Electronically Delivered

April 8, 2022

Administrator
Moose Lake Village Assisted Living
1200 Talbot Drive
Moose Lake, MN 55767

RE: Project Number(s) SL28089015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on March 23, 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,

Jessie Chenze, Interim Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: Jessica.Chenze@state.mn.us
Phone: 651-508-2791| Fax: 218-332-5196

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28089	A. BUILDING: _____ B. WING _____	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOOSE LAKE VILLAGE ASSISTED LI	1200 TALBOT DRIVE MOOSE LAKE, MN 55767

(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#28089015 On March 21, 2022, through March 23, 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 ten (10) residents, whom were 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.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD) was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's 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 of the residents). The findings include: On March 21, 2022, at approximately 10:42 a.m., licensed assisted living director/registered nurse (LALD/RN)-A identified herself as the LALD for the facility. LALD-A obtained an assisted living director license on August 6, 2021. On March 21, 2022, at approximately 11:35 a.m., the Board of Executives for Long-Term Services and Support (BELTSS) website, indicated LALD-A held a current assisted living director license. The BELTSS website did not indicate LALD-A as the Director of Record for the licensee. LALD-A and	0 110		

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0 110	Continued From page 2 the regional director of clinical services/RN (RDCS/RN)-B acknowledged LALD-A was not listed as the Director of Record for the licensee. LALD-A and RDCS/RN stated they were not aware of the requirement for the Director of Record. The licensee lacked a policy regarding listing the LALD as the Director of Record. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (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	0 480		

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0 480	Continued From page 3 review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated March 21, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 510 SS=E	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision.	0 510		

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0 510	Continued From page 4 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure infection control standards were followed for two of two unlicensed personnel (ULP-C and ULP-E) during a dressing change for 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 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: ULP-C On March 21, 2022, at approximately 11:50 a.m., ULP-C was observed to conduct a dressing change on R1's right hand wound. Upon entering R1's room ULP-C performed hand hygiene and donned a pair of gloves. ULP-C removed the dressing on R1's right hand exposing a skin tear wound on the top of R1's hand measuring approximately 3.5 centimeters (cm) by 0.5 cm. The wound and soiled dressing had serosanguineous drainage (a thin, watery fluid that is pink in color). Using the same gloved hands, ULP-C sprayed a dermal wound cleanser on the wound, patted the wound dry with a gauze pad, opened a telfa pad (a non-adherent dressing), placed a line of Neosporin (antibiotic ointment) on the telfa pad, and with the same gloved hands placed the telfa pad on R1's right	0 510		

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0 510	Continued From page 5	0 510		

hand wound. ULP-C looked for scissors to cut the gauze wrap. R1 stated ULP-C could use the scissors in his desk. ULP-C retrieved R1's scissors and was going to clean the scissors with an alcohol wipe but could not find one in the dressing supply caddy. ULP-C exited R1's room, returned without a pair of gloves on, donned a new pair of gloves, cleaned the scissors with an alcohol wipe and wrapped the gauze around R1's hand securing the wound dressing and then cut and taped the gauze wrap. ULP-C cleaned R1's scissors, placed them back on R1's desk and with gloved hands gathered the soiled dressing supplies and dressing caddy and exited R1's room. ULP-C tossed the used dressing supplies in a garbage, removed his gloves and performed hand hygiene.

On March 21, 2022, at approximately 12:03 p.m., directly following the above noted observation, ULP-C verified during the dressing change for R1, he had not removed his gloves, performed hand hygiene, and applied a new pair of gloves after removal of the old dressing, application of the ointment and the new dressing.

