Electronically Delivered

October 21, 2024

Licensee
Saint Elizabeth Hospital
1200 Grant Boulevard West
Wabasha, MN 55981

RE: Project Number(s) SL20255015

Dear Licensee:

On October 1, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the July 17, 2024, survey were corrected. This follow-up survey verified that the facility 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Electronically Delivered

August 16, 2024

Licensee
Saint Elizabeth Hospital
1200 Grant Boulevard West
Wabasha, MN 55981

RE: Project Number(s) SL20255015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 17, 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.

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:

1290 - 144g.60 Subdivision 1 - Background Studies Required - $3,000.00

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 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 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
	20255	A. BUILDING: _____ B. WING _____	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ELIZABETH HOSPITAL	1200 GRANT BOULEVARD WEST WABASHA, MN 55981

(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: SL20255015-0 On July 15, 2024, through, July 17, 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 35 resident(s); 19 receiving services under the provider's Assisted Living Facility license. 1290: An immediate order was identified on July 16, 2024, at a level 3/Widespread (I). The immediacy was lifted on July 16, 2024; however, the deficiency remains at I.	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.	
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1)Beginning August 1, 2021, no assisted living	0 100		

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0 100	Continued From page 1 facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.	0 100		

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0 100	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure one apartment was located within the two-hour fire barrier wall. 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: On July 17, 2024, between 8:30 a.m. and 11:00 a.m., the surveyor toured the facility with facilities director (FD)-E. During the tour, it was noted that apartment 229 was located in the attached Nursing Home which was beyond the two-hour fire barrier doors. On July 22, 2024, at 9:06 a.m., licensed assisted living director (LALD)-A stated via email that apartment 229 was used as an assisted living apartment even though the apartment was located in the attached nursing home. LALD-A stated the resident had resided in apartment 229 since August 13, 2021. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 100		

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0 800	Continued From page 3	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's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. 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, 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: During the facility tour on July 17, 2024, with facilities director (FD)-E, between 8:30 a.m. and 11:00 a.m. the following facility hazard and disrepair was observed: FIRE DOORS:	0 800		

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0 800	Continued From page 4 The surveyor observed several fire doors that did not close and latch under their own power. All doors to the corridors or stairwells shall close and latch under their own power. Several resident room doors did not close and latch and their closure device were disabled. Room 3304 door did not close and latch. The surveyor explained to FD-E, that all doors to the corridor and stairwells must meet the minimum state fire code standard for fire doors and the fire rating shall be always maintained. The deficient conditions were visually verified by FD-E accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 800		
01290 SS=I	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 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 an employee 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	01290		

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01290	Continued From page 5 by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for two of two unlicensed personnel (ULP-C and ULP-D). This had the potential to affect all residents residing in the facility. This resulted in an immediate order on July 16, 2024. This practice resulted in a level three violation (a violation that harmed a client/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 the potential to affect a large portion or all the residents). The findings include: ULP-C ULP-C was hired on October 24, 2016, to provide direct care and services to the facility's residents. On July 16, 2024, at approximately 6:00 a.m., ULP-C was observed working independently in the facility. -at 6:48 a.m., the surveyor observed ULP-C administer medications to R2. ULP-C's employee record lacked evidence of a NETStudy 2.0 background study clearance letter, and ULP-C was not listed as 'eligible' on the Department of Human Services (DHS) NETStudy 2.0 website. ULP-C's employee record included the following: -NETSudy-Request Confirmation document	01290		

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01290	Continued From page 6 dated October 18, 2016. -Background Study Clearance from State of Minnesota-Department of Human Services Division of Licensing dated October 19, 2016. ULP-D ULP-D was hired on December 16, 2011, to provide direct care and services to the facility's residents. ULP-D's employee record lacked evidence of a NETStudy 2.0 background study clearance letter, and ULP-D was not listed as 'eligible' on the DHS NETStudy 2.0 website. ULP-D's employee record included the following: -NETStudy-Request Confirmation document dated July 21, 2009. -Background Study Clearance from State of Minnesota-Department of Human Services Division of Licensing dated July 27, 2009. On July 16, 2024, at 8:45 a.m., clinical nurse supervisor (CNS)-B stated ULP-D worked independently within the facility. On July 16, 2024, at 9:05 a.m., licensed assisted living director (LALD)-A stated ULP-C and ULP-D's records lacked a NETStudy 2.0 background clearance letter and thought the clearance letter from when they were hired was sufficient. CNS-B confirmed both ULP-C and ULP-D worked independently within the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On July 16, 2024, the immediacy for correction order 1290 was removed; however,	01290		

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01290	Continued From page 7 non-compliance remains at a scope and level of I.	01290		
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 by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) had completed and/or documented a 14-day comprehensive assessment to include required areas of assessment per Assisted Living Facilities: Minnesota Rules Chapter 4659, for one of one	01620		

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01620	Continued From page 8 resident (R2). 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: R2 was admitted on December 4, 2023, with diagnoses that included compression fracture (occurs when one or more bones in the spine weaken and crumple), diabetes, and seizure disorder. On July 16, 2024, at 6:48 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R2. R2's service plan dated December 4, 2023, indicated R2 received assistance with RN case management, medication setup, bathing, and laundry. The service plan did not include medication administration. The service plan was not signed by R2 or the licensee. R2's ongoing nursing assessments were requested. Assessments dated January 29, 2024, March 29, 2024, and May 29, 2024, were provided. The January 29, 2024, assessment was done 56 days after the date of admission, exceeding 14 calendar days.	01620		

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01620	Continued From page 9 On July 16, 2024, clinical nurse supervisor (CNS)-B stated R2 moved into the facility on July 26, 2023, as an independent living (IL) tenant and began to receive assisted living services on December 4, 2023. CNS-B stated R2 did not have a 14-day assessment from the date of admission because she would do a 14 day check in with all IL tenants 14 days from the time they moved in. CNS-B further stated the 14-day assessment was not a comprehensive assessment, but instead a check in and documented in a progress note. CNS-B stated this was the process for all residents at day 14. CNS-B stated a comprehensive assessment was completed for the 90-day assessments. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
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 Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all	01640		

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01640	Continued From page 10 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 a written service plan was signed and revised to reflect the current services provided for three of three residents (R1, R2 and 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: R1 R1 was admitted on June 29, 2016, with diagnoses that included diabetes and heart failure. On July 16, 2024, at 6:44 a.m., the surveyor observed unlicensed personnel (ULP)-C apply thrombo embolic deterrent (TED) stockings (stockings for the legs that help prevent blood clots) to R1's lower legs.	01640		

