DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

December 20, 2022

Administrator
Vista Prairie At Windmill Ponds
715 Victor Street
Alexandria, MN 56308

RE: Project Number(s) SL21642015

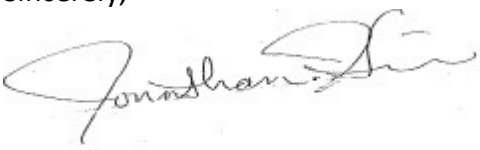
Dear Administrator:

On December 2, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the September 9, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,



Jonathan Hill, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3993 Fax: 651-215-9697

PMB

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 18, 2022

Administrator
Vista Prairie At Windmill Ponds
715 Victor Street
Alexandria, MN 56308

RE: Project Number(s) SL21642015

Dear Administrator:

On October 7, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on September 9, 2022. This follow-up evaluation determined your facility had corrected all of the state licensing orders issued pursuant to the September 9, 2022 evaluation.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on September 9, 2022, found not corrected at the time of the October 7, 2022, follow-up evaluation and/or subject to penalty assessment are as follows:

2310-Appropriate Care And Services-144g.91 Subd. 4 - $3,000.00

The details of the violations noted at the time of this follow-up evaluation completed on October 7, 2022 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order by the correction order date. The commissioner may request a copy of this documentation and the assisted living facility's action to respond to the correction orders in future evaluations, upon a complaint investigation, and as otherwise needed.

IMPOSITION OF FINES:

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.

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please send your written request via email to the following:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970
Health.HRD.Appeals@state.mn.us

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. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

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.

We urge you to review these orders carefully. If you have questions, please contact Casey DeVries at 651-201-5917 .

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Sincerely,

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21642	A. BUILDING: _____ B. WING _____	R 10/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT WINDMILL PONDS	715 VICTOR STREET ALEXANDRIA, MN 56308

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 000}	Initial Comments Initial comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: SL21642015-1 On October 5, 2022, through October 7, 2022, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on September 9, 2022. At the time of the survey, there were 58 residents receiving services under the Assisted Living license. As a result of the revisit, correction order 2310 is reissued.	{0 000}	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care/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 144A.474 subd. 11 (b) (1) (2) -or- 144G.31 subd. 1, 2 and 3	

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{0 800}	Continued From page 1	{0 800}		
{0 800} SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: No further action required.	{0 800}		
{01620} SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a	{01620}		

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{01620}	Continued From page 2 prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: No further action required.	{01620}		
{02310} SS=I	144G.91 Subd. 4 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 interview and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for two of two residents (R6, R7) with siderails. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: R6 On October 5, 2022, at 3:49 p.m., licensed assisted living director (LALD)-A provided the	{02310}		

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{02310}	Continued From page 3 surveyor with R6's Informed Consent for Physical Devices dated September 16, 2022, Bedrail Assessment dated September 13, 2022, VPC Assessment dated September 8, 2022, and Service Agreement dated September 2, 2022. R6's diagnoses included heart failure, hypertension (elevated blood pressure), and chronic diastolic heart failure. R6's assessment dated September 8, 2022, and electronically signed by registered nurse (RN)-C on September 16, 2022, indicated R6 was incontinent of bladder and required staff assist to manage incontinent products, required assist with bathing, assistance with hearing aids, decreased range of motion and required supervision with bed mobility. R6's Bedrail Assessment dated September 13, 2022, and signed electronically September 14, 2022, by RN-B and updated October 6, 2022, (after survey entrance) indicated R6 used a left and right side 1/2 rail. LALD-A indicated a new hospital bed had been delivered to R6 by a county case manager on or around September 13, 2022, and education, risk vs benefit was completed at that time. The Bedrail Assessment indicated "yes" bedrails were installed per manufacturer guidelines. However, the bedrail assessment indicated the resident would not allow measurements to be taken of the siderails. On October 6, 2022, at 9:50 a.m., the surveyor requested documentation to show a review of the manufacturer guidelines was completed by licensee's nurse. LALD-A stated, "The rails were not measured, no, he would not allow it, he is a unique individual and may think we won't let him have them if we measure them." LALD-A was	{02310}		

