Electronically Delivered

April 13, 2022

Administrator
Parkwood Apartments
505 South 2nd Street
Belview, MN 56214

RE: Project Number(s) SL30467015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on March 24, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

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

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

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

The correction order documentation should include the following:

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

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

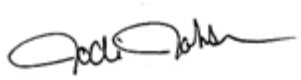
A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.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

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

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

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

Sincerely,



Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30467	A. BUILDING: _____ B. WING _____	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWOOD APARTMENTS	505 SOUTH 2ND STREET BELVIEW, MN 56214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#30467015 On March 22, 2022, through March 24, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 15 residents receiving services under the provider's Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared according to the Minnesota Food Code. This had the potential to affect all 15 current residents of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Please refer to the additional documentation included in the Food and Beverage Establishment Inspection Reports, dated March 23, 2022, for the	0 480		

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0 480	Continued From page 2 specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the facility posted required information about the facility's grievance procedure to contain all required content. This had the potential to affect all current residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).	0 550		

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0 550	Continued From page 3 The findings include: On March 22, 2022, at approximately 11:20 a.m. during a facility tour, registered nurse (RN)-B showed this surveyor a communication board where information regarding the facility grievance procedure was located. The posted grievance informational statement did not include the information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. On March 22, 2022, at approximately 11:45 a.m. RN-B confirmed the statement did not include all the required information. The licensee's Complaint and Policy and Procedure policy reviewed on July 23, 2021, failed to include the new Assisted Living Licensure requirements effective August 1, 2021. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and	0 640		

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0 640	Continued From page 4 (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment as required. This had the potential to affect all the licensee's current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee failed to post information and the reporting number for the Minnesota Adult Abuse Reporting Center (MAARC) to report suspected maltreatment of a vulnerable adult under section 626.557. On March 22, 2022, during the facility tour at approximately 11:20 a.m., the surveyor observed the facility entry area a sign posted in the common area to call 911; however, there was no posting as noted above. On March 22, 2022, at approximately 11:45 a.m. registered nurse (RN)-B confirmed the required content was not posted as required.	0 640		

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0 640	Continued From page 5 The licensee's Emergency Procedure/911 Calls policy dated January 20, 2020, directed staff discovering an emergency should immediately call the registered nurse or licensed practical nurse onsite. If no nurse was immediately available onsite, staff should promptly call 911. The policy lacked direction to post the 911 emergency number in common areas and near telephones. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 640		
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place	0 650		

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0 650	Continued From page 6 and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content (annual performance review) for one of two employees (licensed assisted living director (LALD)-A) with employee records reviewed. 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 clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). Findings include: On March 24, 2022, LALD-A's employee record was reviewed. LALD-A had a hire date of March 1, 2001. LALD-A's employee record lacked evidence an annual performance review was completed. On March 24, 2022, at approximately 11:18 a.m. LALD-A confirmed her employee record did not	0 650		

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0 650	Continued From page 7 have an up-to-date performance review. LALD's last documented annual performance review was in 2019. The licensee's Personnel Records policy dated March 10, 2022, indicated the personnel record for each employee will include performance evaluations which identify areas of improvement needed and training needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain a	0 660		

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0 660	Continued From page 8 tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). The licensee failed to ensure baseline screening for active TB (either a two-step tuberculin skin test (TST) or blood test) were completed and documented for one of two employees (unlicensed personnel (ULP)-C) with employee records reviewed. 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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-C was hired by the licensee on August 16, 2000, to provide direct care services. On March 23, 2022, at approximately 8:18 a.m. ULP-C was observed to apply compression stockings to R1's lower extremities. ULP-C had a one negative TST dated April 11, 2008; however, ULP-C did not have a second TST. ULP-C's employee records lacked evidence of baseline screening for active TB with either a two-step TST or blood test. On March 24, 2022, at 11:50 a.m. licensed assisted living director (LALD)-A confirmed ULP-C did not have a second TST completed. The licensee's TB Prevention and Control policy	0 660		

