



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 15, 2025

Licensee

Vivie Senior Living of Northfield
910 Cannon Valley Drive
Northfield, MN 55057

RE: Project Number(s) SL20096016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 17, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, 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:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. 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/Bm5uQEpHVva>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

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

Jodi Johnson, Supervisor

State Evaluation Team

Email: Jodi.Johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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: SL20096016-0 On September 15, 2025, through September 17, 2025, 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 132 residents; 84 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 420 SS=F	144G.40 Subdivision 1 Responsibility for housing and services	0 420			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 420	Continued From page 1 The facility is directly responsible to the resident for all housing and service-related matters provided, irrespective of a management contract. Housing and service-related matters include but are not limited to the handling of complaints, the provision of notices, and the initiation of any adverse action against the resident involving housing or services provided by the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide sufficient management, control, and operation of the housing and services provided by the facility. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee had an assisted living with dementia care license, effective May 31, 2025. The licensee's (renewal) "Application for Assisted Living License", section titled "Official Verification of Owner or Authorized Agent", (page four and five of the application), identified an affirmative checkmark next to the statement, "I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659, governing the	0 420			

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0 420	Continued From page 2 provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract." Another checkmark was noted at the statement, "I have examined this application and all attachments, and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct and complete. I will notify MDH, in writing, of any changes to this information as required." Page six was electronically signed by the authorized agent on March 25, 2025. As a result of this survey, the following orders were issued under 0630, 0730, 0775, 0780, 0810, 1620, 1640, 1650, 1700, 1730, 1750, 1770, 1790, 1880, 1910, 1940, 1960, 1970, 2170, 2310, 2320, which indicated the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.01 to 144G.95. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 420			
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an	0 630			

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0 630	Continued From page 3 individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for four of four residents (R1, R2, R3, and 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 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 May 1, 2017, with diagnoses that included multiple sclerosis (disease of the central nervous system (brain and spinal cord)). On September 16, 2025, at 9:34 a.m., the surveyor observed unlicensed personnel (ULP)-G administer medications to R1. R1's service plan dated May 31, 2025, indicated	0 630			

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0 630	Continued From page 4 R1 received assistance with services to include bathing, dressing, personal hygiene, catheter care (one change per month), therapeutic exercise, toileting assistance, transfer assistance, and medication management. R1's IAPP dated August 3, 2025, did not include the following required items: -the resident's susceptibility to self-abuse -statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. R2 R2 was admitted on February 24, 2025, with diagnoses that included dementia. On September 16, 2025, at 6:53 a.m., the surveyor observed ULP-F administer medication to R2. R2's service plan dated May 31, 2025, indicated R2 received assistance with services to include bathing, dressing, personal hygiene, escorts, toileting, transfer assistance, and medication management. R2's IAPP dated August 14, 2025, indicated R2 was not at risk for abusing others; however, R2's task care record dated September 2025, indicated R2 required behavior monitoring for angry outbursts and physical aggression, The licensee failed to recognize that R2 was at risk to abuse other vulnerable adults due to angry outbursts and physical aggression. R2's IAPP did not include the following required items: -the resident's susceptibility to self-abuse -statements of the specific measures to be taken	0 630			

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0 630	Continued From page 5 to minimize the risk of abuse to that person and other vulnerable adults. R3 R3 was admitted on April 13, 2025, with diagnoses that included Parkinsonism (a collection of movement symptoms that include slowness, stiffness, tremor, and balance issues) and dementia. On September 16, 2025, at 10:52 a.m., the surveyor observed ULP-F administer medications to R3. R3's service plan dated May 31, 2025, indicated R3 received services to include bathing, dressing, personal hygiene, and medication management. R3's IAPP dated August 5, 2025, failed to include the following required items: -the resident's susceptibility to self-abuse -statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. R4 R4 was admitted on November 2, 2022, with diagnoses that included Alzheimer's disease and COPD (chronic obstructive pulmonary disorder) (lung and airway disease that restricts your breathing). On September 16, 2025, at 9:15 a.m., the surveyor observed ULP-F administer medications to R4. R4's service plan dated August 7, 2025, indicated R4 received assistance with services to include bathing, dressing, personal hygiene, escorts, nutritional support, oxygen assistance, toileting	0 630			

Minnesota Department of Health

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0 630	Continued From page 6 assistance, and medication management. R4's IAPP dated August 7, 2025, failed to include the following required items: -the resident's susceptibility to self-abuse -statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. On September 17, 2025, at 12:18 p.m., clinical nurse supervisor (CNS)-B stated the IAPP template did not include an area to assess a resident's risk to self-abuse. In addition, CNS-B stated R2's IAPP should have indicated he was at risk to abuse others. The licensee's Vulnerable Adult Maltreatment policy dated August 23, 2022, indicated an abuse prevention plan will be completed for each resident in the assisted living. The individual abuse prevention plan will: a. Be based upon an individualized review or assessment of the resident's a. Susceptibility to abuse by another individual, including other vulnerable adults b. Risk of abusing other vulnerable adults b. Indicate specific measures to be taken to minimize the risk of abuse to others and self-abuse No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident:	0 730			

Minnesota Department of Health

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0 730	Continued From page 7 (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service	0 730			

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0 730	Continued From page 8 termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include the required content in a discharge summary for one of one discharged resident (R5). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R5 was admitted to the licensee on August 27, 2025, and discharged on September 1, 2025. R5's record included a Discharge Summary dated September 1, 2025; however, it did not include the following required content: -a summary of the resident's stay that includes diagnoses, course of illnesses, allergies, treatments and therapies and pertinent lab, radiology, and consultation results; -a final summary of the resident's status from the latest assessment or review under Minnesota Statutes, section 144G.70, if applicable, that includes the resident status, including baseline and current mental, behavioral, and functional	0 730			

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0 730	Continued From page 9 status; -a reconciliation of all predischage medications with the resident's post discharge prescribed and over-the-counter medications; and -a post discharge plan that is developed with the resident and, with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The post discharge plan must indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any post discharge medical and nonmedical services the resident will need. On September 17, 2025, at 1:00 p.m., clinical nurse supervisor (CNS)-B stated R5's discharge summary did not include the required content as listed above. CNS-B and licensed assisted living director (LALD)-A stated they were not aware the discharge summary the licensee used for all discharges did not include all the required content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730			
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the Minnesota State Fire	0 775			

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0 775	Continued From page 10 Code (MSFC) in Minnesota Rules, chapter 7511. 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 the potential to affect a large portion or all of the residents). The findings include: On September 17, 2025, at 10:30 a.m., surveyor toured the facility with environmental services regional director (ESRD)-J and environmental services manager (ESM)-K. During the facility tour, surveyor observed the following conditions: SPECIAL LOCKING: The locked memory care units in Cannon Valley 101-122 (Building 1) did not have a signal or switch capable of unlocking the egress control locking system in the building. ESM-K tested a control button he thought was the unlocking switch. The egress exit doors leading to the exteriors (near room 101) and the egress exit door to the adjacent compartment (near room 103) did not unlock when he tested. ESRD-J stated he had tested the button the day before and founded there was no signal or switch capable of unlocking the egress control locking system in this building and verified this deficient finding at the time of discovery. The surveyor explained to ESM-K the egress control locking system at all exterior doors shall have the	0 775			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 775	Continued From page 11 capability of being unlocked by a signal or switch from the fire command center, a nursing station, or other approved location. The signal or switch shall directly break power to the lock. FIRE DOOR: The fire-rated laundry room door 129 in Canon Valley 101 (Building 1) did not close and latch under its own power. Several fire rated doors throughout the facility were propped open with door wedges - Laundry room P110 on the first floor in Parkview West. - Laundry room 2211, Laundry room P220, Trash room 208 on the second floor in the Parkview West. - Laundry room A126 in the Amenities B building. - Pool room J121, pool room M111 in the Parkview East Fire resistant rated doors are required to automatically close and latch to prevent the spread of flame and smoke in the event of a fire or similar emergency in accordance with MSFC Section 1105. ESM-K verified this deficient finding at the time of discovery. The surveyor explained to ESM-K that the fire-rated doors must positively latch to contain the spread of fire in case of fire, but the door wedge will prevent the door from closing. DOOR LOCKS: In the Cannon Valley 101-122 (building 1), the surveyor observed that the emergency egress from the locked memory care area exited to the fenced-in yard. The gates leading out of the enclosed fence yard were locked with a keypad that required a code to open them.	0 775			

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0 775	Continued From page 12 In the Evergreen Lodge (Building 8), the surveyor observed that the emergency egress from the locked memory care area exited to a fenced-in yard. The gates leading out of the enclosed fence yard were locked with a keypad that required a code to open them. ESM-K visually verified these deficient findings at the time of discovery and stated the locks from the fenced yards were not tied into the building fire alarm system and would not default to an unlocked (fail-safe) position if the power went out. The surveyor explained to ESM-K that the lock in the path of egress that required a code would cause a delay in the proper exiting of the space during a fire. Gates serving the means of egress system shall function in accordance with MSFC Section 1010. The vestibule door by office A101 in the Amenities B building had a "This is not an exit" sign installed on the vestibule door. There was an illuminated exit sign mounted above the door which identified that door as an emergency exit door. Only a door, passage, or stairway that is neither an exit nor a way of exit access, and that is located so that it is likely to be mistaken for an exit, can be identified by a NO EXIT sign. ESM-K stated that the outer vestibule door is an alarmed door, and the facility installed the sign to deter people from using this door. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775			
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment	0 780			