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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
01640	Continued From page 11 R1's service plan dated December 18, 2023, indicated R1 received assistance with registered nurse (RN) case management, medication set up, bathing, and laundry. The service plan did not include assistance with TED stockings and was not signed by the licensee. R2 R2 was admitted on December 4, 2023, with diagnoses that included compression fracture (occurs when one or more bones in the spine weaken and crumple), diabetes, and seizure disorder. On July 16, 2024, at 6:48 a.m., the surveyor observed ULP-C administer medications to R2. R2's service plan dated December 4, 2023, indicated R2 received assistance with RN case management, medication set up, bathing, and laundry. The service plan did not include medication administration. The service plan was not signed by R2 or the licensee. R3 R3 was admitted on September 20, 2023, with diagnoses that included cirrhosis of the liver (chronic liver damage leading to scarring and liver failure). On July 16, 2024, at 8:34 a.m., the surveyor observed ULP-C remove R3's medications from a pre-filled medication box, pour them into a medication cup and leave them on the counter for R3 to take on his own. R3's service plan dated December 18, 2023, indicated R3 received assistance with RN case management, weekly medication set-up and TED stockings. The service plan did not include	01640		

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	20255	A. BUILDING: _____ B. WING _____	07/17/2024

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01640	Continued From page 12 medication administration. On July 16, 2024, at 9:35 a.m., CNS-B stated R1, R2, and R3's service plan did not include all services provided as listed above. CNS-B further stated R1's service plan was not signed by the licensee and R2's service plan was not signed by R2 or the licensee. The licensee's Service Agreement policy dated February 15, 2024, indicated a service agreement would be provided to all clients upon admission, prior to care being provided, and upon any changes in the care being provided. It also indicated the service agreement would be signed by the client or financially responsible party. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the	01650		

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01650	Continued From page 13 facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for three of three residents (R1, R2, and 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) 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: R1 R1 was admitted on June 29, 2016, with diagnoses that included diabetes and heart failure. R1's service plan dated December 18, 2023, indicated R1 received assistance with registered nurse (RN) case management, medication set	01650		

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01650	Continued From page 14 up, bathing, and laundry. The service plan did not include assistance with thrombo embolic deterrent (TED) stockings (stockings for the legs that help prevent blood clots) and was not signed by the licensee. R1's service plan lacked the following content: - the schedule and methods of monitoring assessment of the resident; - the schedule and methods of monitoring the staff providing services; and - a contingency plan that includes: the action to be taken if the scheduled service cannot be provided; information and a method to contact the facility; the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of an information as to who has authority to sign for the resident in and emergency; and the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. R2 R2 was admitted on December 4, 2023, with diagnoses that included compression fracture (occurs when one or more bones in the spine weaken and crumple), diabetes, and seizure disorder. R2's service plan dated December 4, 2023, indicated R2 received assistance with RN case management, medication set up, bathing, and laundry. The service plan did not include medication administration. The service plan was not signed by R2 or the licensee.	01650		

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01650	Continued From page 15 R2's service plan lacked the following content: - the schedule and methods of monitoring assessment of the resident; - the schedule and methods of monitoring the staff providing services; and - a contingency plan that includes: the action to be taken if the scheduled service cannot be provided; information and a method to contact the facility; the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of an information as to who has authority to sign for the resident in and emergency; and the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. R3 R3 was admitted on September 20, 2023, with diagnoses that included cirrhosis of the liver (chronic liver damage leading to scarring and liver failure). R3's service plan dated December 18, 2023, indicated R3 received assistance with RN case management, weekly medication set up and TED stockings. The service plan did not include medication administration. R3's service plan lacked the following content: - the schedule and methods of monitoring assessment of the resident; - the schedule and methods of monitoring the staff providing services; and - a contingency plan that includes: the action to be taken if the scheduled service cannot be provided; information and a method to contact the	01650		

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01650	Continued From page 16 facility; the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of an information as to who has authority to sign for the resident in and emergency; and the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. On July 16, 2024, at 9:35 a.m., clinical nurse supervisor (CNS)-B stated R1, R2, and R3's service plan did not include the required content as listed above. CNS-B further stated the same service plan was used for all residents. The licensee's Service Agreement policy dated February 15, 2024, indicated the following: -the RN would present and explain the service agreement to the client/family upon admission and in advance of care being provided -the client/family would be advised, in advance care, of: -the disciplines that would furnish care; -the type and frequency of visits/services proposed to be furnished; -the fees for services; -the extent to which payment for services may be expected from Medicare, Medicaid, any other federally funded or aided program, or private insurance known to the agency; -the charges for series that would not be covered by Medicare or other third party payer; -the charges the individual may have to pay; -a plan for contingency action in Minnesota; and -the extent to which the agency can release health information, including OAISIS state of	01650		

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01650	Continued From page 17 privacy rights. -the contingency plan would include in Minnesota: -essential services: licensee would make arrangements to complete service through a contract with another provider or other reasonable means; -non-essential services: licensee would notify client to reschedule the appointment or arrange for a reasonable alternative. -the service agreement would be signed by the client or financially responsible party. -the client would be advised orally and in writing of any changes in type or frequency of services or fee schedule. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
01700 SS=F	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.	01700		

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01700	Continued From page 18 (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. 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) conducted a face-to-face medication management assessment which included the required content for three of three residents (R1, R2 and R3). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients). The findings include: R1 R1 was admitted on June 29, 2016, with diagnoses that included diabetes and heart failure. R1's service plan dated December 18, 2023, indicated R1 received assistance with medication	01700		

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01700	Continued From page 19 set up. R1's signed prescriber orders dated September 4, 2023, included: -amlodipine 5 milligrams (mg); take one tablet by mouth daily (blood pressure) -aspirin 81 mg; take one tablet by mouth daily (heart health) -atrovastatin 80 mg; take one tablet by mouth daily (cholesterol) -Calcium with Vitamin D 600/200 mg; take one tablet by mouth twice daily (supplement) -ferrous gluconate 324 mg; take one tablet by mouth twice daily (supplement) -fluconazole 150 mg; take one tablet by mouth once a month (infection) -Humalog/Lispro u-100 solution: inject 6 units before breakfast, 12 units before lunch and 2 units before supper (diabetes) -hydralazine 20 mg; take one tablet by mouth three times daily (blood pressure) -Imdur 60 mg; take one tablet by mouth daily (heart failure) -Lantus Solostar 100 units/milliliter (ml); Inject 42 units once a day (diabetes) -levothyroxine 300 micrograms (mcg); take one tablet by mouth daily (thyroid) -Losartan 100 mg; take one tablet by mouth daily (blood pressure) -Melatonin 3 mg; take one tablet by mouth daily (insomnia) -Metformin 1000 mg; take one tablet by mouth twice daily (diabetes) -montelukast sodium 10 mg; take one tablet by mouth daily (asthma) -Nasonex 50 mcg; instill two sprays in each nostril daily (allergies/asthma) -Neurontin 300 mg; take two capsules by mouth twice daily (pain) -omeprazole 40 mg; take one capsule by mouth	01700		