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0 660	Continued From page 9 effective March 10, 2022, indicated prior to contact with residents, each staff member will be screened for TB. A two-step skin test or a single interferon gamma release assay (IGRA) for M. tuberculosis will be administered unless the person's past medical history indicates that a TB skin test is contraindicated. The TB screening results would be included in the personnel record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 660		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are	0 680		

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0 680	Continued From page 10 allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have a written emergency preparedness plan with all the required content and failed to post an emergency preparedness plan prominently. This had the potential to affect residents, staff and visitors. 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 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 22, 2022, at approximately 10:08 a.m. the licensee's emergency preparedness plan was provided and later reviewed by the surveyor. On March 22, 2022, at approximately 11:20 a.m. the surveyor toured the facility with registered nurse (RN)-B. The facility's physical layout included a L shaped layout of apartments on one level, common dining room opened to a common enclosed courtyard. Emergency exit diagrams were posted in the front entry and hanging up on the wall down each wing. Emergency exit diagrams were also posted in each resident's	0 680		

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0 680	Continued From page 11 room. The licensee's plan provided to the surveyors included a Hazard Vulnerability Assessment dated March 12, 2020, which identified 21 events (such as fire, tornado, winter storm) and scored each event based on probability, risk and preparedness. The plan provided a generic outline of what should be included in an emergency preparedness plan with several checklist forms that could be used in emergencies, such as missing resident, water main break, gas line break, water/electrical outage, fire and natural disasters (tornado watch/warning, blizzard, and flooding). The licensee's plan included contact information for some external emergency and service contacts and natural disaster policies and procedures (not all customized to the facility). The emergency employee roster and emergency family/physician contact tabs were outdated. The licensee's plan did not include the following required content: - a comprehensive program to include infectious diseases and pandemics; - a description of the population served by the licensee; - process for emergency preparedness (EP) cooperation with state and local EP officials/organizations; - procedure for tracking staff and residents; - subsistence needs for staff and residents during emergency situation; - development of policies/procedures to address: - evacuation plan (not customized for the facility); - fire (not customized for the facility) - shelter in place; - a tracking system used to document	0 680		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWOOD APARTMENTS	505 SOUTH 2ND STREET BELVIEW, MN 56214

(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
0 680	Continued From page 12 locations or residents and staff; - the medical record documentation system to preserve resident information; - emergency staff strategies; - the facilities role in providing care and treatment at alternative sites - a communication plan that included: - arrangement with other facilities; - names and contact information for staff, resident physicians, other facilities; - contact information for federal, state, tribal, local EP staff, ombudsman; - primary and alternative means for communicating with facility staff, federal, state, regional and local emergency management agencies - a method of sharing information and medical documentation for residents; - a means to provide information regarding the facility's needs, and its ability to provide assistance to include information about their occupancy; -a method of sharing information from the emergency plan with residents and their families - EP training and testing program; - EP training program for staff (including documentation of training provided); - EP testing/annual testing requirements On March 23, 2022, at approximately 2:15 p.m. licensed assisted living director (LALD)-A confirmed staff were not familiar with Appendix Z and verified the licensee had not fully developed and implemented the emergency preparedness plan/program. No further information was provided. TIME PERIOD FOR CORRECTION:	0 680		

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0 680	Continued From page 13 Twenty-One (21) days	0 680		
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) employee 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) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees 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	0 810		

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0 810	Continued From page 14 by: Based on observation, interview and record review, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to provide required employee training on fire safety and evacuation and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: A record review and interview were conducted on March 23, 2022, at approximately 1:40 p.m. with licensed assisted living director (LALD)-A, registered nurse (RN)-B, maintenance director (DM)-D, and Maintenance Assistant (MA)-E on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review indicated that the fire safety and evacuation plan did not have fire protection procedures necessary for residents. During interview, LALD-A stated that the fire safety and evacuation plan did not have provisions for this requirement. Record review indicated that the fire safety and evacuation plan did not include the identification of unique or unusual resident needs for	0 810		