ULP-E

On March 22, 2022, at approximately 9:10 a.m., ULP-E was observed to conduct a dressing change on R1's right hand wound. Upon entering R1's room ULP-E performed hand hygiene and donned a pair of gloves. ULP-E unwrapped the gauze dressing around R1's right hand and removed the soiled telfa pad exposing R1's wound (same measurements noted as above) on the top of his right hand, with the same gloved hands ULP-E placed a line of Neosporin ointment directly on top of R1's hand wound, placed a new telfa pad on top of the Neosporin, wrapped the

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0 510	Continued From page 6 gauze around R1's hand securing the wound dressing and then cut and taped the gauze wrap. ULP-E removed her gloves and performed hand hygiene. On March 22, 2022, at approximately 9:20 a.m., directly following the above noted observation, ULP-E verified during the dressing change for R1, she had not removed her gloves, performed hand hygiene, and applied a new pair of gloves after removal of the old dressing, application of the ointment and placement of the new dressing. On March 22, 2022, at approximately 9:57 a.m., licensed assisted living director/registered nurse (LALD/RN)-A confirmed gloves should be changed, and hand hygiene performed in between tasks such as removal of a dressing, wound care treatment and application of a new dressing. The licensee's Hand Washing/Hand Hygiene policy dated March 14, 2019, noted hand hygiene should be performed between resident cares and whenever direct physical contact with a resident takes place. Hand hygiene should be performed before and after direct contact with a client, if moving from a contaminated-body site to a clean-body site during client care; and after removing gloves. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment	0 810		

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0 810	Continued From page 7 (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 by: Based on observation, document review, and interview, the licensee failed to develop and maintain plans for fire safety and evacuation. This had the potential to directly affect all residents and staff.	0 810		

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0 810	Continued From page 8 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On March 23, 2022, between 10:00 a.m. and 10:45 a.m., survey staff toured the facility with the resident services coordinator (RSC)-F and maintenance (M)-G. During the facility tour, it was observed that there was a designated emergency exit leading from the sunroom to the porch. This emergency exit was not provided with a path for escape leading away from the building, snow had not been removed to create a path. In an interview with the M-G during the tour, they confirmed that a path for escape was not provided. On March 23, 2022, at approximately 10:45 a.m., the licensed assisted living director (LALD)-A provided documents for review. Documents were reviewed by survey staff on March 23, 2022, between 10:45 a.m. and 11:30 a.m. The Fire Plan dated 07-01-2021 had not been developed and maintained for the facility location. 1. Smoke compartments and fire doors were referenced, which the facility does not identify. 2. Evacuation procedures for using stairs and elevators were referenced, but the facility was not provided with stairs or elevators. 3. The location of the fire alarm annunciating panel was blank. On March 23, 2022, at approximately 11:35 a.m., the LALD-A confirmed during an interview that the	0 810		

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0 810	Continued From page 9 licensee failed to develop and maintain fire safety and evacuation plans for this location. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:	0 970		

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0 970	Continued From page 10 On March 21, 2022, at approximately 10:45 a.m., during the entrance conference, a copy of the facility's assisted living contract was requested. The assisted living contract included three clauses that indicated the resident would waive the facility's liability for health, safety, or personal property of the resident. Page 8-9, section 17. of the contract indicated the resident agreed the provider was not responsible for any loss or damage to resident's personal property due to any reason or cause, including theft, other than provider's own negligence. Page 11, section 22. of the contract indicated as an occupant of the community, resident assumed the risk for resident's own safety. The resident would indemnify and hold harmless provider, its employees, officers, managers, owners and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of, or caused wholly or in part by, an act or omission of resident or resident's guests or agents. Page 11, section 24. of the contract indicated the provider was not liable to resident for any injury, death or property damage occurring in the apartment or provider's premises unless such injury, death or property damage occurs as the result of provider's own negligent acts or omissions, or those of its employees, officers, managers, owners or agents. Provider is also not liable for any injury, death, or damage occurring as the result of resident's receipt of health-related, supportive or other services from third-party providers. Unless caused by one of the aforementioned excepted reasons, resident agrees to hold provider harmless from any and all claims for injuries, property damage or any other	0 970		