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01700	Continued From page 20 daily (gastric reflux) -Rybelsus 14 mg; take one tablet by mouth daily (diabetes) -sertraline 100 mg; take one tablet by mouth daily (depression) -torsemide 20 mg; take two tablets by mouth daily (diuretic) -Tramadol 50 mg; take one half tablet by mouth three times a day with meals and one tablet at night (pain) -Tylenol arthritis 650 mg; take one tablet by mouth four times a day (pain) -Vitamin B6 50 mcg; take one tablet by mouth twice a week (supplement) -Vitamin B12 1000 mcg; take one tablet by mouth daily (supplement) -Vitamin C 250 mg; take one half tablet by mouth twice daily (supplement) -Vitamin D 1000 units; take two tablets by mouth daily (supplement) R1's medication profile assessment dated June 28, 2024, lacked the following: - evidence the medication assessment was conducted face-to-face with the resident. - an identification and review of all medications the resident is known to be taking including indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. - interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications; and - the licensee provided instructions to the resident and legal or designated representative on interventions to manage the resident's medications and prevent diversion of medications.	01700		

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01700	Continued From page 21 R2 R2 was admitted on December 4, 2023, with diagnoses that included compression fracture (occurs when one or more bones in the spine weaken and crumple), diabetes, and seizure disorder. On July 16, 2024, at 6:48 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R2. R2's service plan dated December 4, 2023, indicated R2 received assistance with medication set up. The service plan did not include medication administration. R2's signed prescriber orders dated December 5, 2023, included: -acetaminophen 325 mg; take two tablets every four hours as needed (pain) -aspirin 325 mg; take one tablet by mouth daily (heart health) -cholecalciferol 2000 IU (50 mcg); take one tablet by mouth daily (vitamin supplement) -Crestor 20 mg; take one tablet by mouth daily (cholesterol) -cyanocobalamin 500 mcg; take one tablet by mouth daily (vitamin supplement) -glipizide 2.5 mg; take one tablet by mouth daily (diabetes) -Keppra 500 mg; take one tablet by mouth twice daily (seizures) -levothyroxine 112 mcg; take one tablet by mouth daily (thyroid) -loperamide 2 mg; take one capsule as needed (diarrhea) -Metformin 500 mg; take three tablets by mouth daily (diabetes) -metoprolol 75 mg; take one tablet by mouth twice daily (blood pressure)	01700		

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01700	Continued From page 22 -Nystatin powder 1,000 unit/gram; apply to skin two times daily as needed (skin infection) -Senna 8.6 mg; take one tablet by mouth twice daily as needed (constipation) -Vitron c; take one tablet by mouth daily (vitamin supplement) R2's medication profile assessment dated March 22, 2024, lacked the following: - evidence the medication assessment was conducted face-to-face with the resident. - an identification and review of all medications the resident is known to be taking including indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. - interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications; and - the licensee provided instructions to the resident and legal or designated representative on interventions to manage the resident's medications and prevent diversion of medications. R3 R3 was admitted on September 20, 2023, with diagnoses that included cirrhosis of the liver (chronic liver damage leading to scarring and liver failure). On July 16, 2024, at 8:34 a.m., the surveyor observed ULP-C remove R3's medications from a pre-filled medication box, pour them into a medication cup and leave them on the counter for R3 to take on his own. R3's service plan dated December 18, 2023, indicated R3 received assistance with medication	01700		

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01700	Continued From page 23 set up. The service plan did not include medication administration. R3's signed prescriber orders dated January 29, 2024, included: -carvedilol 6.25 mg; take one tablet by mouth daily (blood pressure) -Crestor 10 mg; take one tablet by mouth daily (cholesterol) -ferrous gluconate 324 mg; take one tablet by mouth every other day (iron supplement) -lactulose 30 grams; take 45 ml by mouth twice daily (liver disease) -Melatonin 3 mg; take two tablets by mouth as needed (insomnia) -Prozac 40 mg; take one tablet by mouth daily (depression) -rifaximin 550 mg; take one tablet by mouth twice daily (liver disease) -spironolactone 25 mg; take two tablets by mouth daily (blood pressure) -Timolol 0.50%; instill one drop in each eye daily (glaucoma -Tylenol 325 mg; take 1-2 tablets every four hours by mouth as needed (pain) -Vitamin D3 1000 IU; take one tablet by mouth daily (vitamin supplement) R3's medication profile assessment dated November 20, 2023, lacked the following: - evidence the medication assessment was conducted face-to-face with the resident. - an identification and review of all medications the resident is known to be taking including indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. - interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to	01700		

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01700	Continued From page 24 the medications; and - the licensee provided instructions to the resident and legal or designated representative on interventions to manage the resident's medications and prevent diversion of medications. On July 16,2024, at 9:40 a.m., clinical nurse supervisor (CNS)-B stated R1, R2, and R3's record lacked a mediation management assessment to include all the required content as noted above. CNS-B further stated the same medication profile assessment was used for all residents. The licensee's Medication Management Services policy dated February 15, 2024, indicated the RN was responsible for the implementation of our agency's medication management policies and procedures, with the assistance, if appropriate, of a consulting pharmacist. Based on the nursing assessment, the RN would develop an individualized medication management plan for each client receiving any type of medication management services, consistent with current practice standards and guidelines, and will develop specific procedures for medication management services that staff would provide. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01730 SS=E	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility	01730		

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01730	Continued From page 25 must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.	01730		

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	20255	A. BUILDING: _____ B. WING _____	07/17/2024

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01730	Continued From page 26 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for three of three residents (R1, R2, and 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: R1 R1 was admitted on June 29, 2016, with diagnoses that included diabetes and heart failure. R1's service plan dated December 18, 2023, indicated R1 received assistance with medication set up. R1's signed prescriber orders dated September 4, 2023, included: -amlodipine 5 milligrams (mg); take one tablet by mouth daily (blood pressure) -aspirin 81 mg; take one tablet by mouth daily (heart health) -atrovastatin 80 mg; take one tablet by mouth daily (cholesterol) -Calcium with Vitamin D 600/200 mg; take one tablet by mouth twice daily (supplement)	01730		