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{02310}	Continued From page 4 unable to provide documentation of manufacturer guidelines review or that the siderails were assessed for proper installation. LALD-A confirmed R6 did not have any cognitive impairments or diagnosis that would prevent understanding of the siderail measurement process. R6's service plan dated September 2, 2022, indicated R6 received assistance with the following services: medication administration, bathing, meals, application and removal of compression stockings (TEDs), application and removal of BiPAP (a form of non-invasive ventilation therapy used to help you breathe), wound care, hearing aids, vital signs monthly, grooming, housekeeping and laundry. R6's Nursing Assessment dated September 8, 2022, indicated R6 required bed mobility supervision. R6's service plan did not include bed mobility supervision. On October 6, 2022, the surveyor requested documentation staff were monitoring R6's use of bedrails, as indicated in the nursing assessment. LALD-A was unable to provide the requested documentation and stated, "it looks like this one [bedrail monitoring service] is put in under an as needed (PRN), it's not coming up daily or every shift. It was discontinued by the county case manager." R7 On October 5, 2022, at 3:49 p.m., LALD-A provided the surveyor with R7's Informed Consent for Physical Devices dated September 13, 2022, Bedrail Assessment dated September 13, 2022, and October 5, 2022, VPC Assessment dated September 13, 2022, and Service Agreement dated October 3, 2022.	{02310}		

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{02310}	Continued From page 5 R7's diagnoses included congestive heart failure, history of falling, and anxiety disorder. R7's VPC Assessment dated September 13, 2022, indicated R7 had mild cognitive impairment and short-term memory impairment. Ambulation required the use of a walker, bathing with staff assistance, and R7 had completed physical therapy within the last year due to falls. R7's Bedrail Assessment dated September 13, 2022, electronically signed by RN-C on October 5, 2022, (after survey entrance) and updated October 6, 2022, by RN-B indicated R7 used a left side 1/4 rail. The Bedrail Assessment indicated "yes" bedrails were installed per manufacturer guidelines and the consumer bedrail was installed by family upon admission. The Bedrail Assessment further indicated the FDA bedrail brochure had been given to the family on admit and alternatives to the siderail was discussed "per brochure." On October 5, 2022, at approximately 10:00 a.m., the surveyor interviewed LALD-A and RN-B and requested documentation showing the manufacturer guidelines for R7's siderails had been reviewed and the consumer siderail was assessed for safety by licensee's nurse. LALD-A stated, "not that I'm aware of, there is nothing in his chart, we went down and looked at it to see what kind it was. We went online to see if we could find something on it to send to you." The surveyor asked when R7's siderail was installed and LALD-A stated, "November 15, 2021." On September 7, 2022, an initial survey was conducted by the Minnesota Department of Health (MDH) and an immediate order was issued pertaining to bedrails/siderails. On	{02310}		

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{02310}	Continued From page 6 September 8, 2022, licensee submitted a correction plan as part of the licensee's correction process to lift the immediate order outlining several steps that would be taken by licensee to be in compliance with siderails. The steps included the following: - audit of all residents completed; - audit records of residents with bed rails to assure assessments are complete; - audit bed rails for safety, ensure that resident/resident representative are aware of risks vs benefits; and - the deficiencies would be corrected by September 9, 2022. On October 6, 2022, at approximately 12:30 p.m., the surveyor interviewed LALD-A, RN-B, and Organization Director of Clinical Services (ODCS)-I. LALD-A and ODCS-I verified the licensee had not completed the correction plan facility-wide as of the follow up survey date October 5, 2022, and failed to meet assessment and documentation requirements for R6 and R7 pertaining to the safety and use of siderails. LALD-A and RN-B reviewed progress notes during the interview, as directed by ODCS-I, and were unable to locate or provide lacking documentation pertaining to siderails for R6 and R7. On October 6, 2022, at 1:20 p.m., the surveyor received updated VPC assessments, bedrail assessments and service plans for R6 and R7 dated October 6, 2022, from LALD-A. The licensee's policy dated July 23, 2022, indicated the RN or designee would evaluate whether a siderail appeared to be safe for a resident and the RN would educate the resident, residents representative or family members about	{02310}		

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{02310}	Continued From page 7 risks related to side rails and if the resident's siderail does not appear to meet FDA standards, the RN would recommend to the resident, representative or family member that siderail be removed and would recommend alternative options to reduce the risk of a fall out of bed. The RN would document the conversation and recommendations. Additionally, the policy indicated for consumer beds with portable assistive devices licensee would follow manufacturer's guidelines for installation. The MDH Assisted Living Resources and frequently asked questions (FAQ) information available to the public and providers, pertaining to siderail use, indicated an assessment of an individual be completed to ensure the individual is an appropriate candidate for a siderail and individualized to each residents risks prior to initiating siderails. The FDA "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe". No further information was provided.	{02310}		

Electronically Delivered

September 19, 2022

Administrator
Vista Prairie At Windmill Ponds
715 Victor Street
Alexandria, MN 56308

RE: Project Number(s) SL21642015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on September 9, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services - $3,000.00

The total amount you are assessed is $3,000.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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

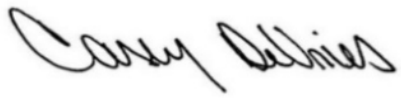
REQUESTING A HEARING

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. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

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.

