DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

August 8, 2022

Administrator
Cornerstone Residence Kelliher
280 Main Street West
Kelliher, MN 56650

RE: Project Number(s) SL30575015

Dear Administrator:

On August 3, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the June 15, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jessie Chenze, RN, BSN
Interim HFE Supervisor 1 | State Evaluations Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Office: 218-332-51751 | Mobile: 651-508-2791| Fax: 218-332-5196

PMB

Electronically Delivered

June 29, 2022

Administrator
Cornerstone Residence Kelliher
280 Main Street West
Kelliher, MN 56650

RE: Project Number(s) SL30575015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on June 15, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

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

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services = $3,000

The total amount you are assessed is $3,000. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

Please address your cover letter for general Free from Maltreatment reconsideration

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

requests should be addressed to:
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Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

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

Sincerely,

Jessie Chenze, RN, BSN
Interim HFE Supervisor 1 | State Evaluations Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
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PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30575	A. BUILDING: _____ B. WING _____	06/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE RESIDENCE KELLIHER	280 MAIN STREET WEST KELLIHER, MN 56650

(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#30575015 On, June 13, 2022, through June 15, 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 19 residents, all of whom received services under the provider's Assisted Living license. An immediate correction order was identified on June 13, 2022, issued for SL30575015, tag identification 2310. On June 13, 2022, the immediacy of the correction order 2310 was removed, however, non-compliance remained at an isolated scope, level three (G).	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.	
0 730 SS=D	144G.43 Subd. 3 Contents of resident record	0 730		

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

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0 730	Continued From page 2 any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident record included a discharge summary for one of one resident (R3) 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) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R3 was admitted for services on September 10, 2021, and discharged on December 30, 2021. R3's record included a Resident Discharge Summary form dated December 31, 2021, and signed by licensed practical nurse (LPN)-E and later signed and dated January 2, 2022, by a former registered nurse (RN) employee. The former RN employee had documented the following: - Date of the resident admission: "9/10/21" - Date of the resident discharge: "12/30/21" - A hand written note indicating "resident returned to home"	0 730		

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0 730	Continued From page 3 - the resident's most recent service plan or care plan, if the resident has received services from the facility is attached (box marked "yes" checked); and - the resident's current do not resuscitate order and physician order for life sustaining treatment, if any, is attached (box marked "yes" checked). On June 13, 2022, at 1:20 p.m., licensed assisted living director (LALD)-A stated she was unable to find a discharge summary beyond what was noted above in R3's record. On June 14, 2022, at 9:07 a.m., LPN-E provided a note dated December 30, 3021, for R3 which she had typed on a word document. LPN-E stated this documentation had not been placed in R5's medical record as she had had to wait to get a new computer and the discharge summary had been "overlooked". The licensee's Contract Termination policy dated August 1, 2021, indicated the following information would be included in the resident's discharge summary: - a summary of the resident's stay that includes diagnosis, courses of illnesses, allergies, treatments, and therapies, and pertinent lab, radiology and consultation results - a final summary of the resident's status from the latest assessment or review, if applicable, which includes the resident's status, including baseline and current mental, behavioral, and functional status - a reconciliation of all pre-discharge medications with the resident's post-discharge prescribed and over-the-counter medications, and - a post-discharge care plan that is developed with the resident and, with the resident consent, the resident's representatives, which will help the	0 730		

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0 730	Continued From page 4 resident adjust to a new living environment. The post-discharge care plan will indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any post-discharge medical and nonmedical services the resident will need. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 730		
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	0 810		

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0 810	Continued From page 5 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, interview and record review, the licensee failed to provide the required fire safety training and evacuation plans for residents and staff. This has the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all residents). The findings include: On June 14, 2022, from approximately 12:06 p.m. to 12:45 p.m., survey staff reviewed facility records with Maintenance Supervisor (MS)-F. During the review, survey staff noted the facility fire safety and evacuation plan documentation lacked the following. 1. Employee actions to be taken in the event of a fire. 2. Required training records for residents who can assist in their own evacuation.	0 810		