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0 780	Continued From page 13 (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms in sleeping rooms and outside sleeping room and failed to provide smoke alarms that are interconnected so that actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents.	0 780			

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0 780	Continued From page 14 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: On September 17, 2025, at 10:30 a.m., surveyor toured the facility with environmental services regional director (ESRD)-J and environmental services manager (ESM)-K. During the facility tour, surveyor observed the following items: Cannon Valley suites (buildings 1, 2, and 3) and Evergreen Lodge - In the Cannon Valley suites (buildings 1, 2, and 3), there were no smoke alarms installed in the resident sleeping rooms. - In the Evergreen Lodge building, there were no smoke alarms installed in the resident sleeping rooms. ESM-K verified these deficient findings at the time of discovery and stated all other sleeping rooms in Cannon Valley suites (buildings 1, 2, and 3) and Evergreen Lodge had this deficient condition. Parkview West (building 5) In the two-bedroom units at Parkview West (building 5), the sleeping rooms that were equipped with smoke alarms were not interconnected so actuation of one alarm would cause all alarms in the dwelling unit to operate.	0 780			

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0 780	Continued From page 15 ESM-K verified these deficient findings at the time of discovery and stated that all other sleeping rooms in two-bedroom units in Parkview West had this deficient condition. Parkview East (building 6) In the one-bedroom units at Parkview East (building 6), each sleeping unit had a sounder-based smoke detector that was connected to the central fire alarm system, however, the required interconnected smoke alarm was not installed outside the sleeping room. ESM-K verified these deficient findings at the time of discovery and stated all one- bedroom units in the Parkview East had this deficient condition. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive	0 810			

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0 810	Continued From page 16 training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on the interview and record review, the licensee failed to develop the fire safety and evacuation plan with the required content, failed to provide the required training, and failed to provide the required drills. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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:	0 810			

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0 810	Continued From page 17 On September 17, 2025, licensed assisted living director (LALD)-A, environmental services regional director (ESRD)-J and environmental services manager (ESM)-K provided documentation on the fire safety and evacuation plan (FSEP), fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN In Cannon Valley 202 (Building 2), the posted emergency evacuation plan showed the number of resident rooms, but the number did not match the one posted in each room. Record review of the available documentation indicated that the fire safety and evacuation plan did not include the identification of unique or unusual resident needs for movement or evacuation in the procedures for resident movement, evacuation, or relocation during a fire or similar emergency. During the interview on September 17, 2025, at 3:00 p.m., LALD-A stated the facility failed to develop and maintain fire safety and evacuation procedure including the identification of unique or unusual resident needs for movement or evacuation in the procedures for resident movement, evacuation, or relocation during a fire or similar emergency. TRAINING Record review of the available documentation indicated employees did not receive training twice yearly after initial hire. In the provided FSEP, the facility policy required the staff training to be conducted at orientation and annually after. Employee training records were requested, and no training records were provided.	0 810			

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0 810	Continued From page 18 During the interview on September 17, 2025, at 3:00 p.m., LALD-A stated the licensee provided annual training on the fire safety and evacuation plan to employees, but not twice per year after the initial hire, as required by statute. LALD-A stated there was no further documented training for the staff on the fire safety and evacuation plan as required by statute. DRILLS Record review of the available documentation indicated that the licensee did not conduct evacuation drills twice per year per shift and every other month as required by statute. Provided documentation indicated that the drills were conducted on February, April, and June in 2025 with no further drills being documented. Review of the provided drill documentation also indicated that the drills conducted did not incorporate evacuation procedures to qualify as an evacuation drill. During the interview on September 17, 2025, at 3:00 p.m., ESM-K stated that there were no further documented drills for the facility and verified the facility missed the drill in August.ESM-K stated when they conducted drills it was discussion based and did not focused on the staff procedures to follow to physically evacuate the residents. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted	01620			

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01620	Continued From page 19 living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan 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. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) 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	01620			

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01620	Continued From page 20 calendar days from the date of the last review. (f) 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 interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing nursing assessments not to exceed 90 days for two of four residents (R2 and 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: R2 R2 was admitted on February 24, 2025, with diagnoses that included dementia. R2's service plan dated May 31, 2025, indicated R2 received assistance with services to include bathing, dressing, personal hygiene, escorts, toileting, transfer assistance, and medication management. R2's ongoing nursing assessments dated May 9,	01620			

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01620	Continued From page 21 2025, and August 14, 2025, were reviewed. The August 14, 2025, assessment was completed 97 days after the date of the previous assessment, thus exceeding 90 calendar days. R4 R4 was admitted on November 2, 2022, with diagnoses that included Alzheimer's disease and COPD (chronic obstructive pulmonary disorder) (lung and airway disease that restricts your breathing). R4's service plan dated August 7, 2025, indicated R4 received assistance with services to include bathing, dressing, personal hygiene, escorts, nutritional support, oxygen assistance, toileting assistance, and medication management. R4's ongoing nursing assessments dated May 6, 2025, and August 7, 2025, were reviewed. The August 7, 2025, assessment was completed 93 days after the date of the previous assessment, thus exceeding 90 calendar days. O September 17, 2025, at 12:05 p.m., clinical nurse supervisor (CNS)-B stated the licensee completed a new assessment on all residents in May of 2025, when the change of ownership occurred which meant all residents were due to be assessed again in August 2025, and the nurses couldn't complete all the assessments within the 90 days. CNS-B stated going forward the nurses would ensure assessments were completed within the required time frame. The licensee's Initial and On-Going Nursing Assessment policy dated March 1, 2025, indicated an RN will complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs	01620			

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01620	Continued From page 22 as required: a. Pre-Admission Assessment b. 14-day assessment: completed up to 14-days after start of services c. Ongoing assessment: completed periodically but no less than very 90-days d. Change in resident condition 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 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.	01640			

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01640	Continued From page 23 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 revised to reflect the current services provided for four of four residents (R1, R2, R3, and 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 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 May 1, 2017, with diagnoses that included multiple sclerosis (disease of the central nervous system (brain and spinal cord)). On September 16, 2025, at 9:34 a.m., the surveyor observed unlicensed personnel (ULP)-G administer medications to R1. R1's service plan dated May 31, 2025, indicated R1 received assistance with services to include bathing, dressing, personal hygiene, catheter care (one change per month), therapeutic exercise, toileting assistance, transfer assistance, and medication management. R1's medication administration record (MAR) dated September 2025, include the following: -Catheter Irrigation: irrigate with 100 milliliters (ml)	01640			

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01640	Continued From page 24 normal saline to maintain catheter patency one time per week on Tuesdays R1's task care record dated September 2025, include the following: -TED (Thromboembolic deterrent) stockings (compression stockings designed to prevent blood clots in legs): Apply in morning, remove in evening -Safety Checks R1's service plan did not include catheter irrigation, TED stockings or safety checks. On September 17, 2025, at 12:10 p.m., clinical nurse supervisor (CNS)-B reviewed R1's service plan ad stated it did not include catheter irrigation, TED stockings or safety checks. R2 R2 was admitted on February 24, 2025, with diagnoses that included dementia. On September 16, 2025, at 6:53 a.m., the surveyor observed ULP-F administer medication to R2. The surveyor noted R2 had a brace on his right ankle. ULP-F stated he used to wear a knee immobilizer but now wears the ankle brace. ULP-F stated the staff assist with the application and removal of the ankle brace. R2's service plan dated May 31, 2025, indicated R2 received assistance with services to include bathing, dressing, personal hygiene, escorts, toileting, transfer assistance, and medication management. R2's signed prescriber orders dated March 25, 2025, included: -Heart rate (pulse) and blood pressure check	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 25 weekly -Monthly weights R2's task care record dated September 2025, included the following: -Behavior monitoring: angry outburst/agitation -Behavior monitoring: resistance -Behavior monitoring: physical aggression-slapping, shaking fist, grabbing, hitting, etc. -Safety Checks -Monthly weights R2's record lacked documentation of assistance with right ankle brace and weekly blood pressure and pulse checks. R2's service plan did not include behavior monitoring, safety checks, monthly weights, or right ankle brace. On September 17, 2025, at 12:12 p.m., CNS-B reviewed R2's service plan and stated it did not include behavior monitoring, safety checks, weekly blood pressure, pulse checks, monthly weights or assistance with R2's right ankle brace. CNS-B stated R2's family had brought the ankle brace in without notifying the nurses. R3 R3 was admitted on April 13, 2025, with diagnoses that included Parkinsonism (a collection of movement symptoms that include slowness, stiffness, tremor, and balance issues) and dementia. On September 16, 2025, at 10:52 a.m., the surveyor observed ULP-F administer medications to R3. The surveyor noted R3 had an elbow pad on his right elbow and was wearing TEDs.	01640			