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01730	Continued From page 27 -ferrous gluconate 324 mg; take one tablet by mouth twice daily (supplement) -fluconazole 150 mg; take one tablet by mouth once a month (infection) -Humalog/Lispro u-100 solution: inject 6 units before breakfast, 12 units before lunch and 2 units before supper (diabetes) -hydralazine 20 mg; take one tablet by mouth three times daily (blood pressure) -Imdur 60 mg; take one tablet by mouth daily (heart failure) -Lantus Solostar 100 units/milliliter (ml); Inject 42 units once a day (diabetes) -levothyroxine 300 micrograms (mcg); take one tablet by mouth daily (thyroid) -Losartan 100 mg; take one tablet by mouth daily (blood pressure) -Melatonin 3 mg; take one tablet by mouth daily (insomnia) -Metformin 1000 mg; take one tablet by mouth twice daily (diabetes) -montelukast sodium 10 mg; take one tablet by mouth daily (asthma) -Nasonex 50 mcg; instill two sprays in each nostril daily (allergies/asthma) -neurontin 300 mg; take two capsules by mouth twice daily (pain) -omeprazole 40 mg; take one capsule by mouth daily (gastric reflux) -rybelsus 14 mg; take one tablet by mouth daily (diabetes) -sertraline 100 mg; take one tablet by mouth daily (depression) -torsemide 20 mg; take two tablets by mouth daily (diuretic) -Tramadol 50 mg; take one half tablet by mouth three times a day with meals and one tablet at night (pain) -Tylenol arthritis 650 mg; take one tablet by mouth four times a day (pain)	01730		

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01730	Continued From page 28 -Vitamin B6 50 mcg; take one tablet by mouth twice a week (supplement) -Vitamin B12 1000 mcg; take one tablet by mouth daily (supplement) -Vitamin C 250 mg; take one half tablet by mouth twice daily (supplement) -Vitamin D 1000 units; take two tablets by mouth daily (supplement) R1's individualized medication management plan dated September 29, 2017, lacked the following required content: - description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - any resident-specific requirements relating to documenting mediation administration, verifications that all medications are administered as prescribed, and monitoring of medication to use to prevent possible complications or adverse reactions. R2 R2 was admitted on December 4, 2023, with diagnoses that included compression fracture (occurs when one or more bones in the spine weaken and crumple), diabetes, and seizure disorder. On July 16, 2024, at 6:48 a.m., the surveyor observed ULP-C administer medications to R2.	01730		

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01730	Continued From page 29 R2's service plan dated December 4, 2023, indicated R2 received assistance with medication setup. The service plan did not include medication administration. R2's signed prescriber orders dated December 5, 2023, included: -acetaminophen 325 mg; take two tablets every four hours as needed (pain) -aspirin 325 mg; take one tablet by mouth daily (heart health) -cholecalciferol 2000 IU (50 mcg); take one tablet by mouth daily (vitamin supplement) -Crestor 20 mg; take one tablet by mouth daily (cholesterol) -cyanocobalamin 500 mcg; take one tablet by mouth daily (vitamin supplement) -Glipizide 2.5 mg; take one tablet by mouth daily (diabetes) -Keppra 500 mg; take one tablet by mouth twice daily (seizures) -levothyroxine 112 mcg; take one tablet by mouth daily (thyroid) -loperamide 2 mg; take one capsule as needed (diarrhea) -Metformin 500 mg; take three tablets by mouth daily (diabetes) -metoprolol 75 mg; take one tablet by mouth twice daily (blood pressure) -Nystatin powder 1,000 unit/gram; apply to skin two times daily as needed (skin infection) -Senna 8.6 mg; take one tablet by mouth twice daily as needed (constipation) -Vitron C; take one tablet by mouth daily (vitamin supplement) R2's individual medication management plan dated December 4, 2023, lacked the following required content: - statement describing the medication	01730		

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01730	Continued From page 30 management services that will be provided; - description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of medication management tasks that may be delegated to unlicensed personnel; - any resident-specific requirements relating to documenting mediation administration, verifications that all medications are administered as prescribed, and monitoring of medication to use to prevent possible complications or adverse reactions. R3 R3 was admitted on September 20, 2023, with diagnoses that included cirrhosis of the liver (chronic liver damage leading to scarring and liver failure). On July 16, 2024, at 8:34 a.m., the surveyor observed ULP-C remove R3's medications from a pre-filled medication box, pour them into a medication cup and leave them on the counter for R3 to take on his own. R3's service plan dated December 18, 2023, indicated R3 received assistance with medication set up. The service plan did not include medication administration. R3's signed prescriber orders dated January 29, 2024, included: -carvedilol 6.25 mg; take one tablet by mouth daily (blood pressure) -Crestor 10 mg; take one tablet by mouth daily (cholesterol) -ferrous gluconate 324 mg; take one tablet by	01730		

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01730	Continued From page 31 mouth every other day (iron supplement) -lactulose 30 grams; take 45 ml by mouth twice daily (liver disease) -Melatonin 3 mg; take two tablets by mouth as needed (insomnia) -Prozac 40 mg; take one tablet by mouth daily (depression) -rifaximin 550 mg; take one tablet by mouth twice daily (liver disease) -spironolactone 25 mg; take two tablets by mouth daily (blood pressure) -Timolol 0.50%; instill one drop in each eye daily (glaucoma -Tylenol 325 mg; take 1-2 tablets every four hours by mouth as needed (pain) -Vitamin D3 1000 IU; take one tablet by mouth daily (vitamin supplement) R3's individualized medication management plan dated September 20, 2023, lacked the following required content: - statement describing the medication management services that will be provided; - description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of medication management tasks that may be delegated to unlicensed personnel; - any resident-specific requirements relating to documenting mediation administration, verifications that all medications are administered as prescribed, and monitoring of medication to use to prevent possible complications or adverse reactions. On July 16, 2024, at 9:39 a.m., clinical nurse supervisor (CNS)-B stated R1, R2, and R3's	01730		