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

Sincerely,



Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21642	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT WINDMILL PONDS	715 VICTOR STREET ALEXANDRIA, MN 56308

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL21642015-0 On September 7, 2022, through September 9, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 55 residents, all of whom received services under the provider's Assisted Living license. An immediate correction order was identified on September 8, 2022, issued for SL21642015-0, tag identification 2310. Please note: the 2310 tag issued to the licensee on September 8, 2022, via email correspondence, incorrectly reflected an issuance date of September 9, 2022. On September 9, 2022, the immediacy of correction order 2310 was removed, however non-compliance remained at a level 3/isolated violation.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care/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 144A.474 subd. 11 (b) (1) (2) -or- 144G.31 subd. 1, 2 and 3	

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0 800	Continued From page 1	0 800		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This deficient condition had the ability to affect a limited number of 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all residents). The findings include: On September 7, 2022, from approximately 10:00 a.m. to 11:50 a.m., survey staff toured the facility with Licensed Assisted Living Director (LALD)-A. During the facility tour, survey staff observed and verified one of the maintenance rooms, where the water softeners are stored, had mold on the walls from condensation. An additional maintenance room on the second floor, (Northside) where the	0 800		

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0 800	Continued From page 2 furnace is, had mold on the ceiling. LALD-A verbally confirmed survey staff observations during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced	01620		

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01620	Continued From page 3 by: Based on interview and record review the licensee failed to ensure the registered nurse (RN) completed an ongoing reassessment and monitoring on or before day 90 for four of four residents (R1, R2, R3, R4) as required. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On September 7, 2022, at 10:30 a.m., during the entrance conference, licensed assisted living director (LALD)-A and RN-B stated the licensee completed assessments upon admission, at 14 days, every 90 days and with changes in condition. R1 began receiving assisted living services on February 4, 2022. R1's record included a 14-day assessment dated February 18, 2022, and a 90-day assessment dated May 24, 2022, five days after the 90-day assessment was due. R2 began receiving services on October 11, 2019. R2's record included a 90-day assessment dated April 6, 2022, and a 90-day assessment dated July 21, 2022, 16 days after the 90-day assessment was due.	01620		

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01620	Continued From page 4 R3 began receiving services on February 4, 2020. R3's record included a 90-day assessment dated March 15, 2022 and a 90-day assessment dated June 29, 2022, 10 days after the 90-day assessment was due. R4 began receiving services on September 15, 2021. R4's record included a 90-day assessment dated March 22, 2022 and a 90-day assessment dated June 30, 2022, 16 days after the 90-day assessment was due. On September 9, 2022, at 10:45 a.m., RN-C stated she knew assessments were to be completed within 90 days of the last assessment and they typically get them done within 90 days. RN-C stated in May she was trying to get caught up, then they got COVID in the building and she got behind. The licensee's Initial and On-Going Nursing Assessment of Residents Under the Assisted Living License policy dated August 1, 2021, indicated A RN will complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required: a. pre-admission assessment, b. 14-day assessment: completed up to 14 days after start of services, c. ongoing assessment: completed periodically but no less than every 90-days. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		

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02310 SS=G	144G.91 Subd. 4 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 ensure the care and services were provided according to acceptable health care and medical, or nursing standards for one of four residents (R1) with an assistive device attached to the bed. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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). This resulted in an immediate correction order issued on September 8, 2022. The findings include: On September 8, 2022, at approximately 3:15 p.m., the surveyor observed registered nurse (RN)-C measure R1's assistive device, which was affixed to the right side of the bed. The device was a single, metal, square-shaped device and had two metal poles with rubber stoppers that extended to the floor. The device had metal bars that slid between the mattress and the bed frame.	02310	On September 9, 2022, the immediacy of correction order 2310 was removed, however non-compliance remained at a level 3/isolated violation.	

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02310	Continued From page 6 The assistive device had an opening that measured 18 inches in width. The space between the top of the mattress and the device measured 8.5 inches. R1 had diagnoses including type II diabetes and hypertension. R1's Service Plan, dated June 3, 2022, indicated R1's services included bathing, meals, laundry and housekeeping, medication management, and assistance with compression stockings and hearing aids. R1's Individual Abuse Prevention Plan dated February 8, 2022, indicated R1 did not use a bed rail. R1's nursing assessment dated August 22, 2022, indicated R1 was independent with bed mobility and transferring. The assessment lacked any mention of an assistive device. R1's medical record lacked documentation of a siderail assessment. R1's medical record included a document titled Acknowledgement of Receipt of Information dated October 12, 2019, that included the FDA Bed Rail Brochure (A Guide to Bed Safety). The document was signed by R1. On September 8, 2022, at approximately 3:20 p.m., RN-C stated R1 did not have a bed rail assessment completed. RN-C further stated the facility does not install any bed rails and generally did not have anything to do with them as they did not want to be liable. RN-C stated they do have a bed rail assessment form, but R1 just got missed. RN-C stated R1's family installed a previous	02310		

