reminded R1 of oxygen use. CNS-C stated R1 had the right to refuse oxygen use but he should have been asked and ULP should have documented refusal of oxygen use. CNS-C stated the facility considered oxygen a	01960			

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01960	Continued From page 56 medication. INCENTIVE SPIROMETER (device that will expand your lungs by helping you breathe more deeply and fully. It measures how much air you can breathe into your lungs). R1's nurse note dated February 8, 2025, included: -change of condition assessment completed following hospital stay for chronic bronchitis and pneumonia. R1 to follow up with primary care provided for CBC (complete blood count/lab test) in five to seven days, follow up chest x-ray in one to two months. Use incentive spirometer every hour while awake. Azithromycin (antibiotic) ordered for three days. Cefdinir (antibiotic) ordered for five days, budesonide-formoterol inhaler (COPD) added. On March 18, 2025, at 11:02 a.m., R1's record was reviewed with CNS-C, which included the nurse's note that included, R1 to use incentive spirometer every hour while awake. R1's record did not include assistance with incentive spirometer or an order to discontinue use of incentive spirometer. On March 18, 2025, at 11:08 a.m., CNS-C stated she should have spoken to R1 about the incentive spirometer order, but she did not. CNS-C stated she should have got an order to discontinue the incentive spirometer order, but she never did. The licensee's Medication & Treatment Orders-Implementing policy dated August 1, 2021, noted upon receipt of a medication and/or treatment order, whether new or changed of an order from	01960			

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01960	Continued From page 57 an authorized prescriber, a licensed nurse must take action to implement the order within 24 hours. The licensee's Medication & Treatment Management Plan(s) policy dated August 1, 2021, noted the ULP must demonstrate their ability to competently follow the delegated medication administration and treatment services to a registered nurse. The licensee's Ambulation Assistance policy dated August 1, 2021, noted, assist with ambulation as indicated in the resident's plan of care/assignment form. The licensee's Inhalers policy dated August 1, 2021, noted inhaler medications must be administered according to the prescriber's orders and verified with the manufactures requirements per instructions. Medications always need to be administered according to the six rights inhalers - right person - right medication - right time - right route - right dose - right chart/record to document that the mediation was taken Read the label and compare the information on the EMAR (electronic) three times to ensure you haven't made a mistake. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960			

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02310	Continued From page 58	02310			
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for tobacco products to include lighter storage, and storage of cleaning products. Further, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for storage of oxygen for one of three residents (R10) with an oxygen tank. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The assisted living held a dementia care license with a current census of 20 residents. On March 17, 2025, at 10:12 a.m., during the entrance conference licensed assisted living director (LALD)-A and clinical nurse supervisor	02310			

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02310	Continued From page 59 (CNS)-C stated the facility was licensed for dementia care. On March 17, 2025, at 10:47 a.m., during a tour of the facility with CNS-C, CNS-C observed and confirmed the following: FILE CABINET/unlocked TOBACCO - five packs of Monego (brand) cigarettes for R10 and/or R6 - one pack of Camel cigarettes for R10 and/or R6 - one bag of unopened Privateer (brand) tobacco for R5. LIGHTER - one used lighter, "warning label: keep away from children" visible. On March 17, 2025, at 11:24 a.m., CNS-C stated she was not sure who's cigarettes were who's. CNS-C stated the file cabinet was to be locked. CNS-C added the licensee was aware of the need to have more locked storage area for resident's items and the licensee had recently purchased another locking medication cart however the licensee was waiting for the key to arrive for the second medication cart. HOUSEKEEPING CART On March 17, 2025, at 1:48 p.m., the surveyor observed an unattended housekeeping cart positioned in a hallway. On both sides of the hallway were resident rooms, with doors opened. The surveyor did not observe a staff in site of the housekeeping cart. CNS-C observed and confirmed the following: - container of window glass & cleaner approximately one quarter full - opened Peroxy cleaner	02310			