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01640	Continued From page 26 R3's service plan dated May 31, 2025, indicated R3 received services to include bathing, dressing, personal hygiene, and medication management. R3's task care record dated September 2025, include the following: -Behavior monitoring: agitation: very worried, upset, excited, tense, confused or irritable-shown in movements or voice -Behavior monitoring: anxiety, restlessness -Behavior monitoring: repetitive behavior-repeating questions, rubbing hands -TED socks: Apply I morning and remove in evening -Blood Pressure monitoring- weekly on Thursdays -Safety Checks -Dressing: place elbow pad on right elbow in the AM and remove at bedtime R3's service plan did not include behavior monitoring, TEDs, weekly blood pressure checks, safety checks or assistance with elbow pad. On September 17, 2025, at 12:14 p.m., CNS-B reviewed R3's service plan and state it did not include TEDs, blood pressure checks, safety checks or assistance with R3's elbow pad. R4 R4 was admitted on November 2, 2022, with diagnoses that included Alzheimer's disease and COPD (chronic obstructive pulmonary disorder) (lung and airway disease that restricts your breathing). On September 16, 2025, at 9:15 a.m., the surveyor observed ULP-F administer medications to R4. The surveyor noted R4 had bilateral TED	01640			

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01640	Continued From page 27 stockings on. R4's service plan dated August 7, 2025, indicated R4 received assistance with services to include bathing, dressing, personal hygiene, escorts, nutritional support, oxygen assistance, toileting assistance, and medication management. R4's task care record dated September 2025, included the following: -Behavior monitoring: anxiety, restlessness, getting ready for bed too early -Behavior monitoring: neglecting self needs, not calling for help, self-isolation, refusing to come out for meals -Behavior monitoring: repetitive behavior, repeating questions, rubbing hands -Behavior monitoring: refusing cares, bathing, dressing, toileting, meals -Behavior monitoring: wandering/pacing, going into others rooms -Safety checks -TED stockings: apply in the morning and remove in evening R4's service plan did not include behavior monitoring, safety checks or TEDs. On September 17, 2025, at 12:16 p.m., CNS-B reviewed R4's service plan and stated it did not include behavior monitoring, safety checks or TEDs. The licensee's Contents of Service Plans policy dated August 1, 2021, indicated all residents would have an up-to-date service plan identifying services to be provided based on the assessment by the RN. No further information was provided.	01640			

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01640	Continued From page 28	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 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	01650			

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01650	Continued From page 29 licensee failed to ensure the service plan included all required content for four of four residents (R1, R2, R3, and 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 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 May 1, 2017, with diagnoses that included multiple sclerosis (disease of the central nervous system (brain and spinal cord)). R1's service plan dated May 31, 2025, indicated R1 received assistance with services to include bathing, dressing, personal hygiene, catheter care (one change per month), therapeutic exercise, toileting assistance, transfer assistance, and medication management. R1's service plan lacked the following content: - the frequency of each service - the schedule and methods of monitoring the staff providing services R2 R2 was admitted on February 24, 2025, with diagnoses that included dementia. R2's service plan dated May 31, 2025, indicated R2 received assistance with services to include bathing, dressing, personal hygiene, escorts,	01650			

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01650	Continued From page 30 toileting, transfer assistance, and medication management. R2's service plan lacked the following content: - the frequency of each service - the schedule and methods of monitoring the staff providing services R3 R3 was admitted on April 13, 2025, with diagnoses that included Parkinsonism (a collection of movement symptoms that include slowness, stiffness, tremor, and balance issues) and dementia. R3's service plan dated May 31, 2025, indicated R3 received services to include bathing, dressing, personal hygiene, and medication management. R3's service plan lacked the following content: - the frequency of each service - the schedule and methods of monitoring the staff providing services R4 R4 was admitted on November 2, 2022, with diagnoses that included Alzheimer's disease and COPD (chronic obstructive pulmonary disorder) (lung and airway disease that restricts your breathing). R4's service plan dated August 7, 2025, indicated R4 received assistance with services to include bathing, dressing, personal hygiene, escorts, nutritional support, oxygen assistance, toileting assistance, and medication management. R4's service plan lacked the following content: - the frequency of each service - the schedule and methods of monitoring the	01650			

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01650	Continued From page 31 staff providing services On September 17, 2025, at 12:08 p.m., clinical nurse supervisor (CNS)-B stated the licensee used "ongoing" as the frequency for the services provided to all residents. CNS-B stated the nurses would update all resident service plans to indicate the specific frequency of each service provided to them. The licensee's Contents of Service Plans policy dated August 1, 2021, indicated service plans/agreement would include: a. a description of the services provided b. fees for services c. frequency of each service according to resident assessment and resident preferences d. schedule ad methods of monitoring assessments e. schedule and methods of monitoring staff providing services f. contingency plan 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.	01700			

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01700	Continued From page 32 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. (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 four of four residents (R1, R2, R3, and R4). 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:	01700			

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01700	Continued From page 33 R1 R1 was admitted on May 1, 2017, with diagnoses that included multiple sclerosis (disease of the central nervous system (brain and spinal cord)). On September 16, 2025, at 9:34 a.m., the surveyor observed unlicensed personnel (ULP)-G administer medications to R1. R1's service plan dated May 31, 2025, indicated R1 received assistance with services to include medication management. R1's medication administration record (MAR) dated September 2025, included the following medications: -B-12 2500 micrograms (mcg); give one tablet by mouth one time a day (supplement) -Calcium; give one capsule by mouth one time a day (supplement) -metoprolol succinate 25 milligrams (mg); give one-half tablet by mouth one time daily (blood pressure) -Miralax 17 grams (g); give one scoop (17 g) by mouth one time a day (constipation) -Myrbetriq 50 mg; give one tablet by mouth at bedtime (overactive bladder) -Potassium chloride 10 milliequivalent (meq); give one tablet by mouth one time a day (supplement) -Probiotic capsule; give one capsule by mouth one time a day (supplement) -sertraline 25 mg; give one tablet by mouth one time a day (depression) -solifenacin succinate 10 mg; give one tablet by mouth one time daily (overactive bladder) -Turmeric 500 mg; give one tablet by mouth one time a day (supplement) -Vitamin D 125 mcg; give one capsule by mouth one time a day (supplement)	01700			

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01700	Continued From page 34 -furosemide 40 mg; give one tablet by mouth two times a day (diuretic) -acetaminophen 500 mg; give one tablet by mouth every six hours as needed for pain level 1-5. Give two tablets for pain level 6-10 -Deep Sea nasal spray 0.65%; two sprays in both nostrils as needed (dry nose) -Dulcolax rectal suppository 10 milligrams (mg); insert one suppository rectally as needed daily (constipation) -Milk of magnesia oral suspension 1200 mg/15 milliliters (ml); give 30 ml by mouth as needed every other day (constipation) -Miralax powder 17 grams (g); Give one scoop (17 g) by mouth as needed once a day (constipation) -Geri-Lanta oral suspension 200-200-20 mg/ml; give 30 ml by mouth as needed (GI upset) -Imodium 2 mg; give one tablet by mouth as needed (loose stools) R1's record lacked evidence the RN conducted a face-to-face review of all medications R1 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R1's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. R2 R2 was admitted on February 24, 2025, with diagnoses that included dementia. On September 16, 2025, at 6:53 a.m., the surveyor observed ULP-F administer medication to R2.	01700			

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01700	Continued From page 35 R2's service plan dated May 31, 2025, indicated R2 received assistance with services to include medication management. R2's MAR dated September 2025, included the following medications: -atorvastatin 10 mg; give one tablet by mouth at bedtime (cholesterol) -Lidocaine Patch 4%; apply to right lower back topically one time a day (pain) -Potassium chloride 20 meq; give two tablets by mouth one time a day (supplement) -ropinirole 1 mg; give one tablet by mouth at bedtime (restless legs) -sertraline 100 mg; give one tablet by mouth one time a day (depression) -tamsulosin 0.4 mg; give one capsule by mouth one time a day (urinary retention) -divalproex sodium 125 mg; give two tablets by mouth two times a day (agitation) -acetaminophen 500 mg; give two tablets by mouth three times a day (pain) -gabapentin 100 mg; give one capsule by mouth three times a day (pain) -tramadol 500 mg; give one tablet by mouth four times a day (pain) -diclofenac sodium gel 1%; apply to back, shoulders and ribs topically as needed for pain three times a day -Dulcolax rectal suppository 10 mg; insert one suppository rectally as needed daily (constipation) -Milk of magnesia oral suspension 1200 mg/15 ml; give 30 ml by mouth as needed every other day (constipation) -Geri-Lanta oral suspension 200-200-20 mg/ml; give 30 ml by mouth as needed (GI upset) -Imodium 2 mg; give one tablet by mouth as needed (loose stools) -tramadol 50 mg; give one tablet by mouth as needed for pain twice a day	01700			

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01700	Continued From page 36 R2's record lacked evidence the RN conducted a face-to-face review of all medications R2 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R2's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. R3 R3 was admitted on April 13, 2025, with diagnoses that included Parkinsonism (a collection of movement symptoms that include slowness, stiffness, tremor, and balance issues) and dementia. On September 16, 2025, at 10:52 a.m., the surveyor observed ULP-F administer medications to R3. R3's service plan dated May 31, 2025, indicated R3 received services to include medication management. R3's MAR dated September 2025, included the following medications: -atenolol 25 mg; give one-half tablet by mouth one time a day (blood pressure) -CertaVite; give one tablet by mouth one time a day (supplement) -cholecalciferol 1,000 units; give one tablet by mouth one time a day (supplement) -Latanoprost ophthalmic solution 0.05%; instill one drop in both eyes at bedtime (glaucoma) -losartan potassium 25 mg; give one tablet by mouth one time a day (blood pressure) -mesalamine 1.2 grams; give four tablets by	01700			