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0 810	Continued From page 6 3. Resident procedures to take in the event of a fire for their own safety, including movement, evacuation or relocation. 4. Fire safety and evacuation plans shall be readily available within the facility. On June 14, 2022, at approximately 12:40 p.m. MS-F were not able to provide the information listed above as requested. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=C	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 one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not	0 970		

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0 970	Continued From page 7 affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On June 13, 2022, at 9:58 a.m., during the entrance conference, the surveyor asked for a copy of the facility's assisted living contract. The assisted living contract included two clauses that indicated the resident would waive the facility's liability for health, safety, or personal property of the resident. Page 12, section 22. Indemnification, the assisted living contract indicated as an occupant of the community [facility] the resident assumes the risk for resident's own safety. Resident will indemnify and hold harmless the 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 action or omission of resident. On page 12 and 13, section 24. Liability, the assisted living contract indicated the provider was not liable to the resident for any injury, death or property damage occurring in the apartment or on 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	0 970		

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0 970	Continued From page 8 aforementioned excepted reasons, resident agrees to hold provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the apartment or on provider's premises. On June 14, 2022, at 12:13 p.m., registered nurse (RN)-B stated "I don't have any comment" regarding the assisted living contract language. RN-B stated this assisted living contract was provided to all residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview and record	01760		

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01760	Continued From page 9	01760		

review, the licensee failed to ensure medications were administered per manufacturer's instructions for one of one resident (R5) observed during medication administration.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

R5's diagnoses included diabetes and congested heart failure (CHF- a condition in which the heart's function as a pump is inadequate to meet the body's needs).

R5's service plan and Medication Assessment and Management Plan dated January 28, 2021, and July 19, 2021, respectively, indicated the resident received medication management services to include medication administration.

R5's prescriber orders dated July 1, 2022, included an order for Advair Diskus 100/50 micrograms (mcg) (bronchodilator) one puff to be inhaled twice a day.

On June 14, 2022, at 8:16 a.m., the surveyor observed licensed practical nurse (LPN)-E conduct a medication pass for R5 which included administration of the Advair Diskus 100/50 mcg inhaler. LPN-E activated the Advair Diskus inhaler; handed the inhaler to R5; R5 took a long, fast breath in; R5 handed the inhaler back to

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01760	Continued From page 10 LPN-E and R5 took a sip of water. LPN-E proceeded to administer R5 his scheduled dose of insulin. LPN-E did not instruct R5 to rinse his mouth out after the administration of the Advair Diskus inhaler. On June 14, 2022, at 8:24 a.m., the surveyor and LPN-E reviewed R5's electronic medication administration record (EMAR) and LPN-E read the instructions for the Advair Diskus inhaler which included "rinse mouth after use". LPN-E stated she had not instructed R5 to rinse his mouth out after administration of the Advair Diskus inhaler. On June 14, 2022, at 9:20 a.m., registered nurse (RN)-B articulated the procedure for administering an Advair Diskus inhaler which included having the resident rinse there mouth out after use. RN-B stated the expectation was for staff to follow the manufacturer instructions and specific instructions directed on the EMAR. The manufacturer's instructions for use of the Advair Diskus inhaler, dated August 2020, indicated one should rinse their mouth with water after use and spit the water out. Do not swallow the water. The licensee's Inhaler policy dated August 1, 2021, directed to provide the resident the opportunity to rinse out their mouth after administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

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CORNERSTONE RESIDENCE KELLIHER	280 MAIN STREET WEST KELLIHER, MN 56650

(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
01790	Continued From page 11	01790		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in	01790		

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01790	Continued From page 12 the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed a comprehensive written procedure for the unlicensed personnel (ULP) providing medications for residents having unplanned time away when the licensed nurse was not available. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large	01790		