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0 810	Continued From page 15 movement or evacuation in the procedures for resident movement, evacuation, or relocation during a fire or similar emergency. During interview, LALD-A stated that the fire safety and evacuation plan did not have provisions for this requirement. Record review indicated that employees did not receive training twice per year after initial hire on the facility fire safety and evacuation plan. During interview, LALD-A stated that the licensee provides training to employees on fire safety at initial hire and annually thereafter. A policy provided by LALD-A indicated that the licensee provides training to employees annually. Record review indicated that that the licensee did not have documentation indicating that evacuation drills had been conducted every other month as required. During interview, LALD-A stated that the licensee had not conducted any drills for the facility since the new law went into effect on August 1, 2021. A policy provided by LALD-A indicated that the licensee will hold a minimum of one fire drill for a minimum of every six months, but made not reference to evacuation drills. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01640 SS=D	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	01640		

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01640	Continued From page 16 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. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan was revised to include all services being provided for one of two residents (R1) with records reviewed. 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:	01640		

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01640	Continued From page 17 R1's service plan did not include all services provided by the licensee's staff to include: -wheelchair mobility (five times a day); and -daily bed making R1's Service Plan dated November 30, 2021, included the following services: daily wellness check, 24-hour staffing, emergency call system, RN assessment monthly, medication set up weekly, bath assistance as requested, meals and meal delivery as requested, laundry and/or linen change as requested, weekly housekeeping, thrombo embolic deterrent/TED socks (compression stockings that increase vascularity to deter blood clots/swelling); assist to put on TED socks on every morning and remove every evening. R1's March 2022, service documentation included a service for staff to assist with wheelchair mobility five times a day- as needed, 8:00 a.m., 10:30 a.m., 11:30 a.m., 1:30 p.m., and 5:30 p.m. In addition, there was a service for staff assist to make R1's bed every morning. Dates of documentation included March 1-March 22, 2022. On March 23, 2022, at approximately 1:18 p.m. licensed assisted living director (LALD)-A acknowledged the services were missing on R1's service plan. LALD-A also stated she will add the missing services to R1's service plan. The licensee's Development and Revision of the Service Plan policy dated March 23, 2016, indicated if a review of the service plan indicates that the client's service plan needs modification based on the client's needs preferences, or changes in fees, the RN therapist and/or other licensed health professional (as applicable)	01640		

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01640	Continued From page 18 makes necessary changes to the service plan, signs the revised service plan with name, title, and date, and requests that the client and/or the client's representative sign and date the revised service plan. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01640		
01940 SS=D	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	01940		

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01940	Continued From page 19 monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop a treatment management plan to include all required content for one of two residents (R1) with a right knee brace. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's diagnoses included essential hypertension, and pain in right hip. R1's service plan, dated November 30, 2021, failed to identify the treatment service of assistance of right knee brace. R1's Treatment or Therapy Services to be Provided dated November 16, 2021, also lacked inclusion of the treatment to apply a right knee brace. On March 23, 2022, at approximately 8:18 a.m. unlicensed personnel (ULP)-C was observed to assist R1 with the application of a right knee brace while sitting in living room recliner.	01940		

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01940	Continued From page 20 R1's Service plan/Treatment therapy Management Plan lacked the following content: -a statement of the type of services that will be provided; -documentation of specific resident instructions relating tot he treatment or therapy administration; -identification of the treatment or therapy that will be delegated to unlicensed personnel; -procedures for notifying a nurse or appropriate licensed health professional when a problem arises with the treatments or therapy services; and -any resident-specific requirements relating to documentation of treatment and therapy received verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On March 23, 2022, at approximately 1:28 p.m. licensed assisted living director (LALD)-A confirmed that neither R1's service plan nor treatment management plan included the treatment for right knee brace. LALD-A also confirmed the service and treatment management plan was incomplete and lacked the required items. The licensee's Individualized Treatment and Therapy Management Plan dated January 2014 indicated the licensee would prepare and document an Individualized Treatment and Therapy Management Plan as part of the service plan for each client receiving treatment management services. The policy further indicated the plan would include the specific components listed above. No further information was provided.	01940		