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01730	Continued From page 32 individualized medication management plans did not include the required content as listed above. The licensee's Development of the Individualized Medication Management Plan and Individualized Medication Record policy dated February 15, 2024, indicated each individualized medication management plan would include the following: -identification of the medication management services to be provided by the agency; -description of how medications management by the agency would be stored, based on the client's needs, risk of diversion and consistent with the manufacturer's directions; -identification of any specific client instructions regarding medications the agency would administer; -identification of the person responsible for monitoring medication supplies and ensuring refills were ordered on a timely basis; -identification of the staff who are responsible for the medication management tasks, including tasks delegated to unlicensed staff; -procedure for staff to notify the registered nurse when there was a problem with any medication management services; -any client-specific requirements relating to documentation of medication administration, verification that all medications are administered as prescribed and monitoring of medication use to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		

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01750	Continued From page 33	01750		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse documented resident-specific instructions for one of three residents (R3) whose medication administration was delegated to unlicensed personnel. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R3 R3 was admitted on September 20, 2023, with diagnoses that included cirrhosis of the liver	01750		

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01750	Continued From page 34 (chronic liver damage leading to scarring and liver failure). On July 16, 2024, at 8:34 a.m., the surveyor observed ULP-C remove R3's medications from a pre-filled medication box, pour them into a medication cup and leave them on the counter for R3 to take on his own. R3's service plan dated December 18, 2023, indicated R3 received assistance with weekly medication set up. The service plan did not include medication administration. R3's signed prescriber orders dated January 29, 2024, included: -Tylenol 325 mg (milligrams); take 1-2 tablets every four hours by mouth as needed (PRN) for pain. The licensee failed to have resident-specific instructions regarding when one tablet or two tablets of Tylenol would be given. On July 16, 2024, at 9:46 a.m., clinical nurse supervisor (CNS)-B stated there were no specific instructions regarding the dose for R3's PRN Tylenol order. The licensee's Administration and Documentation of PRN Medications policy dated January 12, 2024, indicated the RN would review PRN prescriptions to ensure that the prescription clearly identified symptoms for which the PRN was prescribed, the frequency that the PRN may be administered, the dose that may be administered, route and other pertinent information. If the parameters for the PRN medication are unclear, the RN would follow up with the prescriber to obtain the necessary	01750		

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01750	Continued From page 35 clarification. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01760 SS=D	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 medications were administered per prescriber's orders and failed to ensure medication administration was documented accurately for one of three residents (R2). 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	01760		

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01760	Continued From page 36 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: R2 R2 was admitted on December 4, 2023, with diagnoses that included compression fracture (occurs when one or more bones in the spine weaken and crumple), diabetes, and seizure disorder. On July 16, 2024, at 6:48 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R2. R2's service plan dated December 4, 2023, indicated R2 received assistance with medication set up, The service plan did not include medication administration. The service plan was not signed by R2 or the licensee. ACETAMINOPHEN: R2's physician orders dated December 5, 2023, included: -acetaminophen 325 milligrams (mg); take two tablets every four hours as needed (PRN) for pain. R2's medication administration record (MAR) dated July 1, 2024, through July 31, 2024, indicated R2 received acetaminophen 650 mg three times a day scheduled and once a day as needed. NYSTATIN R2's physician orders dated December 5, 2023,	01760		

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01760	Continued From page 37 included: -Nystatin powder 1,000 unit/gram; apply to skin two times daily as needed for skin infection. R2's MAR dated July 1, 2024, through July 31, 2024, indicated R2 received Nystatin powder on July 6, 7, 9, 10, 11, 12, 13, and 15, 2024. R2's record lacked documentation of PRN effectiveness. On July 16, 2024, at 9:49 a.m., clinical nurse supervisor (CNS)-B stated R2's record lacked documentation of PRN effectiveness. CNS-B further stated R2 requested the acetaminophen to be set up on a scheduled basis and not PRN so the nurse set it up with R2's other scheduled medications. CNS-B stated R2's record lacked physician orders to administer the acetaminophen on a scheduled basis. The licensee's Administration and Documentation of PRN Medications policy dated January 12, 2024, indicated staff would administer PRN medications exactly as prescribed. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.	01770		

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01770	Continued From page 38 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication set up included all the required content for three of three residents (R1, R2, and 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 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: During the entrance conference on July 15, 2024, at 9:15 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to their residents, including medication set up. R1 R1 was admitted on June 29, 2016, with diagnoses that included diabetes and heart failure. R1's service plan dated December 18, 2023, indicated R1 received assistance with medication set up. R1's signed prescriber orders dated September 4, 2023, included: -amlodipine 5 milligrams (mg); take one tablet by mouth daily (blood pressure)	01770		

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01770	Continued From page 39 -aspirin 81 mg; take one tablet by mouth daily (heart health) -atrovastatin 80 mg; take one tablet by mouth daily (cholesterol) -Calcium with Vitamin D 600/200 mg; take one tablet by mouth twice daily (supplement) -ferrous gluconate 324 mg; take one tablet by mouth twice daily (supplement) -fluconazole 150 mg; take one tablet by mouth once a month (infection) -Humalog/Lispro u-100 solution: inject 6 units before breakfast, 12 units before lunch and 2 units before supper (diabetes) -hydralazine 20 mg; take one tablet by mouth three times daily (blood pressure) -Imdur 60 mg; take one tablet by mouth daily (heart failure) -Lantus Solostar 100 units/milliliter (ml); Inject 42 units once a day (diabetes) -levothyroxine 300 micrograms (mcg); take one tablet by mouth daily (thyroid) -Losartan 100 mg; take one tablet by mouth daily (blood pressure) -Melatonin 3 mg; take one tablet by mouth daily (insomnia) -Metformin 1000 mg; take one tablet by mouth twice daily (diabetes) -montelukast sodium 10 mg; take one tablet by mouth daily (asthma) -Nasonex 50 mcg; instill two sprays in each nostril daily (allergies/asthma) -neurontin 300 mg; take two capsules by mouth twice daily (pain) -omeprazole 40 mg; take one capsule by mouth daily (gastric reflux) -rybelsus 14 mg; take one tablet by mouth daily (diabetes) -sertraline 100 mg; take one tablet by mouth daily (depression) -torsemide 20 mg; take two tablets by mouth daily	01770		