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01790	Continued From page 13 portion or all of the residents). The findings include: During the entrance conference on June 13, 2022, at 9:24 a.m., licensed assisted living director (LALD)-A stated the licensee provided medication management services. The licensee's Medication Management - Planned and Unplanned Time Away policy dated August 1, 2021, indicted for unplanned time away when the pharmacy was not able to provide the medications, a licensed nurse or properly trained and competency tested ULP may give the resident or resident's representative medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven (7) calendar days. For unplanned resident time away when a pharmacist or licensed nurse was not available, the RN may delegate this task to ULP if the RN has developed written procedures for the ULP. The licensee's policy lacked the written procedure to include how the ULP must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. On June 15, 2022, at 10:03 a.m., RN-B stated the licensee's Medication Leave of Absence Form did not specifically include in the procedure what staff were to do when unused medications were returned to the facility and where this would be documented. No further information was provided.	01790		

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01790	Continued From page 14 TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to monitor for expired medications for one of one resident (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) 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: On June 13, 2022, at 11:09 a.m., the surveyor toured the facility with registered nurse (RN)-B including a review of the medication cupboards and medication cart. RN-B observed and confirmed the following: R1's lispro 100 units/milliliter (ml) insulin pen (a multiple dose pen shaped injector device for insulin administration) was labeled with a date	01890		

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01890	Continued From page 15 when opened of "5/7/22". On June 13, 2022, at 11:46 a.m., RN-B stated R1's lispro insulin pen had been expired as it should have been discarded 28 days after it had been opened (expired on June 4, 2022). RN-B stated R1's lispro was used as the insulin to cover her sliding scale (a scale which determines how much insulin should be given based off the blood glucose result) and R1 had received a couple of doses of the expired insulin. RN-B stated staff must not have checked the date before they gave the insulin. The manufacturer's instructions for lispro insulin pens dated April 2020, directed to discard the pen 28 days after it had been opened, even if it still has insulin left in it. The licensee's Medication Disposal policy dated August 1, 2021, noted expired medications managed by the licensee would be disposed of according to the accepted practices of the Minnesota board of Pharmacy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for	01910		

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01910	Continued From page 16 disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of all medications to include the medication strength, prescription number, and quantity for all medications for one of one discharged resident (R3) 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: R3 was admitted for services on September 10, 2021, and discharged on December 30, 2021.	01910		

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01910	Continued From page 17 R3's service plan dated September 30, 2021, indicated the resident received medication management services which include medication administration and medication setup. R3's medication administration record (MAR) dated December 2021, included the following medications: CentaVite Senior (multivitamin) one tab twice daily, ferrous sulfate 325 milligrams (mg) daily (iron supplement), folic acid 1 mg daily (vitamin), Cozaar 50 mg daily (to treat high blood pressure), metoprolol succinate 25 mg daily (to treat high blood pressure), quetiapine 25 mg daily (antipsychotic), rosuvastatin 5 mg daily (to treat high cholesterol), acetaminophen 325 mg to administer 650 mg every four hours as needed for mild to moderate pain or fever, nitroglycerine 0.4 mg every five minutes (up to 3 doses) as needed for chest pain, and Asmanex 220 micrograms (mcg) (steroid inhaler) two puffs daily. R3's prescriber orders dated September 17, 2021, included all of the above noted medications. R3's Disposition of Medication Log identified on December 30, 2021, the following medications had been sent with the resident upon discharge: CentaVite, ferrous sulfate, folic acid, metoprolol succinate, quetiapine, rosuvastatin, acetaminophen, nitroglycerine and Asmanex. The documented disposition included the medication name, strength, prescription number, quantity, who the medications had been given to, witness #1 (licensed practical nurse/LPN-E) and witness #2 signatures. R3's record lacked documentation for the disposition of the Cozaar as identified per R3's	01910		

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01910	Continued From page 18 MAR and prescriber orders noted above to include the medication name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. On June 14, 2022, at 9:13 a.m., licensed practical nurse (LPN)-E stated the resident's Cozaar medication was not listed on the Disposition of Medication Log noted above "it must have gotten overlooked". LPN-E did confirm according to R3's MAR, he should have had this medication available to be given to him at discharge. The licensee's Medication Disposal policy dated August 1, 2021, noted current unused medications managed by the licensee would be returned to the pharmacy for credit, or given to the resident or the resident's representative, when the resident's medications are no longer managed by the facility, or the medication has been discontinued by the prescriber. Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
02290 SS=D	144G.91 Subd. 2 Legislative intent The rights established under this section for the	02290		

