Electronically Delivered

April 12, 2024

Licensee
Serenity Living Solutions Of Black Duck LLC
441 4th Street Northeast
Blackduck, MN 56630

RE: Project Number(s) SL21164016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 20, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21164	A. BUILDING: _____ B. WING _____	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING SOLUTIONS OF BLACK DU(	441 4TH STREET NE BLACKDUCK, MN 56630

(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 ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL21164016 On March 19, 2024, through March 20,2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 11 residents receiving services under the Assisted Living 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 License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 115 SS=F	144G.10 Subd. 2 Licensure categories (a) The categories in this subdivision are established for assisted living facility licensure.	0 115		

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0 115	Continued From page 1 (1) The assisted living facility category is for assisted living facilities that only provide assisted living services. (2) The assisted living facility with dementia care category is for assisted living facilities that provide assisted living services and dementia care services. An assisted living facility with dementia care may also provide dementia care services in a secured dementia care unit. (b) An assisted living facility that has a secured dementia care unit must be licensed as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an assisted living with dementia care license was in place to meet compliance with having a secured unit. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee was licensed as an assisted living facility. During the entrance conference on March 19, 2024, at approximately 12:40 p.m., licensed assisted living director (LALD)-C confirmed the licensee was considered secured with keypad access at each entry.	0 115		

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0 115	Continued From page 2 During the facility tour on March 19, 2024, at approximately 12:00 p.m. ,director of nursing (DON)-A confirmed only "some" of the residents were provided the access code for the main entrance. DON-A stated staff and visitors were provided the access code and the access code was also placed on the keypad to use to exit. R1 R1 was admitted on December 18, 2023. R1's diagnoses included, but were not limited to, dementia with behavioral disturbance. R1's admission assessment last updated on December 18, 2023, indicated R1's evacuation acuity to be a level 4. R1 required continuous nursing care and staff observation at all times related to dementia. R1 was assessed as not able to demonstrate ability to call for help in emergencies or activate emergency call system due to dementia. R2 R2 was admitted on January 31, 2024. R2's diagnoses included, but were not limited to, dementia without behavior disturbance. R2's admission assessment dated January 31, 2024, indicated R2's evacuation acuity to be a level 2. R2 was ambulatory and required moderate care and required assistance in evacuation and supervision 24 hours/day, 7 days/week due to dementia. R2 was assessed as unable to demonstrate ability to activate a facility wide call system. R2 was also assessed to be at risk for elopement/wandering and required secured doors with staff present in building 24 hours per day.	0 115		

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0 115	Continued From page 3 On March 19, 2024, at 12:20 p.m., R2 was observed to be standing at the main exit asking where her parents were. On March 19, 2024, at 12:45 p.m., R2 was observed to be standing by the door to the main exit looking out the window and asking what she should do. On March 19, 2024, at 1:50 p.m., an interview with DON-A and LALD-C was conducted. DON-A stated the decision for the application of the assisted living license was based off of the company's other licensed assisted living facilities. LALD-C stated they were in the process of getting quotes to have a fence placed to provide residents access to a secured outside area. LALD-C stated the owner was planning to apply for an assisted living dementia care license but needed to bring the building up to date with the requirements to have this type of license. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) Days	0 115		
01750 SS=F	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	01750		

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01750	Continued From page 4 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 prior to delegating nursing tasks including administration of oral medications and insulin pens, the registered nurse (RN) trained the unlicensed personnel (ULP) in the proper methods to perform the task or procedure for each resident. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: ULP-B started employment and began providing services on March 27, 2023, under the licensee's assisted living license. ULP-B's employee record indicated they received training in delegated tasks on March 31, 2023, from licensed practical nurse (LPN)-D. ULP-B's record indicated LPN-D provided training in delegated tasks and that director of nursing (DON)-A ensured ULP-B demonstrated competency in performing delegated tasks including competency for the administration of oral medications and insulin pens.ULP-B's employee record lacked training in delegated tasks by an RN.	01750		

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01750	Continued From page 5 On March 19, 2024, at approximately 2:15 p.m., DON-A confirmed ULP-B's record lacked documentation of training by an RN in delegated procedures and stated she was always told as long as an RN ensured ULP's administrated competency in performing a delegated task, an LPN could train them to complete the delegated task. The licensee's Orientation and Training policy dated August 1, 2021, indicated a registered nurse, prior to the delegation of services, must ensure the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and are able to demonstrate the ability to competently follow the procedures and perform the tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		

DEPARTMENT OF HEALTH

Type: Full
Date: *03/19/24*
Time: 13:28:27
Report: 1019241022

Food and Beverage Establishment Inspection Report

Location:

Serenity Lvg Sltns Blackduck
441 4th Street Ne
Blackduck, MN56630
Beltrami County, 04

Establishment Info:

ID #: 0039083
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2188354564
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 163 F Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 40 F Degrees Fahrenheit - Location: REACH IN COOLER
Violation Issued: No

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

DISCUSSION:
LIMITED USE OF NON-PASTEURIZED EGGS,
COOLING LOGS/TECHNIQUES TO SAFELY COOL FOOD ITEMS.

Type: Full
Date: *03/19/24*
Time: 13:28:27
Report: 1019241022
Serenity Lvg Sltns Blackduck

Food and Beverage Establishment Inspection Report

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the inspection report number 1019241022 of 03/19/24.

Certified Food Protection Manager: SARAH R. HEIDE

Certification Number: FM 97225 Expires: 07/31/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
SARAH R. HEIDE
CFPM

Signed: _____
Jared Morrill
Sanitarian
Bemidji
218 308-2128