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0 970	Continued From page 11 loss resulting from an accident or other occurrence in the apartment or on provider's premises. On March 23, 2022, at approximately 12:02 p.m., licensed assisted living director/registered nurse (LALD/RN)-A confirmed the same assisted living contract was used for all residents at the facility. LALD/RN-A stated the corporate office would need to review the contract and make the appropriate changes. A request was made for a policy on the content of assisted living contract, and it was not provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01770 SS=D	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 by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R4) 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	01770		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28089	A. BUILDING: _____ B. WING _____	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOOSE LAKE VILLAGE ASSISTED LI	1200 TALBOT DRIVE MOOSE LAKE, MN 55767

(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 12	01770		

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:

During the entrance conference on March 21, 2022, at approximately 11:00 a.m., licensed assisted living director/registered nurse (LALD/RN)-A confirmed the licensee provided medication management services to include medication setup.

R4's diagnoses included down syndrome (a genetic disorder that causes a wide range of developmental delays and physical disabilities), thyroid disorder and insomnia.

R4's Medication Assessment and Need for Medication Management dated January 4, 2022, and service plan dated February 8, 2022, indicated the resident received medication management services which included medication setup.

R4's prescriber orders dated March 3, 2022, included an order for levothyroxine sodium 25 micrograms (mcg) (thyroid hormone replacement medication).

On March 21, 2022, at approximately 11:25 a.m., observed in the medication cupboard was R4's monthly planner (a medication box with designated compartments for days and times) labeled levothyroxine 25 mcg. Twenty-eight pills had been setup in the planner.

R4's records lacked documentation for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28089	A. BUILDING: _____ B. WING _____	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOOSE LAKE VILLAGE ASSISTED LI	1200 TALBOT DRIVE MOOSE LAKE, MN 55767

(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 13 medication setup at the time of setup to include the dates of medication setup, the name of the medication, quantity of dose, times to be administered, route of administration, and name of person completing the medication setup. On March 21, 2022, at approximately 2:12 p.m., LALD/RN-A verified medication setup for R4's levothyroxine was not documented in the resident's record to include the required content noted above. The licensee's Medication Setup and Documentation policy dated August 7, 2019, noted the nurse would document each medication setup on the electronic medication administration record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770		
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	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28089	A. BUILDING: _____ B. WING _____	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOOSE LAKE VILLAGE ASSISTED LI	1200 TALBOT DRIVE MOOSE LAKE, MN 55767

(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
01960	Continued From page 14 by: Based on observation, interview and record review, the licensee failed to ensure one of one resident's (R1) dressing change was provided as directed by the prescriber and registered nurse (RN) 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: R1's diagnoses included dementia and chronic fatigue. On March 22, 2022, at approximately 9:10 a.m., unlicensed personnel (ULP)-E was observed to conduct a dressing change on R1's right hand wound. Upon entering R1's room ULP-E performed hand hygiene and donned a pair of gloves. ULP-E unwrapped the gauze dressing around R1's right hand and removed the soiled telfa pad (a non-adherent dressing) exposing R1's wound on the top of his right hand, with the same gloved hands ULP-E placed a line of Neosporin ointment directly on top of R1's hand wound, placed a new telfa pad on top of the Neosporin, wrapped the gauze around R1's hand securing the wound dressing and then cut and taped the gauze wrap. ULP-E removed her gloves and performed hand hygiene. R1's prescriber orders dated March 17, 2022,	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28089	A. BUILDING: _____ B. WING _____	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOOSE LAKE VILLAGE ASSISTED LI	1200 TALBOT DRIVE MOOSE LAKE, MN 55767