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01700	Continued From page 37 mouth one time a day (ulcerative colitis) -mirtazapine 7.5 mg; give one tablet by mouth at bedtime (agitation) -oxycodone 5 mg; give one-half tablet by mouth at bedtime (pain) -quetiapine 25 mg; give one tablet at bedtime (agitation/sleep) -serenoa repens 450 mg; give one capsule by mouth one time a day (supplement) -simvastatin 20 mg; give one tablet by mouth at bedtime (cholesterol) -acetaminophen 650 mg; give two tablets by mouth two times a day (pain) -brimonidine ophthalmic solution 0.2%; instill one drop into left eye two times a day (glaucoma) -dorzolamide-Timolol ophthalmic solution 22.3-6.8 mg/ml; instill one drop in both eyes two times a day (glaucoma) -lcaps capsule; give one capsule by mouth two times a day (supplement) -carbidopa-levodopa 15-100 mg; give 2.5 tablets by mouth three times a day (parkinsonism) -nystatin powder; apply to groin topically three times a day (rash) -loperamide 2 mg; give one tablet by mouth as needed (loose stools) -loratadine 10 mg; give one tablet by mouth as needed (allergies) -Milk of magnesia oral suspension 1200 mg/15 ml; give 30 ml by mouth as needed every other day (constipation) -oxycodone 5 mg; give one-half tablet by mouth as needed twice daily (pain) -polyethylene glycol; give 17 grams by mouth as needed daily (constipation) -quetiapine 25 mg; give one-half tablet by mouth as needed (anxiety) -senna 8.6 mg; give two tablets by mouth as needed (constipation)	01700			

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01700	Continued From page 38 R3's record lacked evidence the RN conducted a face-to-face review of all medications R3 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R3's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. R4 R4 was admitted on November 2, 2022, with diagnoses that included Alzheimer's disease and COPD (chronic obstructive pulmonary disorder) (lung and airway disease that restricts your breathing). On September 16, 2025, at 9:15 a.m., the surveyor observed ULP-F administer medications to R4. R4's service plan dated August 7, 2025, indicated R4 received assistance with services to include medication management. R4's MAR dated September 2025, included the following medications: -Breo Ellipta inhaler 100-25 mcg/inhalation: one puff inhale orally one time a day (COPD) -furosemide 40 mg; give one tablet by mouth one time a day (diuretic) -levothyroxine 88 mcg; give one tablet by mouth one time a day (thyroid) -trimethoprim 100 mg; give one tablet by mouth one time a day (recurrent urinary tract infection) -Systane Complete; instill one drop in both eyes two times a day (dry eyes) -acetaminophen 500 mg; give two tablets by mouth as needed three times a day (pain)	01700			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01700	Continued From page 39 -albuterol sulfate 108 mcg; two puffs inhale orally as needed every four hours (shortness of breath) -Dulcolax rectal suppository 10 mg; insert one suppository rectally as needed daily (constipation) -Milk of magnesia oral suspension 1200 mg/15 ml; give 30 ml by mouth as needed every other day (constipation) -Geri-Lanta oral suspension 200-200-20 mg/ml; give 30 ml by mouth as needed (GI upset) -Imodium 2 mg; give one tablet by mouth as needed (loose stools) -guaifenesin 100 mg/5 ml give 10 ml by mouth every six hours as needed (cough) -Nystatin powder 10,000 unit/gram; apply to affected area as needed twice a day (rash) R4's record lacked evidence the RN conducted a face-to-face review of all medications R4 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R4's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. On September 17, 2025, at 12:19 p.m., clinical nurse supervisor (CNS)-B stated all assessments were completed face-to-face with the resident which included a discussion of the medications the resident takes; however, it is not documented in the residents' records. The licensee's Medication Management Services policy dated January 2025, indicated for each resident who request medication management services, the community will, prior to providing medication management services, have a registered nurse conduct an assessment to	01700			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01700	Continued From page 40 determine what medication management services will be provided and how the services will be provided. The 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 and must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700			
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse 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	01730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057			
(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
01730	Continued From page 41 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. 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 four of four residents (R1, R2, R3, and R4). 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).	01730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057			
(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
01730	Continued From page 42 The findings include: R1 R1 was admitted on May 1, 2017, with diagnoses that included multiple sclerosis (disease of the central nervous system (brain and spinal cord)). On September 16, 2025, at 9:34 a.m., the surveyor observed unlicensed personnel (ULP)-G administer medications to R1. R1's service plan dated May 31, 2025, indicated R1 received assistance with services to include medication management. R1's Comprehensive Assessment and Review dated August 3, 2025; section S. Medication/Monitoring (identified as the Individualized Medication Management plan) lacked the following required content: -a statement describing the medication management services that will be provided; -a 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 that medication refills are ordered on a timely basis; -identification of medication management tasks that may be delegated to unlicensed personnel; -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and -any resident-specific requirements relating to documenting medication administration,	01730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01730	Continued From page 43 verification that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions R2 R2 was admitted on February 24, 2025, with diagnoses that included dementia. On September 16, 2025, at 6:53 a.m., the surveyor observed ULP-F administer medication to R2. R2's service plan dated May 31, 2025, indicated R2 received assistance with services to include medication management. R2's Comprehensive Assessment and Review dated August 14, 2025; section S. Medication/Monitoring (identified as the Individualized Medication Management plan) lacked the following required content: -a statement describing the medication management services that will be provided; -a 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 that medication refills are ordered on a timely basis; -identification of medication management tasks that may be delegated to unlicensed personnel; -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and -any resident-specific requirements relating to	01730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057			
(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
01730	Continued From page 44 documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions R3 R3 was admitted on April 13, 2025, with diagnoses that included Parkinsonism (a collection of movement symptoms that include slowness, stiffness, tremor, and balance issues) and dementia. On September 16, 2025, at 10:52 a.m., the surveyor observed ULP-F administer medications to R3. R3's service plan dated May 31, 2025, indicated R3 received services to include medication management. R3's Comprehensive Assessment and Review dated August 5, 2025; section S. Medication/Monitoring (identified as the Individualized Medication Management plan) lacked the following required content: -a statement describing the medication management services that will be provided; -a 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 that medication refills are ordered on a timely basis; -identification of medication management tasks that may be delegated to unlicensed personnel; -procedures for staff notifying a registered nurse	01730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01730	Continued From page 45 or appropriate licensed health professional when a problem arises with medication management services; and -any resident-specific requirements relating to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions R4 R4 was admitted on November 2, 2022, with diagnoses that included Alzheimer's disease and COPD (chronic obstructive pulmonary disorder) (lung and airway disease that restricts your breathing). On September 16, 2025, at 9:15 a.m., the surveyor observed ULP-F administer medications to R4. R4's service plan dated August 7, 2025, indicated R4 received assistance with services to include medication management. R4's Comprehensive Assessment and Review dated August 7, 2025; section S. Medication/Monitoring (identified as the Individualized Medication Management plan) lacked the following required content: -a statement describing the medication management services that will be provided; -a 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 that	01730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01730	Continued From page 46 medication refills are ordered on a timely basis; -identification of medication management tasks that may be delegated to unlicensed personnel; -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and -any resident-specific requirements relating to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions On September 17, 2025, at 12:26 a.m., clinical nurse supervisor (CNS)-B stated the individualized medication management plan was completed within the comprehensive nurse assessment. CNS-B stated the individualized medication management plan did not include the required content. CNS-B stated the same assessment was used for all residents. The licensee's Medication Management Services policy dated January 2025, indicated an individualized medication management plan will be prepared, and a written statement of the medication management service that will be included on the service agreement. The medication management services record for each resident will include: -A service statement describing which medication management services will be provided -A description of the storage of medication based on the resident's needs, risk of diversion, and consistent with the manufacturer's direction. -Documentation of specific resident instructions relating to the administration of medication will be included in the medication administration record, as needed	01730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01730	Continued From page 47 -Identification of person(s) responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis -Procedures for staff notifying a R when a problem arises with medication administration -Any resident specific requirements relating to documentation of medication administration, verifications that all medications are administered as prescribed, and monitoring and evaluation of medication used to prevent possible complications or adverse reactions No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01750 SS=E	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 four of four residents (R1, R2, R3,	01750			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01750	Continued From page 48 and R4) whose medication administration was delegated to unlicensed personnel (ULP). 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 May 1, 2017, with diagnoses that included multiple sclerosis (disease of the central nervous system (brain and spinal cord)). On September 16, 2025, at 9:34 a.m., the surveyor observed unlicensed personnel (ULP)-G administer medications to R1. R1's service plan dated May 31, 2025, indicated R1 received assistance with services to include medication management. R1's medication administration record (MAR) dated September 2025, included the following as needed (PRN) medications for constipation: -Dulcolax rectal suppository 10 milligrams (mg); insert one suppository rectally as needed daily, order dated September 7, 2025 -Milk of magnesia oral suspension 1200 mg/15 milliliters (ml); give 30 ml by mouth as needed every other day, order dated September 7, 2025 -Miralax powder 17 grams (g); Give one scoop (17 g) by mouth as needed once a day, order	01750			