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02310	Continued From page 60 - opened Lysol, Power Clinging Gel container - opened Lysol Multi-Surface cleaner - opened Pledge Lemon Clean container - opened Lysol Dual Action wipes - opened Zep Streak-Free glass cleaner - opened Roto-Rooter Gel Clog remover - opened Fresh Enzyme Spotter. The material safety data sheet for window glass and more dated March 4, 2025, noted avoid contact with skin, eyes, and clothing. Keep out of reach of children and pets. The material safety data sheet for Peroxy dated December 18, 2023, noted causes skin irritation, causes serious eye irritation, may be harmful if swallowed. Inhalation of vapors or mist may cause respiratory irritation The material safety data sheet for Lysol Cling Gel Toilet Bowl Cleaner, dated December 20, 2005, noted keep out of reach of children. Avoid contact with eyes. Do not mix with bleach or other household chemicals as harmful fumes may result. Do not allow to come in contact with nay surfaces other than the inside of the toilet bowl. Store in a secure, cool location, inaccessible to children and pets. The material safety data sheet for Lysol (Kills 999% of viruses & bacteria) multi-surface cleaner (all scents) dated July 9, 2010, noted: keep out of reach of children. Causes moderate eye irritation. Avoid eye contact. May be irritating to sensitive skin or in the case or prolonged contact with the liquid. The material safety data sheet for Pledge Lemon dated July 15, 2005, noted keep out of the reach of children. Avoid contact with skin and eyes.	02310			

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02310	Continued From page 61 Avoid breathing vapors or mists. Use only in well-ventilated areas. The material safety data sheet for Zep Streak-Free dated May 24, 2018, noted avoid contact with skin and eyes. Smoking, eating and drinking should be prohibited in the application area. The material safety data sheet for Roto-Rooter dated February 11, 2020, noted causes skin irritation, causes serous eye irritation. If skin irrigation occurred, get medical advice/attention. Wear protective gloves/eye protection/face protection. The material safety data sheet for Fresh Enzyme Spotter dated March 2, 2020, noted causes serous eye irritation, suspected of damaging fertility or the unborn child. Use personal protective equipment as required. May be harmful if swallowed. May cause skin irritation. Inhalation of vapors or mist may cause respiratory irritation. Keep out of reach of children. Directly after the above observation CNS-C stated she told "them" (ULPs) that they were to "park" the housekeeping cart in the laundry room when the ULP was not in direct site of the housekeeping cart. CNS-C added ULPs were taught not to leave the housekeeping cart in the hallway unattended. CNS-C stated the newer ULPs may not have been at that meeting when the housekeeping cart's location was discussed. On March 17, 2025, at 1:51 p.m., ULP-B stated he had not been "talked to" (taught) where the housekeeping cart was to be kept. ULP-B added it was not the "best idea" to leave the housekeeping cart in the hallway unattended	02310			

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02310	Continued From page 62 because of the chemicals on the housekeeping cart. OXYGEN STORAGE On March 18, 2025, at 5:38 a.m., the surveyor observed ULP-L place an SpO2 monitor (monitor that displays a reading of how saturated the resident's blood was with oxygen) on R10's finger to obtain a reading of 96%. R10 was lying in bed wearing a nasal cannula (NC/a lightweight tube which on one end splits into two prongs which were placed in the nostrils to deliver supplemental oxygen). Near R10's bed was a four-wheel walker with a basket attached. In the attached basket was an unsecured tall oxygen tank. The tall oxygen tank was partially leaning to one side. ULP-L stated the oxygen tank was "always" in R10's walker "like that" (unsecured). On March 18, 2025, at 1:58 p.m., CNS-C stated R10's oxygen tank should have been secured. The Minnesota Home Care Bill of Rights for Assisted Living Residents dated November 8, 2022, noted residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to date service plan subject to accepted health care standards. The licensee's Oxygen policy dated August 1, 2021, noted oxygen cylinders and vessels must remain upright at all times in a tank holder. Never tip an oxygen cylinder or vessel on its side or try to roll it to a new location. The licensee's Smoking {policy dated August 1, 2021, noted residents would be assessed for safe smoking habits, will smoke in designated areas only, and will store smoking materials, lighters	02310			

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02310	Continued From page 63 and electronic cigarettes in designated areas: - smoking materials, lighters & electronic cigarettes will be kept in the medication room - smoking materials, lighters & electric cigarettes will be distributed per the resident's care plan - smoking materials, lighters and electronic cigarettes would be returned to staff on duty upon resident's return from designated smoking area. Minnesota Department of Health guidance, Oxygen Cylinder Storage Requirements, dated April 16, 2020, indicated oxygen cylinders must be secured (chains or racks) to prevent them from falling over. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310			
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. 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 was followed for one of three employees (unlicensed personnel (ULP)-D).	02320			