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02290	Continued From page 19 benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee limited the rights of one of one resident (R2) reviewed when the licensee required the resident or their representative to sign a risk agreement waiving the licensee's liability regarding the use of side rails. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to 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: On June 13, 2022, at 12:45 p.m., the surveyor observed R2 laying in his bed on his back. R2's hospital bed had bilateral upper side rails that were secured to the bed. R2 stated he used the rails to help him get in and out of bed. R2's diagnoses included, cerebrovascular accident (CVA-stroke) with upper right extremity weakness, anemia and arthritis. R2's Comprehensive RN (registered nurse) Assessment dated September 22, 2021, indicated R2 had a hospital bed with side rails.	02290		

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02290	Continued From page 20 Under the section Meets Food and Drug Administration (FDA) Guidelines it was documented "No: unknown exact measurements, risk agreement signed". R2's [facility name] Risk Agreement-Side/Bed Rails dated February 24, 2021, noted the client [resident] chooses to maintain current side/bed rails that are not compliant with FDA Safety Standards. The [facility name] has educated the client and/or responsible party on the risks of the current side/bed rail. The client and/or responsible party understand these risks. [Facility name] and the client and/or responsible party agree to maintain the current side/bed rails that the client has on her/bed on this date. The undersigned client and/or responsible party understands and accepts responsibility for the possible outcomes of the agreed upon course of action. On June 13, 2022, at 1:42 p.m., RN-B stated whenever a resident's side rails do not meet the FDA requirements, we then have them document and sign the risk agreement. RN-B stated, "the agreement documents the resident has been informed of the risks and by signing the document the resident is taking on the risk and is responsible of any outcomes". The licensee's Side Rail policy dated August 1, 2021, noted if the client [resident] and/or client's representative refuses to have his/her bed/side rail in accordance with safely regulations as noted in the procedure section despite educating the client/and or client's representative on the risks and benefits of bed/side rails, the client or his/her representative must sign a Risk Agreement form. No further information was provided.	02290		

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02290	Continued From page 21 TIME PERIOD FOR CORRECTION: Seven (7) days	02290		
02310 SS=G	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for one of one resident (R2) with side rails. In addition, the licensee failed to ensure safe storage of oxygen. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). This resulted in an immediate correction order on June 13, 2022, at 2:50 p.m. The findings include: SIDE RAILS On June 13, 2022, at 12:45 p.m., the surveyor observed R2 laying in his bed on his back. R2's	02310		

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02310	Continued From page 22	02310		

hospital bed had bilateral upper side rails that were secured to the bed. R2 stated he used the rails to help him get in and out of bed.

R2's diagnoses included, cerebrovascular accident (CVA-stroke) with upper right extremity weakness, anemia and arthritis.

R2's service plan dated March 1, 2022, indicated the resident received the following services: medication management, assistance with bathing, incontinence care, transfers, laundry and housekeeping.

R2's Comprehensive RN (registered nurse) Assessment dated October 29, 2021, indicated R2 had a hospital bed with side rails on his bed. The purpose of the rails was for independence. Under the section titled Meets FDA Guidelines it was documented "No: unknown exact measurements, risk agreement signed". The assessment also included a statement that the resident and the resident's representative had been provided information on the risks and benefits of side rails. The assessment did not include actual measurements of the entrapment zones.

On June 13, 2022, at 1:36 p.m., RN-B stated R2 used his side rails for mobility and positioning. RN-B stated side rail assessments were conducted at the time the side rail was placed on the bed and then only if there was a change in the resident's condition that may warrant the removal of the side rail would another side rail assessment be completed. RN-B stated the side rail assessment should include a review to assure the side rail is appropriate for the bed; that the side rail fits on the bed and is not loose; and that it is installed properly. RN-B stated they also then

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document that the resident or the resident's representative has been provided information the education on the use of risk of having a side rail. RN-B stated they do not document the actual measurements of the zones. In addition, when the side rail does not meet the FDA guidelines, they have the resident sign a risk agreement.