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NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
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01750	Continued From page 49 dated February 25, 2025 The licensee failed to provide instructions for the ULP to understand which PRN medication for constipation should be used in which order. R2 R2 was admitted on February 24, 2025, with diagnoses that included dementia. On September 16, 2025, at 6:53 a.m., the surveyor observed ULP-F administer medication to R2. R2's service plan dated May 31, 2025, indicated R2 received assistance with services to include medication management. R2's MAR dated September 2025, included the following PRN medications for constipation: -Dulcolax rectal suppository 10 mg; insert one suppository rectally as needed daily, order dated March 25, 2025 -Milk of magnesia oral suspension 1200 mg/15 ml; give 30 ml by mouth as needed every other day, order dated March 25, 2025 The licensee failed to provide instructions for the ULP to understand which PRN medication for constipation should be used in which order. R3 R3 was admitted on April 13, 2025, with diagnoses that included Parkinsonism (a collection of movement symptoms that include slowness, stiffness, tremor, and balance issues) and dementia. On September 16, 2025, at 10:52 a.m., the surveyor observed ULP-F administer medications	01750			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01750	Continued From page 50 to R3. R3's service plan dated May 31, 2025, indicated R3 received services to include medication management. R3's MAR dated September 2025, included the following medications: -Milk of magnesia oral suspension 1200 mg/15 ml; give 30 ml by mouth as needed every other day (constipation), order dated July 11, 2025 -polyethylene glycol; give 17 grams by mouth as needed daily (constipation), order dated July 11, 2025 -senna 8.6 mg; give two tablets by mouth as needed (constipation), order dated July 11, 2025 The licensee failed to provide instructions for the ULP to understand which PRN medication for constipation should be used in which order. R4 R4 was admitted on November 2, 2022, with diagnoses that included Alzheimer's disease and COPD (chronic obstructive pulmonary disorder) (lung and airway disease that restricts your breathing). On September 16, 2025, at 9:15 a.m., the surveyor observed ULP-F administer medications to R4. R4's service plan dated August 7, 2025, indicated R4 received assistance with services to include medication management. R4's MAR dated September 2025, included the following PRN medications for constipation: -Dulcolax rectal suppository 10 mg; insert one suppository rectally as needed daily, order dated	01750			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01750	Continued From page 51 September 11, 2025 -Milk of magnesia oral suspension 1200 mg/15 ml; give 30 ml by mouth as needed every other day, order dated September 11, 2025 The licensee failed to provide instructions for the ULP to understand which PRN medication for constipation should be used in which order. On September 17, 2025, at 12:28 p.m., clinical nurse supervisor (CNS)-B reviewed R1, R2, R3, and R4's medication orders and stated there were no written instructions regarding when to give which PRN medication for constipation in which order. The licensee's Medication Management Services policy dated January 2025, indicated when delegating the administration of medication to ULP, the RN will specify in writing, specific instructions for each resident, if applicable, and document those instructions in the resident's electronic medication administration record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
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. This MN Requirement is not met as evidenced	01770			

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01770	Continued From page 52 by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication set up included all the required content for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on September 15, 2025, at approximately 9:30 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to their residents, including medication set up. R1 was admitted on May 1, 2017, with diagnoses that included multiple sclerosis (disease of the central nervous system (brain and spinal cord)). R1's service plan dated May 31, 2025, indicated R1 received assistance with services to include medication management. On September 16, 2025, at 9:34 a.m., the surveyor observed unlicensed personnel (ULP)-G administer medications to R1 which included removing four medications (calcium, probiotic, Vitamin D and Vitamin B12) from a medication planner that had been previously set up by the nurse.	01770			

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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
01770	Continued From page 53 R1's Medication Management Visit document dated September 12, 2025, under Section H. Medication Set-Up and Orders indicated R1 received medications packaged from the pharmacy and medications setup in a medication planner by the facility nurse. The document indicated routine medications were set up in a planner August 31 through September 27. 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. On September 17, 2025, at 12:31 p.m., CNS-B stated the nurse documented medication setup in the Medication Management Visit document; however, it did not include the required content as required. The licensee's Medication Management Services policy dated January 2025, indicated when setting up medication for later administration the nurse will: a. Verify that the dose and quantity of medications delivered is consistent with the prescription; b. Review prescribed medications to identify any contraindications or other concerns; c. Identify whether refills are needed and follow up to be sure the refill is available when needed; and d. Verify that medications for the previous period were administered as prescribed. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) Days	01770			

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01790	Continued From page 54	01790			
01790 SS=D	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, 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	01790			

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01790	Continued From page 55 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) ensure training and competencies were documented for two of two unlicensed personnel (ULP-C and ULP-F) providing medications to residents for unplanned time away from home when the licensed nurse was not available. 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	01790			

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01790	Continued From page 56 situation has occurred only occasionally). The findings include: ULP-C ULP-C was hired on November 23, 2022, to provide direct care and services to the licensee's residents. ULP-C's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available. ULP-F ULP-F was hired on September 24, 2024, to provide direct care and services to the licensee's residents. ULP-F's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available. On September 17, 2025, at 12:52 p.m., licensed assisted living director (LALD)-A stated ULP-C and ULP-F were trained and competent to provide medications to residents for unplanned time away, but did not have documentation of the training or competencies. LALD-A stated the licensee recently trained all ULP on delegated tasks relating to medications and would update the employee records. The licensee's Delegation of Medications To Be Given To Residents By Unlicensed Staff For Residents Time Away From Home policy dated March 1, 2025, indicated the licensee would provide the necessary medications, education, instructions, and support to meet the resident's medication needs when they are away from home if the facility provided assistance with	01790			

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01790	Continued From page 57 self-administration of medication, administration, administration or storage of medications. Only unlicensed staff that have been trained and have satisfactorily demonstrated competency will be assigned to place medications prepared by a pharmacist or a licensed nurse in the appropriate container for an unplanned leave of absence not to exceed seven days of medications. 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 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).	01880			

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01880	Continued From page 58 The findings include: On September 15, 2025, at approximately 9:30 a.m. during the entrance conference, clinical nurse supervisor (CNS)-B stated medications in assisted living were stored in a locked drawer in the residents' room and in memory care, medications were stored in a medication cart. CNS-B stated the licensee also had central storage of medications in multiple medication rooms. On September 15, 2025, at 1:05 p.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R7. At this time the surveyor noted one bottle of Miralax on R7's counter. On September 15, 2025, at 1:19 p.m., the surveyor observed ULP-F remove R2's medications from a locked drawer, prepare the medications for administration and put them in a medication cup and set the medication cup on R2's counter. ULP-F then left R2's room to obtain a glass of water, leaving the keys in the lock of the drawer and the medications on the counter. ULP-F returned to R2's room with a glass of water. R2 requested toilet paper. ULP-F left R2's room to obtain toilet paper. The keys to the medication drawer were still in the lock and medications remained on the counter. ULP-F returned to R2's room with toilet paper. ULP-F administered R2's medications, then locked the medication drawer and placed the keys in her pocket. The surveyor noted an opened box of Lidocaine patches on R2's counter. On September 16, 2025, at 9:34 a.m., the surveyor observed ULP-G administer medications to R1. The surveyor noted a bottle of Miralax on	01880			

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01880	Continued From page 59 R1's counter. On September 17, 2025, at 12:00 p.m., CNS-B stated medication drawers should be locked when staff weren't present, and she expected the keys to the medication drawers were always with the ULP. CNS-B stated if a bottle or box medications did not fit in the locked drawer the medication should be stored in the secured medication room, not left out on the resident's counter where it is accessible to others. The licensee's Storage of Medications policy dated January 5, 2023, indicated medications kept in central or secured storage must be kept in locked compartments under proper temperature controls and only authorized nursing personnel will have access to the keys. 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	01910			

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01910	Continued From page 60 medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as required for one of one discharged resident (R5). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at 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: R5 was admitted to the licensee on August 27, 2025, and discharged on September 1, 2025. R5's Medication Administration Record (MAR) dated September 2025, indicated R1 received the following medications: -benazepril 5 milligrams (mg); give one tablet by mouth one time a day (blood pressure) -finasteride 5 mg; give one tablet by mouth one time a day (prostate) -magnesium oxide 250 mg; give one tablet by mouth one time a day (supplement)	01910			

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01910	Continued From page 61 -tamsulosin -.4 mg; give one capsule by mouth at bedtime (prostate) -Vitamin D3 50 micrograms (mcg); give one capsule by mouth one time a day (supplement) -cephalexin 500 mg; give one tablet by mouth two times a day (antibiotic) -Preservision oral tablets; give one tablet by mouth two times a day (eye health) -acetaminophen 325 mg; give two tablets by mouth every 12 hours as needed (pain) -Miralax 17 grams; give one scoop by mouth every day as needed (constipation) R5's Discharge Summary dated September 1, 2025, indicated R5's medications were sent with family upon discharge. R5'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 September 17, 2025, at 12:43 p.m., clinical nurse supervisor (CNS)-B stated R5's record lacked a medication disposition record at the time of discharge. CNS-B stated she was aware of this requirement; however, it was not completed for R5. The licensee's Disposition or Disposal of Medication policy dated January 22, 2024, indicated staff would document the disposition or disposal of medications in the resident's record. Staff would document in the residents record the name of the person to whom the medications were given, the time and date, the name of each medication and the amount of medication	01910			

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01910	Continued From page 62 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 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	01940			