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02320	Continued From page 64 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). The findings include: ULP-D was hired on October 21, 2024, to provide direct care services under the Assisted Living Facility license. ULP-D's employee record included: -medication administration training and competency completed on November 7, 2024. On March 17, 2025, at 3:06 p.m., the surveyor and clinical nurse supervisor (CNS)-C observed ULP-D administer two 325 milligrams (mg) tablets of acetaminophen (mild pain) as desired or as needed (PRN) medication to R13 who was seated in the dining/common's area. ULP-D removed gloves and used sanitizer. ULP-D asked R13 if R13 would like some juice or a yogurt. The surveyor and CNS-C did not observe ULP-D document R13's PRN medication as administered. On March 17, 2025, at 3:14 p.m., CNS-C stated ULP-D should have documented R13's PRN medication administration right after the medication was given. On March 17, 2025, at 3:17 p.m., ULP-D documented R13's PRN medication administration. ULP-D stated she was trained to	02320			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30498	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER VERMILION SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1232 BIRCH STREET NORTH TOWER, MN 55790			
(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
02320	Continued From page 65 document medication administration right after medication was administered. ULP-D confirmed she did not document R13's medication as administered directly after medication administration. The licensee's Medication Administration-Services Provided by Unlicensed Personnel policy dated August 1, 2021, noted a registered nurse (RN) must instruct the ULP on the following medication administration tasks before delegating the task to them: -the documenting after assistance with medications reminder or medication administration, of the name, time, dosage, and method of administration of all medications, or the reason for not assisting with medication administration as ordered, and the initials of the nurse or authorized person who assisted or administered and observed the same. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320			
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 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	02410			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30498	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER VERMILION SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1232 BIRCH STREET NORTH TOWER, MN 55790		
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02410	Continued From page 66 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 was maintained for two of four residents (R1, R4) while receiving services. 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). The findings include: PERSONAL CARES R1 R1's diagnoses included chronic inflammatory lung disease and benign prostatic hyperplasia (BPH/urinary obstruction of lower urinary tract).	02410			

Minnesota Department of Health

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02410	Continued From page 67 R1's service plan dated January 10, 2025, indicated R1 received the following services: - medication administration ten times daily - catheter care (a tube placed in the body to drain and collect urine from the bladder) three times daily and record output three times daily. On March 17, 2025, at 1:02 p.m., the surveyor observed unlicensed personnel (ULP)-B enter R1's room. R1 was seated in a recliner chair within direct view of the door to the hallway. ULP-B picked up a nebulizer mask (nebulizer/ small machine that creates a mist out of liquid medication, allowing for quicker and easier absorption of medication into the lungs) that was positioned near R1 and took the mask to the bathroom. ULP-B cleaned the nebulizer mask and set it on a clean towelette in the bathroom to dry. ULP-B washed hands and applied gloves. ULP-B picked up a basin which was in the bathroom and took the basin to the recliner R1 was seated in. The surveyor did not observe ULP-B close R1's door. ULP-B stated, "let's check that" (catheter leg bag) and lifted up R1's left pant leg. ULP-B used correct technique to empty the urine from R1's leg bag into the basin. ULP-B took the basin that contained R1's urine to the bathroom and drained 250 cubic centimeters (cc) of urine into the toilet. ULP-B removed gloves, washed hands, returned to R1's chair side and lowered R1's left pant leg. On March 17, 2025, at 1:07 p.m., ULP-B stated R1 left his door open all day, and it was not required to close R1's door or to offer that service (suggest to R1 to close door for privacy). On March 17, 2025, at 2:18 p.m., clinical nurse supervisor (CNS)-C stated ULP-B should have	02410			

Minnesota Department of Health

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02410	Continued From page 68 shut R1's door. CNS-C stated when she goes to R1's room to check his skin she always shuts the door as it is a dignity issue to leave R1's door open while doing cares. CNS-C added at times R1 will tell her to leave the door open and CNS-C stated she closes R1's door and R1 lets her (CNS-C) close R1's door. MEDICATION ADMINISTRATION R4 R4's diagnosis included COPD, and schizoaffective disorder (mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions and mood disorder, such as depression or mania). R4's service plan dated February 14, 2025, indicated R4 received medication administration six times daily. On March 18, 2025, at 7:10 a.m., the surveyor observed ULP-B prepare R4's morning medication to include oral medication, two inhalers (Incruse 62.5 microgram (mcg) inhaler (lung disease), Breo Ellipta 100/25 mcg inhaler (lung disease) and Refresh liquid eye (dry eye) solution. The surveyor observed R4 seated in the dining room table. There were three unidentified residents seated in the dining area. ULP-B gathered two cups, one with water and one empty along with R4's medication and went to the table where R4 sat. The surveyor did not observe ULP-B offer privacy to R4. ULP-B told R4 "you should really be rinsing and spitting" after inhalers. ULP-B handed R4 the oral medication and R4 swallowed the oral medication. ULP-B handed R4 the Incruse inhaler, and R4 used that inhaler. ULP-B then handed R4 the Breo Ellipta inhaler and R4 used that inhaler. ULP-B	02410			