(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
01960	Continued From page 15 included an order for wound care to be done as needed with Neosporin ointment, a non-stick telfa and a rolled gauze dressing. R1's Scheduled Service form dated March 2022, provided the following specific wound care instructions for R1's right hand wound: remove dressing, cleanse skin tear, apply Neosporin on non-stick bandage, and secure with roll gauze and tape. Do not apply tape to R1's skin. On March 22, 2022, at approximately 9:22 a.m., ULP-E reviewed R1's dressing change instructions and confirmed she had missed the step of cleansing the wound and had placed the Neosporin ointment directly on the wound and not on the telfa pad. The licensee's Treatment or Therapy Services policy dated August 7, 2019, noted the clients would receive treatment and therapy as needed and ordered by a physician or nurse practitioner. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		

MN Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *03/21/22*
Time: 13:31:56
Report: 1027221026

Food and Beverage Establishment Inspection Report

Location:
Moose Lake Village Assisted Li
1200 Talbot Drive
Moose Lake, MN55767
Carlton County, 09

Establishment Info:
ID #: 0037839
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2184858795
ID #:

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

The following orders were issued during this inspection.

3-500A Microbial Control: cooling

3-501.14A ** Priority 1 **

MN Rule 4626.0385A Cool cooked TCS food: 1. within 2 hours from 135 degrees F (57 degrees C) to 70 degrees F (21 degrees C); and 2. within a total of 6 hours from 135 degrees F (57 degrees C) to 41 degrees F (5 degrees C) or less.

SEE COMMENTS

Corrected on Site

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: SANITIZER WIPES
Violation Issued: No

Hot Water: = at 174 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: BUTTER
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 47 Degrees Fahrenheit - Location: SLOPPY JOE MIX
Violation Issued: Yes

Type: Full
Date: *03/21/22*
Time: 13:31:56
Report: 1027221026
Moose Lake Village Assisted Li

Food and Beverage Establishment Inspection Report

Process/Item: Freezer
Temperature: Degrees Fahrenheit - Location: FROZEN
Violation Issued: No

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

INSPECTION ACCOMPANIED BY FACILITY MANAGER AND CERTIFIED FOOD PROTECTION MANAGER. DISCUSSED EMPLOYEE ILLNESS AND EXCLUSIONS AND REQUIRED SANITIZER CONCENTRATIONS.

DISH MACHINE IN KITCHEN WAS BEING REPLACED AND NOT IN USE AT TIME OF INSPECTION. DISHES WERE BEING SANITIZED IN DISH MACHINE AT KITCHEN IN BUILDING AT 500 TALBOT DRIVE.

DISCUSSED COOLING PROCESS AND REQUIRED TIMES AND TEMPERATURES FOR COOLING.

SLOPPY JOE MEAT MIX STORED IN UPRIGHT COOLER THAT HAD BEEN COOKED 10 HOURS BEFORE TIME OF INSPECTION HAD A TEMPERATURE OF 47F AT TIME OF INSPECTION. CONTAINER WAS SEALED WITH MOISTURE ON TOP. DISCUSSED WITH STAFF THAT CONTAINERS SHOULD LOOSELY COVERED. STAFF DISCARDED SLOPPY JOE MIX.

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

I acknowledge receipt of the MN Department of Health inspection report number 1027221026 of 03/21/22.

Certified Food Protection Manager: THERESA HEAVIRLAND

Certification Number: FM107154 Expires: 08/02/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
THERESA HEAVIRLAND
MANAGER

Signed: Ian Harrison
Ian H

651-201-4500
health.foodlodging@state.mn.us

Report #: 1027221026

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

MN Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out	1	Date	03/21/22
No. of Repeat RF/PHI Categories Out	0	Time In	13:31:56
Legal Authority MN Rules Chapter 4626		Time Out	

	Address	City/State	Zip Code	Telephone
Moose Lake Village Assisted Li	1200 Talbot Drive	Moose Lake, MN	55767	2184858795

License/Permit #	Permit Holder	Purpose of Inspection	Est Type	Risk Category
0037839		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
Supervision			
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	X	
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	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	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:** 03/21/22

Inspector (Signature) Dan Harrison