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01770	Continued From page 40 (diuretic) -Tramadol 50 mg; take one half tablet by mouth three times a day with meals and one tablet at night (pain) -Tylenol arthritis 650 mg; take one tablet by mouth four times a day (pain) -Vitamin B6 50 mcg; take one tablet by mouth twice a week (supplement) -Vitamin B12 1000 mcg; take one tablet by mouth daily (supplement) -Vitamin C 250 mg; take one half tablet by mouth twice daily (supplement) -Vitamin D 1000 units; take two tablets by mouth daily (supplement) R1's Medication Administration Record (MAR) dated July 1, 2024, through July 31, 2024, included the following notes: -On July 2, 2024, "Med planner filled x 1 week as ordered, good medication compliance has one dose of antibiotic for tomorrow AM when course complete, does seem a little more sharp mentally". -On July 9, 2024, "Med planner filled x 1 week as ordered, good medication compliance". R1's record lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration. R2 R2 was admitted on December 4, 2023, with diagnoses that included compression fracture (occurs when one or more bones in the spine weaken and crumple), diabetes, and seizure disorder. On July 16, 2024, at 6:48 a.m., the surveyor observed ULP-C administer medications to R2.	01770		

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01770	Continued From page 41 R2's service plan dated December 4, 2023, indicated R2 received assistance with medication set up. R2's signed prescriber orders dated December 5, 2023, included: -acetaminophen 325 mg; take two tablets every four hours as needed (pain) -aspirin 325 mg; take one tablet by mouth daily (heart health) -cholecalciferol 2000 IU (50 mcg); take one tablet by mouth daily (vitamin supplement) -Crestor 20 mg; take one tablet by mouth daily (cholesterol) -cyanocobalamin 500 mcg; take one tablet by mouth daily (vitamin supplement) -Glipizide 2.5 mg; take one tablet by mouth daily (diabetes) -Keppra 500 mg; take one tablet by mouth twice daily (seizures) -levothyroxine 112 mcg; take one tablet by mouth daily (thyroid) -loperamide 2 mg; take one capsule as needed (diarrhea) -Metformin 500 mg; take three tablets by mouth daily (diabetes) -metoprolol 75 mg; take one tablet by mouth twice daily (blood pressure) -Nystatin powder 1,000 unit/gram; apply to skin two times daily as needed (skin infection) -Senna 8.6 mg; take one tablet by mouth twice daily as needed (constipation) -Vitron C; take one tablet by mouth daily (vitamin supplement) R2's MAR dated July 1, 2024, through July 31, 2024, included the following notes: -On July 3, 2024, "Med planner filled x 1 week as ordered, good medication compliance with	01770		

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01770	Continued From page 42 reminders". -On July 10, 2024, "Med Planner filled x 1 week as ordered, good medication compliance with reminders". R2's record lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration. R3 R3 was admitted on September 20, 2023, with diagnoses that included cirrhosis of the liver (chronic liver damage leading to scarring and liver failure). On July 16, 2024, at 8:34 a.m., the surveyor observed ULP-C remove R3's medications from a pre-filled medication box, pour them into a medication cup and leave them on the counter for R3 to take on his own. R3's service plan dated December 18, 2023, indicated R3 received assistance with medication setup. R3's signed prescriber orders dated January 29, 2024, included: -carvedilol 6.25 mg; take one tablet by mouth daily (blood pressure) -Crestor 10 mg; take one tablet by mouth daily (cholesterol) -ferrous gluconate 324 mg; take one tablet by mouth every other day (iron supplement) -lactulose 30 grams; take 45 ml by mouth twice daily (liver disease) -Melatonin 3 mg; take two tablets by mouth as needed (insomnia) -Prozac 40 mg; take one tablet by mouth daily (depression)	01770		

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01770	Continued From page 43 -rifaximin 550 mg; take one tablet by mouth twice daily (liver disease) -spironolactone 25 mg; take two tablets by mouth daily (blood pressure) -Timolol 0.50%; instill one drop in each eye daily (glaucoma -Tylenol 325 mg; take 1-2 tablets every four hours by mouth as needed (pain) -Vitamin D3 1000 IU; take one tablet by mouth daily (vitamin supplement) R3's MAR dated July 1, 2024, through July 31, 2024, included the following notes: -On July 3, 2024, "Med planner filled x 1 week as ordered, good medication compliance with reminders". -On July 10, 2024, "Med planner filled x 1 week as ordered, good medication compliance, gone to VA for hearing aid evaluation". R3's record lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration. On July 16, 2024, at 9:43 a.m. clinical nurse supervisor (CNS)-B stated the documentation for medication set up for all residents did not include the required content as listed above. The licensee's Medication Management Services policy dated February 15, 2024, indicated when setting up medications for later administration the nurse would: -verify that the dose and quantity of medications delivered was consistent with the prescription; -review prescribed medications to identify any contraindications or other concerns; -identify whether refills were needed and follow up to be sure the refill is available when needed;	01770		

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01770	Continued From page 44 and -verify that medications for the previous period were administered as prescribed. If the nurse identified any discrepancies or concerns when setting up medications, the nurse would complete appropriate follow up and documentation of results of the follow up. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) Days	01770		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel,	01790		

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01790	Continued From page 45 including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed training and competencies for unlicensed personnel (ULP) providing	01790		

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01790	Continued From page 46 medications to residents for unplanned time away from home when the licensed nurse was not available for two of two employees (unlicensed personnel (ULP)-C, ULP-D). 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-C ULP-C was hired on October 24, 2016, to provide direct care and services to the facility's residents. ULP-C's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available. ULP-D ULP-D was hired on December 16, 2011, to provide direct care and services to the facility's residents. ULP-D's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available. On July 16, 2024, at 10:03 a.m., clinical nurse supervisor (CNS)-B stated all ULP were trained, and competency tested on providing medications to residents for unplanned time away but did not have documentation of the training or competencies.	01790		

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01790	Continued From page 47 The licensee's Medications for A Client Who Will Be Away From Home When Medications Are Scheduled policy dated February 15, 2024, indicated the RN could delegate this task to unlicensed staff if: -the RN had trained and competency tested the unlicensed staff on procedures to follow when giving medications to clients who will be away from home when medications are scheduled. -the RN had written procedures for unlicensed staff to follow -the client would be away from home no more than 120 hours No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
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 medications were secure and permitted access to only authorized personnel. 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	01880		

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01880	Continued From page 48 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 of the residents). The findings include: On July 15, 2024, at approximately 9:15 a.m. during the entrance conference, clinical nurse supervisor (CNS)-B stated all medications were kept in each resident's room in a cabinet. On July 16, 2024, at 6:48 a.m., the surveyor observed unlicensed personnel (ULP)-C remove R2's pre-filled medication box from an unlocked cabinet, pour the medications from the medication box into a medication cup, place the medication box back into the unlocked cabinet, and administered the medications to R2. -at 8:34 a.m., the surveyor observed ULP-C remove R3's pre-filled medication box from an unlocked cabinet, pour the medications from the medication box into a medication cup, place the medication box back into the unlocked cabinet, and left the medication cup on the counter for R3 to take on his own. On July 16, 2024, at 9:45 a.m., CNS-B stated that none of the resident medication cabinets had locks on them. The licensee's Storage of Medications policy dated February 15, 2024, indicated the nurse would establish a system that addressed the storage and handling of medications, in the individualized medication management plan that would include: -how medications would be received and secured when delivered by the pharmacy	01880		