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01940	Continued From page 63 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 four of four residents (R1, R2, R3, and R4) with treatments. 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: R1 R1 was admitted on May 1, 2017, with diagnoses that included multiple sclerosis (disease of the central nervous system (brain and spinal cord). R1's service plan dated May 31, 2025, indicated R1 received assistance with services to include bathing, dressing, personal hygiene, catheter care (one change per month), therapeutic exercise, toileting assistance, transfer assistance, and medication management. R1's service plan did not include catheter irrigation, TED stockings or safety checks. R1's medication administration record (MAR) dated September 2025, include the following: -Catheter Irrigation: irrigate with 100 milliliters (ml) normal saline to maintain catheter patency one	01940			

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01940	Continued From page 64 time per week on Tuesdays -Catheter-Indwelling catheter (24 Fr) change every four weeks and as needed R1's task care record dated September 2025, include the following: -TED (Thromboembolic deterrent) stockings (compression stockings designed to prevent blood clots in legs): Apply in morning, remove in evening -Range of Motion: Range of motion on hands and wrist, ankles and legs. Follow instructions displayed. R1's prescriber orders included the following: -Right upper extremity (RUE) range of motion (ROM) program 3 x/week to maintain ROM in RUE to prevent further contractures, order dated November 21, 2022 -Catheter- Indwelling catheter (24 Fr) change every four weeks and as needed, order dated January 6, 2024 R1's record lacked prescriber orders for catheter irrigation, TED stockings and ROM for ankles and legs. R1's record lacked a current order within the past 12 months for monthly catheter change and ROM exercises for upper extremities. R1's record lacked a treatment management plan to include the following required content: - a statement of the type of services 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 profession when a	01940			

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01940	Continued From page 65 problem arises with treatments or therapy services; - 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. R2 R2 was admitted on February 24, 2025, with diagnoses that included dementia. On September 16, 2025, at 6:53 a.m., the surveyor observed ULP-F administer medication to R2. The surveyor noted R2 had a brace on his right ankle. ULP-F stated he used to wear a knee immobilizer but now wears the ankle brace. ULP-F stated the staff assist with the application and removal of the ankle brace. R2's service plan dated May 31, 2025, indicated R2 received assistance with services to include bathing, dressing, personal hygiene, escorts, toileting, transfer assistance, and medication management. R2's service plan did not include monthly weights, weekly blood pressure and pulse checks or assistance with an ankle brace. R2's record lacked documentation of assistance with right ankle brace. R2's record lacked prescriber orders for an ankle brace. R2's record lacked a treatment management plan to include the following required content: - a statement of the type of services that will be provided; - documentation of specific resident instructions	01940			

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01940	Continued From page 66 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 profession when a problem arises with treatments or therapy services; - 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 April 13, 2025, with diagnoses that included Parkinsonism (a collection of movement symptoms that include slowness, stiffness, tremor, and balance issues) and dementia. On September 16, 2025, at 10:52 a.m., the surveyor observed ULP-F administer medications to R3. The surveyor noted R3 had an elbow pad on his right elbow and was wearing TEDs. R3's service plan dated May 31, 2025, indicated R3 received services to include bathing, dressing, personal hygiene, and medication management. R3's service plan did not include TEDs, weekly blood pressure checks, or assistance with elbow pad. R3's task care record dated September 2025, include the following: -TED socks: Apply I morning and remove in evening -Blood Pressure monitoring- weekly on Thursdays	01940			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01940	Continued From page 67 -Dressing: place elbow pad on right elbow in the AM and remove at bedtime R3's signed prescriber orders included: -Check Blood pressure twice weekly for three weeks then send me readings, order dated July 10, 2024 -Apply black elbow pad to right elbow every morning and remove at bedtime, order dated August 12, 2024 R3's record lacked prescriber orders for TED stockings and lacked a current order within the past 12 months for weekly blood pressure checks and elbow pad. R3's record lacked a treatment management plan to include the following required content: - a statement of the type of services 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 profession when a problem arises with treatments or therapy services; - 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. R4 R4 was admitted on November 2, 2022, with diagnoses that included Alzheimer's disease and COPD (chronic obstructive pulmonary disorder)	01940			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
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01940	Continued From page 68 (lung and airway disease that restricts your breathing). On September 16, 2025, at 9:15 a.m., the surveyor observed ULP-F administer medications to R4. The surveyor noted R4 had bilateral TED stockings on. R4's service plan dated August 7, 2025, indicated R4 received assistance with services to include bathing, dressing, personal hygiene, escorts, nutritional support, oxygen assistance, toileting assistance, and medication management. R4's prescriber orders dated July 8, 2024, included the following: -Oxygen at 1-2 liters per minute at night as needed for shortness of breath R4's record did not include a current order within the past 12 months for oxygen. R4's record lacked a treatment management plan to include the following required content: - a statement of the type of services 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 profession when a problem arises with treatments or therapy services; - 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	01940			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
01940	Continued From page 69 complications or adverse reactions. On September 16, 2025, at 10:23 a.m., clinical nurse supervisor (CNS)-B stated all treatments were listed within the comprehensive nurse assessment and service plan. CNS-B stated residents receiving treatments did not have an individualized treatment management plan. The licensee's Treatment and Therapy Management policy dated January 2025, indicated an individualized treatment and therapy management record will be developed and maintained for each resident that includes: a. written statement of the type of services provided in the service plan b. documentation of specific resident instructions relating to the treatment or therapy administration. c. identification of treatment or therapy tasks that will be delegated to ULP d. procedures for notifying a RN or appropriate licensed professional when a problem arises with treatment or therapy services e. any resident-specific requirements related to documentation of treatment and therapy received, verification that all treatments and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions; and f. the treatment or therapy management record must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
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01960	Continued From page 70	01960			
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatment or therapies were administered as prescribed, or to document the reason they were not provided, for one of four 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 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 was admitted on February 24, 2025, with diagnoses that included dementia. On September 16, 2025, at 6:53 a.m., the surveyor observed unlicensed personnel (ULP)-F	01960			

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NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
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01960	Continued From page 71 administer medication to R2. The surveyor noted R2 had a brace on his right ankle. ULP-F stated he used to wear a knee immobilizer but now wears the ankle brace. ULP-F stated the staff assist with the application and removal of the ankle brace. R2's service plan dated May 31, 2025, indicated R2 received assistance with services to include bathing, dressing, personal hygiene, escorts, toileting, transfer assistance, and medication management. R2's service plan did not include monthly weights, weekly blood pressure and pulse checks or assistance with ankle brace. R2's signed prescriber orders dated March 25, 2025, included: -Heart rate (pulse) and blood pressure check weekly R2's record lacked prescriber orders for an ankle brace. R2's record lacked documentation of assistance with right ankle brace and weekly blood pressure and pulse checks. On September 17, 2025, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated R2's family brought in the ankle brace without notifying the nurses, so the service was not added to R2's record. CNS-B stated she was unsure of why R2's record lacked documentation of weekly blood pressure and pulse checks and would follow up with the nurses to see if this service was discontinued or should be added. The licensee's Treatment and Therapy Management policy dated January 2025, indicated each treatment or therapy administered will be documented in the resident's record.	01960			

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01960	Continued From page 72 When a treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960			
01970 SS=E	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for four of four residents (R1, R2, R3, and R4) receiving treatments. 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	01970			

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01970	Continued From page 73 situation has occurred repeatedly; but is not found to be pervasive). The findings include: R1 R1 was admitted on May 1, 2017, with diagnoses that included multiple sclerosis (disease of the central nervous system (brain and spinal cord)). R1's service plan dated May 31, 2025, indicated R1 received assistance with services to include bathing, dressing, personal hygiene, catheter care (one change per month), therapeutic exercise, toileting assistance, transfer assistance, and medication management. R1's service plan did not include catheter irrigation, TED (Thromboembolic deterrent) stockings (compression stockings designed to prevent blood clots in legs) or safety checks. R1's medication administration record (MAR) dated September 2025, include the following: -Catheter Irrigation: irrigate with 100 milliliters (ml) normal saline to maintain catheter patency one time per week on Tuesdays -Catheter-Indwelling catheter (24 French [Fr]) change every four weeks and as needed R1's task care record dated September 2025, include the following: -TED stockings: Apply in morning, remove in evening -Range of Motion: Range of motion on hands and wrist, ankles and legs. Follow instructions displayed. R1's prescriber orders included the following: -Right upper extremity (RUE) range of motion (ROM) program 3 x/week to maintain ROM in	01970			

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01970	Continued From page 74 RUE to prevent further contractures, order dated November 21, 2022 -Catheter- Indwelling catheter (24 Fr) change every four weeks and as needed, order dated January 6, 2024 R1's record lacked prescriber orders for catheter irrigation, TED stockings and ROM for ankles and legs. R1's record lacked a current order within the past 12 months for monthly catheter change and ROM exercises for upper extremities. On September 17, 2025, at 12:40 p.m., clinical nurse supervisor (CNS)-B stated R1's record lacked up to date prescriber orders for the treatments listed above. CNS-B stated she contacted R1's primary care provider and requested updated treatment orders. CNS-B stated she also requested therapy orders to assess if the ROM exercises are still appropriate for R1. R2 R2 was admitted on February 24, 2025, with diagnoses that included dementia. On September 16, 2025, at 6:53 a.m., the surveyor observed ULP-F administer medication to R2. The surveyor noted R2 had a brace on his right ankle. ULP-F stated he used to wear a knee immobilizer but now wears the ankle brace. ULP-F stated the staff assist with the application and removal of the ankle brace. R2's service plan dated May 31, 2025, indicated R2 received assistance with services to include bathing, dressing, personal hygiene, escorts, toileting, transfer assistance, and medication management. R2's service plan did not include monthly weights, weekly blood pressure and	01970			