Minnesota Department of Health

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02410	Continued From page 69 instructed R4 to rinse and spit into the empty glass. ULP-B asked R4 to tip her head back and ULP-B administered an eye drop into each of R4's eyes. ULP-B offered R4 a tissue. R4 stated she had never rinsed or spit "before" after using an inhaler. On March 18, 2025, at 8:51 a.m., CNS-C stated ULPs are not to do eye drops at the dining room table. CNS-C stated R4's inhaler should not have been administered at the table either. CNS-C stated she had told them (ULPs) that (medications such as eye drops and inhalers should not be administered at the table.) The licensee's Inhalers policy dated August 1, 2021, noted provide privacy for the individual. Tell him/her what you are going to do. The Minnesota Bill of Rights for Assisted Living Residents dated November 8, 2022, noted 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. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02410			
02430 SS=E	144G.91 Subd. 15 Confidentiality of records (a) Residents have the right to have personal, financial, health, and medical information kept	02430			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30498	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/19/2025
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02430	Continued From page 70 private, to approve or refuse release of information to any outside party, and to be advised of the assisted living facility's policies and procedures regarding disclosure of the information. Residents must be notified when personal records are requested by any outside party. (b) Residents have the right to access their own records. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure resident's personal health and medical information was kept private for two of three unlicensed personnel (ULP)-D, ULP-B). This had the potential to affect all residents residing at the assisted living 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, 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). The findings include: ULP-D On March 17, 2025, at 3:06 p.m., the surveyor and clinical nurse supervisor (CNS)-C observed ULP-D administer two 325 milligram (mg) tablets acetaminophen (mild pain) as desired or as needed (PRN) medication to R13 who was seated in the dining, open common's area. ULP-D left the computer monitor open with R13's	02430			

Minnesota Department of Health

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02430	Continued From page 71 MAR visible. The surveyor observed two residents seated in a common's area near the dining room at the time the computer screen was left open and R13's medical information visible. Directly after the above observation, CNS-C stated the computer screen should have been closed and CNS-C offered to close the computer screen. On March 17, 2025, at 3:14 p.m., ULP-D closed the computer screen and stated the computer screen was to be closed when not in use. ULP-B On March 18, 2025, at 6:57 a.m., the surveyor observed ULP-B document medication administration for R14. ULP-B reviewed R1's MAR, prepared R1's medication, and got a clean pair of gloves. ULP-B walked to a coffee station area on the other side of the common's area. ULP-B had not closed the computer screen. ULP-B started to walk down the hallway with R1's morning medication. The surveyor asked ULP-B if the computer screen should be left in the raised position with resident medical information visible. ULP-B stated, "oh yeah, I tend to do that" (leave computer screen up and visible). ULP-B lowered the computer screen. The Minnesota Bill of Rights for Assisted Living Residents dated November 8, 2022, noted residents have the right to have personal, financial, health, and medical information kept private, to approve or refuse release of information to any outside party, and to be advised of the assisted living facility's policies and procedures regarding disclosure of the information.	02430			

Minnesota Department of Health

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02430	Continued From page 72 The licensee's Resident Record-Confidentiality policy dated August 1, 2021, noted resident records would be kept confidential and locked in a secure area where only assisted living staff of the community had access. The licensee's Resident Record policy dated August 1, 2021, noted, resident record whether written or electronic would be protected against loss, tampering or unauthorized disclosure. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02430			

Type: Follow-Up
Date: 03/24/25
Time: 09:20:00
Report: 7983251071

Food and Beverage Establishment Inspection Report

Page 1

Location:

Vermilion Senior Living
1232 Birch Street North
Tower, MN55790
St. Louis County, 69

Establishment Info:

ID #: 0038539
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2187537788
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 03/17/25 have NOT been corrected.

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.

A METHOD TO MEASURE THE SURFACE TEMPERATURE OF UTENSILS THAT ARE CLEANED AND SANITIZED IN THE WAREWASHING MACHINE WAS NOT PROVIDED.

Issued on: 03/17/25

Comply By: 03/24/25

2-100 Supervision

2-102.12AMN

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

THE CERTIFIED FOOD PROTECTION MANAGER'S CERTIFICATE HAS EXPIRED.