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01880	Continued From page 49 -where medications would be stored -how medications would be secured if in the client's private living space or if centrally stored -who was authorized to access the medications -how refills and prescription renewals would be monitored -controls and procedures to identify or prevent diversion of medications No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced	01910		

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01910	Continued From page 50 by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as required for one of one discharged resident (R4). 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: R4 was admitted to the licensee on June 18, 2021, and discharged to the attached skilled nursing facility (SNF) on June 17, 2024. R4's discharge summary dated June 19, 2024, indicated R4 received assistance with medication management. R4's record lacked a medication disposition record at the time of discharge to include the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. On July 16, 2024, at 10:02 a.m., clinical nurse supervisor (CNS)-B stated the licensee did not keep a record of R4's disposition of medications because all medications were transferred to the attached SNF.	01910		

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01910	Continued From page 51 The licensee's Disposition or Disposal of Medications policy dated February 15, 2024, indicated staff would document in the client's record the name of the person to whom the mediations were given, the time and date, the name of each medication and the amount of medication remaining. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy	01940		

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01940	Continued From page 52 received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of two residents (R1 and 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) 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: R1 R1 was admitted on June 29, 2016, with diagnoses that included diabetes and heart failure. On July 16, 2024, at 6:44 a.m., the surveyor observed unlicensed personnel (ULP)-C apply thrombo embolic deterrent (TED) stockings (stockings for the legs that help prevent blood clots) to R1's lower legs. R1's service plan dated December 18, 2023, indicated R1 received assistance with registered	01940		

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01940	Continued From page 53 nurse (RN) case management, medication set up, bathing, and laundry. The service plan did not include assistance with TED stockings. R1's Instruction Sheet for Applying TED Stockings dated February 1, 2024, indicated the ULP would apply TED stockings daily and R1 would remove TEDS herself or call for assistance if needed. R1's physician orders dated January 30, 2023, included assist with TED stockings daily. R1's record lacked a treatment management plan to include the following required content: -statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. R3 R3 was admitted on September 20, 2023, with diagnoses that included cirrhosis of the liver (chronic liver damage leading to scarring and liver failure). On July 16, 2024, at 8:40 a.m., the surveyor	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20255	A. BUILDING: _____ B. WING _____	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ELIZABETH HOSPITAL	1200 GRANT BOULEVARD WEST WABASHA, MN 55981

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01940	Continued From page 54 observed ULP-C apply TED stockings to R3's lower legs. R3's service plan dated December 18, 2023, indicated R3 received assistance with RN case management, weekly medication setup and TED stockings. The service plan did not include medication administration. R3's Instruction Sheet for Applying TED Stockings dated October 25, 2023, indicated the ULP would apply TED stockings daily. R3 would remove TEDS himself or call for assistance if needed. R3's physician orders dated October 25, 2023, included Apply TED stockings in the morning. R3's record lacked a treatment management plan to include the following required content: -statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On July 16, 2024, at 9:41 a.m., clinical nurse supervisor (CNS)-B stated they used Instruction	01940		

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01940	Continued From page 55 Sheets for any treatment provided to a resident and not an individualized treatment management plan to include the required content listed above. The licensee's Therapy Services policy dated February 11, 2020, indicated referrals to therapy services may include but not limited to, the following: -observation and evaluation -teaching and training -overall development of an individualized therapy program under the direction of the physician No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
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 ensure care and services were provided according to acceptable health care and medical or nursing standards for one of one resident (R1) with side rails. 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	02310		

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02310	Continued From page 56 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 of the residents). The findings include: R1 was admitted on June 29, 2016, with diagnoses that included diabetes and heart failure. R1's service plan dated December 18, 2023, indicated R1 received assistance with registered nurse (RN) case management, medication set up, bathing and laundry. On July 15, 2024, at 12:47 p.m., R1's room was observed to have a hospital bed with bilateral upper side rails. R1 stated she used the side rails to aid in getting in and out of bed and turning on her side while laying down. R1's Restraint/Entrapment Assessment dated May 10, 2023, indicated R1 used bilateral upper side rails for bed mobility. It also indicated R1 had been educated on the risks and benefits of using siderails. The assessment lacked documentation of the measurements of the side rails zones one through four. On July 16, 2024, at 10:05 a.m., clinical nurse supervisor (CNS)-B stated she had measured R1's side rails zones one through four but did not include the measurements on the side rail assessment. CNS-B stated she did not include the specific measurements for any side rail assessments. The licensee's Proper Use of Side Rails/Assistive	02310		

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02310	Continued From page 57 Devices policy dated December 21, 2023, indicated when a side rail/assist device usage is appropriate, the facility will periodically assess the space between the mattress and side rails/assist device to reduce the risk for entrapment (the amount of safe space may vary, depending on the type of bed and mattress being used). The Food and Drug Administration's (FDA), A Guide to Bed Safety, dated 2000, and revised April 2010, indicated 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 March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (within the rail) should not exceed 4 and 3/4 inches, zone 2 (under the rail, between rail supports or next to a single rail support) should not exceed 4 and 3/4 inches, zone 3 (between the rail and the mattress), should not exceed 4 and 3/4 inches, and zone 4 (under the rail, at the ends of the rail) should not exceed 2 and 3/8 inches or be greater than a 60 degree angle. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) Days	02310		

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02320	Continued From page 58	02320		
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 nurse delegated procedures were followed by one of one unlicensed personnel (ULP-C) observed during medication administration. 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: R2 R2 was admitted on December 4, 2023, with diagnoses that included compression fracture (occurs when one or more bones in the spine weaken and crumple), diabetes, and seizure disorder. R2's service plan dated December 4, 2023, indicated R2 received assistance with medication	02320		