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01970	Continued From page 75 pulse checks or assistance with ankle brace. R2's record lacked documentation of assistance with right ankle brace. R2's record lacked prescriber orders for an ankle brace. On September 17, 2025, at 12:37 p.m., CNS-B stated R2's record lacked prescriber orders for right ankle brace due to family bringing the brace in and not notifying the nurse. CNS-B stated she would request prescriber orders from R2's primary care provider. R3 R3 was admitted on April 13, 2025, with diagnoses that included Parkinsonism (a collection of movement symptoms that include slowness, stiffness, tremor, and balance issues) and dementia. On September 16, 2025, at 10:52 a.m., the surveyor observed ULP-F administer medications to R3. The surveyor noted R3 had an elbow pad on his right elbow and was wearing TEDs. R3's service plan dated May 31, 2025, indicated R3 received services to include bathing, dressing, personal hygiene, and medication management. R3's service plan did not include behavior monitoring, TEDs, weekly blood pressure checks, safety checks or assistance with elbow pad. R3's task care record dated September 2025, include the following: -TED socks: Apply in morning and remove in evening -Blood Pressure monitoring- weekly on Thursdays	01970			

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01970	Continued From page 76 -Dressing: place elbow pad on right elbow in the AM and remove at bedtime R3's signed prescriber orders included: -Check Blood pressure twice weekly for three weeks then send readings, order dated July 10, 2024 -Apply black elbow pad to right elbow every morning and remove at bedtime, order dated August 12, 2024 R3's record lacked prescriber orders for TED stockings and lacked a current order within the past 12 months for weekly blood pressure checks and elbow pad. On September 17, 2025, at 12:43 p.m., CNS-B stated R3's record lacked current prescriber orders for R3's treatments listed above. R4 R4 was admitted on November 2, 2022, with diagnoses that included Alzheimer's disease and COPD (chronic obstructive pulmonary disorder) (lung and airway disease that restricts your breathing). On September 16, 2025, at 9:15 a.m., the surveyor observed ULP-F administer medications to R4. The surveyor noted R4 had bilateral TED stockings on. R4's service plan dated August 7, 2025, indicated R4 received assistance with services to include bathing, dressing, personal hygiene, escorts, nutritional support, oxygen assistance, toileting assistance, and medication management. R4's prescriber orders dated July 8, 2024, included the following:	01970			

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01970	Continued From page 77 -Oxygen at 1-2 liters per minute at night as needed for shortness of breath R4's record did not include a current order within the past 12 months for oxygen. On September 17, 2025, at 12:49 p.m., CNS-B stated R4's record lacked up a current order for R4's oxygen. CNS-B stated the licensee would implement a new process for obtaining treatment orders to ensure all treatment orders are current for all residents. The licensee's Treatment and Therapy Management policy dated January 2025, indicated an up-to-date written or electronically recorded order from an authorized prescriber will be obtained for all treatments and therapies. The order must include: 1. Name of resident 2. Description of treatment or therapy 3. Frequency and duration and other information needed to administer the treatment or therapy 4. Must be renewed at least every 12 months No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970			
02170 SS=D	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills;	02170			

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02170	Continued From page 78 (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to conduct an individualized written activity evaluation that addressed all six provisions for two of three residents (R3 and R4) who received services under the assisted living with dementia care license and resided in the secure memory care unit.	02170			

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02170	Continued From page 79 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: The licensee had an assisted living with dementia care license. R3 R3 was admitted on April 13, 2025, with diagnoses that included Parkinsonism (a collection of movement symptoms that include slowness, stiffness, tremor, and balance issues) and dementia. On September 16, 2025, at 10:52 a.m., the surveyor observed unlicensed personnel (ULP)-F administer medications to R3. R3's Activities and Social History dated April 20, 2023, included past and current interests. R3's record lacked the following: -current abilities and skills -emotional and social needs and patterns -physical abilities and limitations -adaptations necessary for the resident to participate; and -identification of activities for behavioral interventions R4 R4 was admitted on November 2, 2022, with	02170			

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NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057			
(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
02170	Continued From page 80 diagnoses that included Alzheimer's disease and COPD (chronic obstructive pulmonary disorder) (lung and airway disease that restricts your breathing). On September 16, 2025, at 9:15 a.m., the surveyor observed ULP-F administer medications to R4. R4's Activities and Social History dated July 7, 2023, included past and current interests. R4's record lacked the following: -current abilities and skills -emotional and social needs and patterns -physical abilities and limitations -adaptations necessary for the resident to participate; and -identification of activities for behavioral interventions On September 17, 2025, at 12:46 p.m., licensed assisted living director (LALD)-A reviewed R3 and R4's Activities and Social History and stated it was an old version of the assessment. LALD-A stated the current assessment has a section 'C' which contains the missing content. The licensee's undated, Description of Life Enrichment Programs and How Activities are Implemented policy indicated each resident receiving assisted living services will be evaluated for activities. The evaluation must include: a. past and current interest c. Current abilities and skills d. C. emotional and social needs and patterns e. Physical abilities and limitations f. Adaptations necessary for the resident to participate, and g. Identification of activities for behavioral interventions	02170			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057			
(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
02170	Continued From page 81 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170			
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 (R2) with bed 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 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: R2 was admitted on February 24, 2025, with diagnoses that included dementia. R2's service plan dated May 31, 2025, indicated	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
02310	Continued From page 82 R2 received assistance with services to include bathing, dressing, personal hygiene, escorts, toileting, transfer assistance, and medication management. On September 15, 2025, at 1:16 p.m., the surveyor observed bilateral grab bars on R2's bed. R2's Comprehensive Assessment and Review dated August 14, 2025, indicated R2 utilized bilateral assist bars to assist with bed mobility. The assessment indicated R2 had been educated on the risk and benefits of using bed rails. R2's record included manufacturer instructions for the bed rail. However, R2's record lacked documentation R2's bed rail was used, installed, and maintained per manufacturer's instructions; and documentation R2's bed rail was checked for recalls with the Consumer Product Safety Commission (CPSC). On September 17, 2025, at 12:52 p.m., licensed assisted living director (LALD)-A stated the licensee worked with residents who requested the use of a bed rail and recommended two different options that the licensee would purchase, install per manufacturer recommendations and maintain the bed rail for the resident. LALD-A stated in addition to checking for recalls, the licensee had an agreement with the company they purchase the bed rails from that in the event one of the products were recalled, the company would notify the licensee of the recall and provide alternative options. LALD-A stated the licensee's assistive device assessment did not include an area to document that the bed rails were installed and maintained per manufacturer's instructions or that they checked for recalls and would work with the electronic system to add an area to include these	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
02310	Continued From page 83 requirements going forward. The licensee's Side Rails/Assist Bars policy dated March 1, 2025, indicated the following: 1. The RN will train staff to be alert for any side rail/assist bar or equipment that resembles a side rail/assist bar that a resident may be using or considering using so as to notify the RN immediately about the side rail/assist bar or equipment. 2. When notified that a resident has a side rail/assist bar, the RN will evaluate what the resident's needs are and assess to determine if the resident can safely utilize the side rail/assist bar equipment and determine whether the side rail/assist bar equipment meets the FDA standards. 3. The RN will provide training for any resident who has a side rail/assist bar or is considering obtaining one, and if appropriate, to educate the resident's representative and/or the resident's family regarding side rail/assist bar safety and risk including potential death due to falls, entrapment and asphyxiation. If the RN determines the resident is not able to safety use a side rail/assist bar or that the resident's side rail/assist bar does not meet the FDA or most current safety guidelines, the RN will recommend that the side rail/assist bar be removed and will document this recommendation, document to whom the education was directed and document the reason who was given the recommendation to remove the side rail/assist bar. 4. If the RN determines that the side rails/assist bars are not a safe device for the resident, the RN will provide options and alternatives for positioning self to the resident's representative and/or the resident's family. The RN will document these recommended options and the response from the resident, resident's	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057			
(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
02310	Continued From page 84 representative and/or the resident's family to the recommendations. 5. The RN may not remove a side rail/assist bar that is the property of the resident, the resident's representative or the resident's family. If the RN determines that resident's side rail/assist bar is unsafe, and the resident, the resident's representative or the resident's family does not remove it, the RN will notify the resident's medical provider and consider whether to notify the Common Entry Point. The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe". The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(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
02310	Continued From page 85 improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Installation and use according to manufacturer's guidelines; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	02310			
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	02320			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
02320	Continued From page 86 review, the licensee failed to ensure care and services were provided according to acceptable health care and medical or nursing standards for the licensee's one of five residents (R7) who received medication administration services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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: R7 was admitted on November 4, 2024, with diagnoses that included dementia. R7's service plan dated July 28, 2025, indicated R7 received services to include medication management. R7's Medication Administration Record (MAR) dated September 2025, included the following medication: -Fiber Therapy Oral Powder 25%; Give one tablespoon by mouth one time a day, order dated November 4, 2024 On September 16, 2025, at 7:43 a.m., the surveyor observed unlicensed personnel (ULP)-F place a glass of orange juice at the dining room table for R7. ULP-F stated the orange juice contained R7's Fiber powder. ULP-F stated R7 would drink it along with his breakfast. ULP-F left the orange juice unattended at the table to assist other residents. At 7:56 a.m., other residents	02320			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER VIVIE SENIOR LIVING OF NORTHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
02320	Continued From page 87 entered the dining room. Two residents sat at the table where ULP-F left the orange juice. At 8:16 a.m., ULP-E assisted R7 to the dining room table, mixed his orange juice and instructed R7 to drink it because it had his fiber in it. On September 17, 2025, at 2:14 p.m., clinical nurse supervisor (CNS)-B stated staff should not pre-set up R7's fiber, instead wait until R7 arrives to the dining room and then give R7 the orange juice with fiber mixed in. CNS-B stated ULP should supervisor R7 until he drank all the orange juice to ensure he received the full dose and to ensure no other residents accidentally drank the juice with the fiber in it. The licensee's Medication Management Services policy dated January 2025, indicated when delegating the administration of medication to ULP, the RN will specify in writing, specific instructions for each resident, if applicable, and document those instructions in the resident's electronic medication administration record. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) days	02320			