Issued on: 03/17/25

Comply By: 04/08/25

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

THE SHROUD ON THE FAN IN THE STOREROOM WAS DUSTY.

Issued on: 03/17/25

Comply By: 03/24/25

Type: Follow-Up
Date: 03/24/25
Time: 09:20:00
Report: 7983251071
Vermilion Senior Living

Food and Beverage Establishment
Inspection Report

No NEW orders were issued during this inspection.

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

GENERAL COMMENTS:

- 1) Follow-up inspection re. raw shell eggs.
- 2) Pasteurized shell eggs have been obtained.

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 7983251071 of 03/24/25.

Certified Food Protection ManagerKaren Heikkila

Certification Number: 109722 Expires: 02/08/25

Inspection report reviewed with person in charge and emailed.

Signed: Karen Heikkila
Person in Charge

Signed: 7983
Gary Collyard
Public Health Sanitarian III
218-940-9306
gary.collyard@state.mn.us

Type: Full
Date: 03/17/25
Time: 11:00:00
Report: 7983251070

Food and Beverage Establishment Inspection Report

Page 1

Location:

Vermilion Senior Living
1232 Birch Street North
Tower, MN55790
St. Louis County, 69

Establishment Info:

ID #: 0038539
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2187537788
ID #:

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

The following orders were issued during this inspection.

3-800 Highly Susceptible Populations

3-801.11C

**** Priority 1 ****

MN Rule 4626.0447C Discontinue serving raw or partially cooked animal foods or sprouts to a highly susceptible population.

RAW EGGS DID NOT APPEAR TO BE PASTEURIZED. THROUGH DISCUSSION IT WAS DISCOVERED THAT UNDERCOOKED EGGS MAY BE SERVED TO RESIDENTS. UNPASTEURIZED EGGS MUST BE COOKED TO A MINIMUM TEMPERATURE OF 145 F.

Comply By: 03/17/25

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.

A METHOD TO MEASURE THE SURFACE TEMPERATURE OF UTENSILS THAT ARE CLEANED AND SANITIZED IN THE WAREWASHING MACHINE WAS NOT PROVIDED.

Comply By: 03/24/25

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment. THE CERTIFIED FOOD PROTECTION MANAGER'S CERTIFICATE HAS EXPIRED.

Comply By: 04/08/25

Type: Full
Date: 03/17/25
Time: 11:00:00
Report: 7983251070
Vermilion Senior Living

Food and Beverage Establishment Inspection Report

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

THE SHROUD ON THE FAN IN THE STOREROOM WAS DUSTY.

Comply By: 03/24/25

Food and Equipment Temperatures

Process/Item: Warewashing Machine

Temperature: 154 Degrees Fahrenheit - Location: Wash water temperature.

Violation Issued: No

Process/Item: Warewashing Machine

Temperature: 181 Degrees Fahrenheit - Location: Rinse water temperature.

Violation Issued: No

Process/Item: Warewashing Machine

Temperature: 160 Degrees Fahrenheit - Location: Utensil surface temperature.

Violation Issued: No

Process/Item: Upright Refrigerator

Temperature: 39 Degrees Fahrenheit - Location: Meatloaf in the True double-door upright refrigerator.

Violation Issued: No

Process/Item: Upright Freezer

Temperature: N/A Degrees Fahrenheit - Location: Food in the Beverage Air double-door upright freezer was frozen solid.

Violation Issued: No

Process/Item: Cooking

Temperature: 201 Degrees Fahrenheit - Location: Corned beef.

Violation Issued: No

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

GENERAL COMMENTS:

1) Discussed excluding food employees ill with vomiting or diarrhea, eliminating bare hand contact with ready-to-eat food, ensuring that in-house inspections of daily operations are conducted on a periodic basis to ensure that food safety policies and procedures are followed, and cooling.

2) Provided an illness reporting fact sheet, an employee illness decision guide, an employee illness log, a vomit cleanup poster, a temperature requirement fact sheet, a cooling fact sheet, a certified food protection manager fact sheet, and a highly susceptible population fact sheet.

3) Hamburgers are cooked to temperature. Steaks are not served.

Type: Full
Date: 03/17/25
Time: 11:00:00
Report: 7983251070
Vermilion Senior Living

Food and Beverage Establishment Inspection Report

Page 3

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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 7983251070 of 03/17/25.

Certified Food Protection Manager Karen Heikkila

Certification Number: 109722 Expires: 02/08/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Karen Heikkila
Person in Charge

Signed: 7983

Gary Collyard
Public Health Sanitarian III
218-940-9306
gary.collyard@state.mn.us