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01940	Continued From page 21 TIME PERIOD FOR CORRECTION: Seven (7) days.	01940		
01970 SS=D	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 a written prescriber order for a treatment was obtained for one of one resident (R1) with record reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's record lacked evidence of a prescriber's order for assistance with application of a right knee brace. On March 23, 2022, at approximately 8:18 a.m.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01970	Continued From page 22 unlicensed personnel (ULP)-C was observed to assist R1 with application of a right knee brace while sitting in living room recliner R1's record lacked evidence of a written statement on the resident's service plan for the service of a right knee brace. R1's March 2022, service documentation included a service to assist with right knee brace, on every morning and off every evening. Dates of documentation included March 1-March 22, 2022, at 8:00 a.m. and 8:00 p.m. On March 23, 2022, at approximately 1:28 p.m. licensed assisted living director (LALD)-A verified they did not have a prescriber's order for the right knee brace. The licensee's Individualized Treatment and Therapy Management Plan dated January 2014, indicated records of treatments or therapy orders would be included in the resident permanent record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

DEPARTMENT OF HEALTH

Type: Full
Date: *03/23/22*
Time: 10:50:00
Report: 1030221003

Food and Beverage Establishment Inspection Report

Location:
Parkwood Apartments
505 South 2nd Street
Belview, MN56214
Redwood County, 64

Establishment Info:
ID #: 0038150
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5079383020
ID #:

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

The following orders were issued during this inspection.

4-700 Sanitizing Equipment and Utensils

4-703.11B ** Priority 1 **

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

Hot water sanitzing residential dish machine in assisted living kitchen measured surface temperature below 160F. PIC stated due to long cycle will rerun if does not reach temp will wash/sanitize at senior center kitchen. Record review show same issue.

Comply By: 03/23/22

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

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

No sanitzer test kit/strips available for Hillyard Arsenal 25 sanitzer (EPA Reg. No 47371-147-1658) to measure concentration. PIC stated they contacted supply company and ordered test strips to check the sanitzer strength.

Comply By: 03/28/22

4-200 Equipment Design and Construction

4-201.11AMN

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.

Residential Frigidaire dish machine does not have an effective sanitize cycle. Records demonstrate and

check during inspection that surface temperatures does not reach 160F or above. Will wash/sanitize at senior center kitchen and must replace as above.

Comply By: 03/23/22

Surface and Equipment Sanitizers

Residential Dish Machine:: < at 160 Degrees Fahrenheit
Location: 1st - assisted living kitchen: heat tape
Violation Issued: Yes

Residential Dish Machine:: < at 160 Degrees Fahrenheit
Location: 2nd - assisted living kitchen: heat tape
Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: meatloaf
Temperature: 173.5 Degrees Fahrenheit - Location: Service cart - hot holding unit
Violation Issued: No

Process/Item: diced beets
Temperature: 180.5 Degrees Fahrenheit - Location: Service cart - hot holding unit
Violation Issued: No

Process/Item: bake potato
Temperature: 175.6 Degrees Fahrenheit - Location: Service cart - hot holding unit
Violation Issued: No

Process/Item: hard boiled egg
Temperature: 40.2 Degrees Fahrenheit - Location: Whirlpool refrigerator - AL kitchen
Violation Issued: No

Process/Item: cooked peach crisp
Temperature: 32.1 Degrees Fahrenheit - Location: Walk-In cooler - Senior Center kitchen
Violation Issued: No

Process/Item: Ambient thermometer
Temperature: -20 Degrees Fahrenheit - Location: Walk-In freezer - Senior Center kitchen
Violation Issued: No

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

This was an inspection completed in conjunction with MDH Health Regulations Division (HRD) survey and requested by Jenn Panitzke, HRD team lead.

Background information:
Food is prepared and cooked in the senior living kitchen and then transported in hot holding units to assisted living facility kitchen where it is plated and served. Dishes, cups and utensils are sanitized in the assistant living kitchen. Each facility has their own license and MN Certified Food Protection Manager.