On June 13, 2022, at 1:48 p.m., RN-B measured R2's side rail with the surveyor present. The side rail measured 16 inches tall by 4 ¼ inches wide, which was in compliance with FDA guidelines for side rails. Pressure was placed on the side rail and the side rail appeared to be securely fastened to the bed.

The licensee's Side Rails policy dated August 1, 2021, noted when the resident is utilizing side rails on a bed, the licensee will assess the use, educate the resident, and when appropriate, the responsible person, regarding the risks and benefits of side rails, and verify the side rail in use is a safe design and utilized consistent with the manufacturer's directions. Staff will determine if the side rail is considered to be safe. Safe shall be defined as meeting all the requirements listed below to include the side rail design is consistent with FDA 2006 recommended dimensional measurements to reduce entrapment. This means side rail zones 1, 2, and 3 must not exceed 4.75 inches.

The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (space between the rails), should be less than 4 and 3/4 inches.

The FDA "A Guide to Bed Safety" revised April 2010, included the following information: "When

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE RESIDENCE KELLIHER	280 MAIN STREET WEST KELLIHER, MN 56650

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02310	Continued From page 24 bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe". OXYGEN STORAGE On June 13, 2022, at 10:17 a.m., a tour of the facility was conducted with licensed assisted living director (LALD)-A, including a review of the facilities storage areas. In storage room 206, the surveyor observed eight (8) oxygen cylinders unsecure and positioned on their side on the floor under the sink in the bathroom. LALD-A stated she thought the oxygen cylinders were waiting to be picked up by the oxygen vendor. LALD-A stated the facility worked with two different oxygen suppliers and one vendor provided the oxygen cylinder holders to secure the tanks, however, the oxygen vendor for these cylinders did not provide the holders to secure the oxygen cylinders. The licensee's Oxygen policy dated August 1, 2021, indicated oxygen cylinders and vessels must remain upright at all times. Never tip an oxygen cylinder or vessel on its side or try to roll it to a new location. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30575	A. BUILDING: _____ B. WING _____	06/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE RESIDENCE KELLIHER	280 MAIN STREET WEST KELLIHER, MN 56650

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02310	Continued From page 25 The immediacy was removed as confirmed by documentation, observation and review by the evaluation supervisor on June 13, 2022, at 4:26 p.m.; however, noncompliance remains at a level 3, isolated (G).	02310		

Minnesota Department of Health
Food, Pools and Lodging Services
PO Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *06/14/22*
Time: 09:30:48
Report: 1002221105

Food and Beverage Establishment Inspection Report

Location:
Cornerstone Residence Kelliher
280 Main Street West
Kelliher, MN56650
Beltrami County, 04

Establishment Info:
ID #: 0037746
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2186478258
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit
Location: DISPENSER @ 3 COMP SINK
Violation Issued: No

Chlorine: = 100 PPM at Degrees Fahrenheit
Location: RESIDUAL CHLORINE CONCENTRATION - DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - BEV AIR FREEZER #1
Violation Issued: No

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - BEV AIR FREEZER #2
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 36 Degrees Fahrenheit - Location: HEAVY WHIPPING CREAM - TRUE COOLER
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 35 Degrees Fahrenheit - Location: BUTTER - RAETONE COOLER
Violation Issued: No

Type: Full
Date: *06/14/22*
Time: 09:30:48
Report: 1002221105
Cornerstone Residence Kelliher

Food and Beverage Establishment Inspection Report

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

Discussion:

Handwashing - fact sheet and sign provided with report

Employee illness - fact sheet, decision guide and log provided with report

Note:

HFID #: 30575

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1002221105 of 06/14/22.

Certified Food Protection Manager: Anna M. Ledford

Certification Number: FM42536 Expires: 01/08/23

Inspection report reviewed with person in charge and emailed.

Signed: _____

Rosa Lossing
Manager

Signed: _____

Cassandra Hua
Public Health Sanitarian III
218-308-2142
Cassandra.Hua@state.mn.us