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02310	Continued From page 7 assistive device, but it did not fit right so the licensee told the family they would have to find something else. R1's family then brought in the assistive device that is currently in use on R1's bed and installed it themselves. RN-C stated she did not know the exact date the family installed the assistive device, but said it was recently. On September 8, 2022, at 4:40 p.m., RN-C stated they did not receive the manufacturer's instructions for the assistive device and did not know if it was on a recall list with the Consumer Product Safety Commission. RN-C stated the opening within the device was large enough to be a potential risk for entrapment. The licensee's Initial and On-Going Nursing Assessment of Residents Under the Assisted Living License policy dated August 1, 2021, indicated comprehensive assessments would include mobility, including ambulation, transfers and assistive devices. The licensee's Assessing the Safety of Side Rails policy dated July 23, 2022, indicated, staff will alert the Director of Health Services (RN) or designated nurse if a resident has any type of side rail or similar equipment. The Director of Health Services (RN) or designee will then evaluate whether the side rail appears to be safe for the resident. The Director of Health Services (RN) or designee will educate the resident, the resident's representatives and/or family members about the risks related to side rails and if the resident's side rail does not appear to meet FDA standards, the Director of Health Services (RN) or designee will recommend to the resident, the resident's representatives and/or family members that the side rail be removed and will recommend alternative options to reduce the risk of a fall out	02310		

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02310	Continued From page 8 of bed. The Director of Health Services (RN) or designee will document these conversations and recommendations. The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified, "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe". The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently-Asked Questions (FAQs), indicated "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: -Purpose and intention of the bed rail; -Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; -The resident's bed rail use/need assessment;	02310		

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02310	Continued From page 9 -Risk vs. benefits discussion (individualized to each resident's risks); -The resident's preferences; -Installation and use according to manufacturer's guidelines; -Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and -Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". In addition, The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently-Asked Questions (FAQs), indicated "licensees should refer to individual manufacturer's guidelines for appropriate installation, maintenance and use. In addition, licensees should refer to the Consumer Product Safety Commission (CSPC) for the most up-to-date information related to portable bed side rail recall information." No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	02310		

Minnesota Department of Health

PO Box 64495
St Paul, Minnesota
651-201-4500

Type: Full
Date: *09/09/22*
Time: 10:11:18
Report: 1008221048

Food and Beverage Establishment Inspection Report

Location:
Vp At Windmill Ponds Llc
715 Victor Street
Alexandria, MN56308
Douglas County, 21

Establishment Info:
ID #: 0038247
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3207592132
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

Chlorine: = 100 at Degrees Fahrenheit
Location: Dish machine
Violation Issued: No

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: spray bottle
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Walk-In Cooler
Temperature: 38 Degrees Fahrenheit - Location: TURKEY
Violation Issued: No

Process/Item: Upright Cooler - 3 Door
Temperature: 38 Degrees Fahrenheit - Location: CHEESE
Violation Issued: No

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

THINGS TO REMEMBER:

1 THE CERTIFIED FOOD PROTECTION MANAGER SHOULD BE ROUTINELY CONDUCTING SELF INSPECTIONS TO ENSURE THAT EMPLOYEES ARE FOLLOWING PROPER FOOD HANDLING PRACTICE.

2 EDUCATE EMPLOYEES ON THE IMPORTANCE OF REPORTING TO MANAGEMENT ANY ILLNESS THEY HAVE OR HAVE HAD RECENTLY. MANAGEMENT SHOULD EXCLUDE ANY

WORKERS ILL WITH VOMITING OR DIARRHEA FROM HANDLING FOOD, AND THEY SHOULD KEEP AN UP TO DATE EMPLOYEE ILLNESS LOG.

3 THERE SHOULD BE A PERSON IN CHARGE A THE ESTABLISHMENT DURING ALL HOURS OF OPERATION. THIS PERSON SHOULD ENSURE THAT EMPLOYEES ARE PRACTICING GOOD HAND WASHING PROCEDURES, INCLUDING BEING KNOWLEDGEABLE ABOUT WHEN HAND WASHING SHOULD BE DONE AND HOW TO PROPERLY WASH HANDS.

4. EMPLOYEES SHOULD USE SPATULA, TONGS, DELI TISSUE, GLOVES OR SOME OTHER APPROVED MEANS TO PREVENT ANY DIRECT BARE HAND CONTACT WITH READY TO EAT FOODS.

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 1008221048 of 09/09/22.

Certified Food Protection Manager: Linda S McLain

Certification Number: FM91460 Expires: 11/07/23

Signed: emailed to HRD
Establishment Representative

Signed: Inspector ID# 1088

Public Health Sanitarian 3
Fergus Falls District Office
651-201-4500
health.foodlodging@state.mn.us