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02320	Continued From page 59 set up, The service plan did not include medication administration. The service plan was not signed by R2 or the licensee. R2's signed prescriber orders dated December 5, 2023, included: -acetaminophen 325 mg; take two tablets every four hours as needed (pain) -aspirin 325 mg; take one tablet by mouth daily (heart health) -cholecalciferol 2000 IU (50 micrograms (mcg)); take one tablet by mouth daily (vitamin supplement) -Crestor 20 mg; take one tablet by mouth daily (cholesterol) -cyanocobalamin 500 mcg; take one tablet by mouth daily (vitamin supplement) -Glipizide 2.5 mg; take one tablet by mouth daily (diabetes) -Keppra 500 mg; take one tablet by mouth twice daily (seizures) -levothyroxine 112 mcg; take one tablet by mouth daily (thyroid) -loperamide 2 mg; take one capsule as needed (diarrhea) -Metformin 500 mg; take three tablets by mouth daily (diabetes) -metoprolol 75 mg; take one tablet by mouth twice daily (blood pressure) -Nystatin powder 1,000 unit/gram; apply to skin two times daily as needed (skin infection) -Senna 8.6 mg; take one tablet by mouth twice daily as needed (constipation) -Vitron C; take one tablet by mouth daily (vitamin supplement) On July 16, 2024, at 6:48 a.m., the surveyor observed ULP-C remove a prefilled medication box from an unlocked cabinet, pour the medications from the medication box into a	02320		

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02320	Continued From page 60 medication cup, and administer the medications to R2. ULP-C then documented the medication administration in R2's medication administration record (MAR). ULP-C did not complete the six rights of medication administration (right person, right medicine, right route, right dose, right time) prior to administering medications to R2. R3 R3 was admitted on September 20, 2023, with diagnoses that included cirrhosis of the liver (chronic liver damage leading to scarring and liver failure). R3's service plan dated December 18, 2023, indicated R3 received assistance with RN case management, and weekly medication set up. The service plan did not include medication administration. R3's signed prescriber orders dated January 29, 2024, included: -carvedilol 6.25 mg; take one tablet by mouth daily (blood pressure) -Crestor 10 mg; take one tablet by mouth daily (cholesterol) -ferrous gluconate 324 mg; take one tablet by mouth every other day (iron supplement) -lactulose 30 grams; take 45 ml by mouth twice daily (liver disease) -Melatonin 3 mg; take two tablets by mouth as needed (insomnia) -Prozac 40 mg; take one tablet by mouth daily (depression) -rifaximin 550 mg; take one tablet by mouth twice daily (liver disease) -spironolactone 25 mg; take two tablets by mouth daily (blood pressure) -Timolol 0.50%; instill one drop in each eye daily (glaucoma	02320		

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02320	Continued From page 61 -Tylenol 325 mg; take 1-2 tablets every four hours by mouth as needed (pain) -Vitamin D3 1000 IU; take one tablet by mouth daily (vitamin supplement) On July 16, 2024, at 8:34 a.m., the surveyor observed ULP-C remove R3's prefilled medication box from an unlocked cabinet, pour the medications into a medication cup and leave them on the counter for R3 to take on his own. ULP-C then documented the medication administration in R3's MAR. ULP-C did not complete the six rights of medication administration (right person, right medicine, right route, right dose, right time) prior to administering medications to R3. On July 16, 2024, at 9:57 a.m., clinical nurse supervisor (CNS)-B stated ULP-C was a long-term employee and likely had memorized what medications the R2 and R3 received which is why ULP-C had not completed the medication rights prior to administering the medications. CNS-B further stated, she expected the ULP would follow the medication rights every time they administered medications. The licensee's Training Unlicensed Personnel for Medication Administration policy dated February 15, 2024, indicated the following: -the RN would instruct, and competency test the ULP on the following topics and tasks before delegating to them the task of medication administration or assistance with self-administration of medications: - The 6 Rights of Medication - Infection control techniques that must be followed when administering medications, including hand washing and the use of gloves when appropriate.	02320		

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02320	Continued From page 62 - The preparation of the medications for administration. - Procedures for the proper methods to administer the various medications to the client. - How to document medication management services provided for the client consistent with our agency's MAR documentation procedure. - The type of information reportable to a nurse regarding assistance or administration of medications, including side effects, effectiveness of the medication, refused or held medications and medication errors. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Minnesota Department of Health
Food Pools and Lodging Services Section
625 Robert St N
St. Paul
651-201-4500

Type: Full
Date: *07/15/24*
Time: 11:33:49
Report: 7962241101

Food and Beverage Establishment Inspection Report

Location:
Saint Elizabeth Hospital
1200 Grant Boulevard West
Wabasha, MN55981
Wabasha County, 79

Establishment Info:
ID #: 0039341
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6515655577
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.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ***** Priority 1 *****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

BUTTER IN SMALL PLASTIC CONTAINERS 73 DEGREES, CONTAINERS FROM LARGER CONTAINER ON COUNTER IN KITCHEN

Comply By: 07/15/24

Food and Equipment Temperatures

Process/Item: Individual Trays
Temperature: 166 Degrees Fahrenheit - Location: rice and chiken
Violation Issued: No

Process/Item: Individual Trays
Temperature: 150 Degrees Fahrenheit - Location: brocoli
Violation Issued: No

Process/Item: Individual Trays
Temperature: 73 Degrees Fahrenheit - Location: portioned butter 7/14
Violation Issued: Yes

Process/Item: Individual Trays
Temperature: 37 Degrees Fahrenheit - Location: chicken salad
Violation Issued: No

Process/Item: Cooling from Ambient Tempe
Temperature: 50 Degrees Fahrenheit - Location: salad
Violation Issued: No

Type: Full
Date: *07/15/24*
Time: 11:33:49
Report: 7962241101
Saint Elizabeth Hospital

Food and Beverage Establishment Inspection Report

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

Establishment Info:

Email reports to:
Kellie Juliot, Supervisor, kljuliot@gundersenhealth.org

Kassie Marking, MDH/HRD, Kassie.Marking@state.mn.us

7-16-24
Overview:
One kitchen that serves: hospital, cafeteria, nursing home, and assisted living
Assisted Living meals are plated in the kitchen individually and delivered to dining room. Cart with beverages in hallway during serving. Milk kept out of refrigeration during service is discarded at end of service. Snacks are from vending machines and requested from the kitchen.

Sent with report:
Food Worker Illness; log, fact sheet, decision guide
Vomit/Fecal clean-up decision guide and poster
Assisted Living Exemptions excerpt

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 7962241101 of 07/15/24.

Certified Food Protection Manager: Kellie Juliot

Certification Number: FM57723 Expires: 04/27/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

Kellie Juliot
Superviisor

Signed: Heather Flueger

Heather Flueger
Public Health Sanitarian
Rochester District Office
507-208-3096
heather.flueger@state.mn.us