Violations were discussed with Barb Novotny, senior living kitchen manager/person in charge (PIC), Paula Pohlen, assisted living kitchen (PIC) & MN Certified Food Protection Manager (CFPM), and Jenn

Panitzke, MDH HRD team lead.

Also, the following was discussed:

Employee illness policy and log
Vomit/fecal incident clean up procedures
Certified Food Protection Manager duties (provided fact sheet)
Food preparation (most same day service and some complex with cook, cooling and reheating step)
Cooling procedures (foods prepared day before service and from ambient temperatures i.e., cut watermelon)
Food temperatures
Thermometer use and calibration
Datemarking
Prevention of bare hand contact
Serving highly susceptible populations - using only pasteurized eggs and juice
Cleaning and sanitizing food contact surfaces & dishes and utensils
Sanitzer use and test kit

Existing equipment:

Frigidaire Residential dish machine
Residential refrigerator
Laminate counter tops & residential cabinets
Adding handwashing sink adjacent to kitchen for employees - Contact HRD engineering/plan review for review and approval prior to construction.

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

I acknowledge receipt of the inspection report number 1030221003 of 03/23/22.

Certified Food Protection Manager: Paula Pohlen

Certification Number: FM97509 Expires: 02/26/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Paula Pohlen
Manager

Signed: _____
Denise Schumacher

Marshall DO
denise.schumacher@state.mn.us

Report #: 1030221010

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

No. of RF/PHI Categories Out	1	Date	03/23/22
No. of Repeat RF/PHI Categories Out	0	Time In	10:50:00
Legal Authority MN Rules Chapter 4626		Time Out	

	Address	City/State	Zip Code	Telephone
Parkwood Apartments	505 South 2nd Street	Belview, MN	56214	5079383020

License/Permit #	Permit Holder	Purpose of Inspection	Est Type	Risk Category
0038150		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

Compliance Status		COS	R
Surpervision			
1 IN OUT	PIC knowledgeable; duties & oversight		
2 IN OUT N/A	Certified food protection manager, duties		
Employee Health			
3 IN OUT	Mgmt/Staff;knowledge,responsibilities&reporting		
4 IN OUT	Proper use of reporting, restriction & exclusion		
5 IN OUT	Procedures for responding to vomiting & diarrheal events		
Good Hygenic Practices			
6 IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7 IN OUT N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8 IN OUT N/O	Hands clean & properly washed		
9 IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10 IN OUT	Adequate handwashing sinks supplied/accessible		
Approved Source			
11 IN OUT	Food obtained from approved source		
12 IN OUT N/A N/O	Food received at proper temperature		
13 IN OUT	Food in good condition, safe, & unadulterated		
14 IN OUT N/A N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15 IN OUT N/A N/O	Food separated and protected		
16 IN OUT N/A	Food contact surfaces: cleaned & sanitized		
17 IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18 IN OUT N/A N/O	Proper cooking time & temperature		
19 IN OUT N/A N/O	Proper reheating procedures for hot holding		
20 IN OUT N/A N/O	Proper cooling time & temperature		
21 IN OUT N/A N/O	Proper hot holding temperatures		
22 IN OUT N/A	Proper cold holding temperatures		
23 IN OUT N/A N/O	Proper date marking & disposition		
24 IN OUT N/A N/O	Time as a public health control: procedures & records		
Consumer Advisory			
25 IN OUT N/A	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27 IN OUT N/A	Food additives: approved & properly used		
28 IN OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 IN OUT N/A	Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" 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

			COS	R
Safe Food and Water				
30	IN OUT N/A	Pasteurized eggs used where required		
31		Water & ice obtained from an approved source		
32	IN OUT N/A	Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A N/O	Plant food properly cooked for hot holding		
35	IN OUT N/A N/O	Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37		Food properly labled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single service articles: properly stored & used		
46		Gloves used properly		
Utensil Equipment and Vending				
47	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) **Date:** 03/24/22

Inspector (Signature) Denise Schmidt