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

VIVIE SENIOR LIVING OF NF
910 CANNON VALLEY DRIVE
Northfield, MN 55057
Rice County
Parcel:

Phone:

License Info

License: HFID 20096

Risk:
License:
Expires on:
CFPM: Michelle Lynn Vanwieren
CFPM #: 55181; Exp: 12/10/2027

Inspection Info

Report Number: F1033251170
Inspection Type: Full - Single
Date: 9/16/2025 Time: 9:30 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 5
Delivery: Emailed

New Order: 4-200 Equipment Design and Construction

4-201.11AMN *Priority Level: Priority 3 CFP#: 47*

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

COMMENT: Two ice machines are not approved for use.

Comply By: 9/16/2025 Originally Issued On: 9/16/2025

New Order: 4-300 Equipment Numbers and Capacities

4-302.14 *Priority Level: Priority 2 CFP#: 48*

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

COMMENT: Memory care area is missing a lactic acid test kit.

Comply By: 10/3/2025 Originally Issued On: 9/16/2025

New Order: 5-200A Plumbing: approved materials/design

5-201.11B *Priority Level: Priority 3 CFP#: 51*

MN Rule 4626.1040B Maintain the plumbing system in good repair.

COMMENT: Mop sink faucet in the main kitchen area is leaking.

Comply By: 11/28/2025 Originally Issued On: 9/16/2025

New Order: 5-500 Refuse and Recyclables

5-501.16A *Priority Level: Priority 3 CFP#: 54*

MN Rule 4626.1255A Provide sufficient receptacles and enclosures inside and outside of the establishment to hold refuse, recyclables and returnables that accumulate.

COMMENT: Waste receptacle in the memory care area is not accessible.

Comply By: 9/16/2025 Originally Issued On: 9/16/2025

New Order: 6-100 Physical Facility Construction Materials

6-101.11A1 *Priority Level: Priority 3 CFP#: 55*

MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.

COMMENT: Corner floor tile pieces are damaged in the main kitchen. Ceiling tile damaged located in the CVS MC area.

Comply By: 2/27/2026 Originally Issued On: 9/16/2025

New Order: 6-300 Physical Facility Numbers and Capacities

6-301.14 *Priority Level: Priority 3 CFP#: 10*

MN Rule 4626.1455 Remove the supply of individual disposable towels and hand soap from food preparation sinks, utensil washing sinks, and mop sinks.

COMMENT: Paper towel dispenser located at the memory care dish sink. Person in charge removed the dispenser.

Comply By: Complied On Site Originally Issued On: 9/16/2025

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Mankato District Office inspection report number F1033251170 from 9/16/2025

Isaiah Armendariz

Establishment Representative

Isaiah Armendariz,
Public Health Sanitarian 2
507-344-2743
isaiah.armendariz@state.mn.us

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Page: 1

Establishment Info	Inspection Info
VIVIE SENIOR LIVING OF NF	Report Number: F1033251170
Northfield	Inspection Type: Full
County/Group: Rice County	Date: 9/16/2025
	Time: 9:30 AM

Equipment Temperature: Product/Item/Unit: ; Temperature Process: Ambient Air

Location: Walk-in Cooler at 36 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: Meatball Soup; Temperature Process: Hot-Holding

Location: Flat Top at 163 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Tomatoes; Temperature Process: Cold-Holding

Location: Prep Cooler at 36 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Two Door Line Cooler; Temperature Process: Ambient Air

Location: Upright Cooler at 39 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Dairy Cooler; Temperature Process: Cold-Holding

Location: Upright Cooler at 39 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Dessert Cooler; Temperature Process: Cold-Holding

Location: Upright Cooler at 35 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: ; Temperature Process: Ambient Air

Location: Upright Freezer at 0> Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: MC; Temperature Process: Ambient Air

Location: Upright Cooler at 39 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: MC; Temperature Process: Ambient Air

Location: Upright Freezer at 0> Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: CVS MC; Temperature Process: Ambient Air

Location: Upright Cooler at 41 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: CVS MC; Temperature Process: Ambient Air

Location: Upright Freezer at 0> Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: CVS EC; Temperature Process: Ambient Air

Location: Upright Cooler at 31 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: CVS EC; Temperature Process: Ambient Air

Location: Upright Freezer at 0> Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: Cut Tomatoe-CVS EC; Temperature Process: Cold-Holding

Location: Prep Cooler at 36 Degrees F.

Comment:

Violation Issued?: No

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Sanitizer Observations/Recordings

Page: 1

Establishment Info

VIVIE SENIOR LIVING OF NF
Northfield
County/Group: Rice County

Inspection Info

Report Number: F1033251170
Inspection Type: Full
Date: 9/16/2025
Time: 9:30 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 167 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Kitchen **Equal To** 166 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

Location: Cook Line **Equal To** 200 PPM

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** 3-Compartment Sink

Location: 3-Comp Sink **Equal To** 400 PPM

Comment:

Violation Issued?: No

Minnesota (MDH) Version EH Manager; RPT: F1033251170		Food Establishment Inspection Report		Page 1 of 1	
 Mankato District Office Minnesota Department of Health 12 Civic Center Plaza, Suite 2105 Mankato, MN 56001		No. of Risk Factor/Intervention/Violations		1	Date: 9/16/2025
		No. of Repeat Risk Factor/Intervention/Violations			Time: 9:30 AM
		Score (optional)			Dur: min
Establishment: VIVIE SENIOR LIVING OF NF		Address: 910 CANNON VALLEY DRIVE		City/State: Northfield, MN	Zip: 55057
License/Permit #: HFID 20096		Permit Holder:		Purpose of Inspection: Full	Est. Type: Risk Category:
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
Designated compliance status (IN, OUT, N/O, N/A) for each numbered item					
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable					
Mark "X" in appropriate box for COS and/or R					
COS=corrected on-site during inspection R=repeat violation					
Compliance Status				COS	R
Supervision					
1	IN	Person in charge present, demonstrate knowledge and performs duties			
2	IN	Certified Food Protection Manager			
Employee Health					
3	IN	knowledge, responsibilities, and reporting			
4	IN	Proper use of restriction and exclusion			
5	IN	Response to vomiting, diarrheal events			
Good Hygienic Practices					
6	N/O	Proper eating, tasting, drinking, tobacco use			
7	IN	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN	Hands clean and properly washed			
9	IN	No bare hand contact with RTE foods, alternatives			
10	OUT	Adequate handwashing sinks supplied and access	X		
Approved Source					
11	IN	Food obtained from approved source			
12	N/O	Food Received at proper temperature			
13	IN	Food in good condition, safe & unadulterated			
14	N/A	Records available: shellstock tags, parasite dest.			
Protection From Contamination					
15	IN	Food separated and protected			
16	IN	Food-contact surfaces; cleaned & sanitized			
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food			
GOOD RETAIL PRACTICES					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Mark "X" or OUT in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
Compliance Status				COS	R
Safe Food and Water					
30	IN	Pasteurized eggs used where required			
31		Water & ice from approved source			
32	N/A	Variance obtained for specialized processing methods			
Food Temperature Control					
33		Proper cooling methods used; adequate equipment for temperature control			
34	N/O	Plant food properly cooked for hot holding			
35	IN	Approved thawing methods used			
36		Thermometers provided & accurate			
Food Identification					
37		Food properly labeled; original container			
Prevention of Food Contamination					
38		Insects, rodents, & animals not present; no unauthorized person			
39		Contamination prevented during food prep, storage, & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruits & vegetables			
Person in Charge (signature)					
Inspector (signature) <i>Isaiah Armendariz</i>					
Follow-up: Follow-up Date:					
Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury					
Time/Temperature Control for Safety					
18	N/O	Proper cooking time & temperatures			
19	N/O	Proper reheating procedures for hot holding			
20	N/O	Proper cooling time and temperature			
21	IN	Proper hot holding temperatures			
22	IN	Proper cold holding temperatures			
23	IN	Proper date marking & disposition			
24	N/A	Time as public health control; procedures & record			
Consumer Advisory					
25	N/A	Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
26	IN	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	N/A	Food additives; approved & properly used			
28	IN	Toxic substances properly identified; stored; used			
Conformance with Approved Procedures					
29	N/A	Compliance with variance, specialized processes & HACCP plan			