Electronically Delivered

March 25, 2022

Administrator
Greenwood Connections
501 Main Street Northeast
Menahga, MN 56464

RE: Project Number(s) SL20240015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on March 21, 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

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 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,

Jessica Chenze, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-508-2791 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20240	A. BUILDING: _____ B. WING _____	03/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENWOOD CONNECTIONS	501 MAIN STREET NE MENAHGA, MN 56464

(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#20240015 On March 16, 2022, through March 21, 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 37 residents, with 30 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.	
0 650 SS=E	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of	0 650		

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0 650	Continued From page 1 each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all the required content for two of three employees (unlicensed personnel (ULP)-E, registered nurse (RN)-F) with employee records reviewed.	0 650		

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0 650	Continued From page 2 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-E ULP-E was hired on September 1, 2020, to provide direct care and services to the licensee's residents under the comprehensive home care license and began providing services under the assisted living licensure on August 1, 2021. ULP-E's employee file lacked the following required content: -records of orientation to include: -an overview of the appropriate Assisted Living statutes and rules; and - a review of the types of assisted living services the employee will be providing and the facility's category of licensure. RN-F RN-F was hired on May 4, 2017, to provide direct care and services to the licensee's residents under the comprehensive home care license and began providing services under the assisted living licensure on August 1, 2021. RN-Fs employee file lacked the following required content: -records of orientation to include: -an overview of the appropriate Assisted	0 650		

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0 650	Continued From page 3 Living statutes and rules; and - a review of the types of assisted living services the employee will be providing and the facility's category of licensure. On March 17, 2022, at approximately 12:00 p.m., RN-B stated they had completed assisted living orientation with all existing employees and held several staff meetings going over the new regulations when the assisted living license went in to effect but did not document the training. The licensee's undated Assisted Living Orientation-All Staff policy indicated all employees would complete orientation to assisted living facility licensing requirements and regulations before providing services to residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
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	0 970		

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0 970	Continued From page 4	0 970		

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 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 potential to affect a large portion or all of the residents).

The findings include:

R1's Resident Agreement, dated July 28, 2021, indicated R1 agreed to the content of the resident agreement.

R2's Resident Agreement, dated July 29, 2021, indicated R2 agreed to the content of the resident agreement.

R3's Resident Agreement, dated September 1, 2021, indicated R3 agreed to the content of the resident agreement.

The licensee's Resident Agreement, which was used for all residents, contained the following statement on page 14 section 27 Miscellaneous Provisions: "Woodside Manor does not insure, nor does it take responsibility for your personal property." The statement indicated the licensee was waiving liability of the resident's personal property.

On March 16, 2022, at approximately 3:30 p.m., licensed assisted living director (LALD)-A confirmed the language in the contract waived the

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0 970	Continued From page 5 facility's liability for the resident's personal property. The licensee lacked a policy or procedure related liability waivers. No further information 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 residents with medication set up services (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).	01770		

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01770	Continued From page 6 The findings include: R3's Service Plan, dated November 9, 2021, indicated the resident recieved weekly medication set up services. R3's March 2022 medication administration record (MAR) contained documentation showing the licensed nurse completed weekly medication set up on Thursday mornings. On March 16, 2022, at approximately 2:45 p.m., registered nurse (RN)-A confirmed she sets up medication in a pillbox for R3. RN-A stated when she is completed setting up the pillbox, she just marks it off as completed in the resident's MAR. RN-A indicated with their documentation system, they're not able to check off each pill that is being set up at the time she's completing the task since the unlicensed personnel (ULP) document that when the resident takes the medication. On March 17, 2022, at approximately 10:45 a.m., RN-A was observed setting up R3's pillbox. R3's records lacked documentation by the licensed nurse at the time of medication setup to include the following required documentation content: - the name of the medication; - quantity of dose; - times to be administered; and - route of administration The licensee's Medication Management Services policy, dated August 1, 2021, indicated the nurse would verify and document the name of medication, quantity of dose, times to be administered, route of administration, and expiration date are confirmed to be correct.	01770		

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01770	Continued From page 7 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.	01940		

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01940	Continued From page 8 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of one residents (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's diagnoses included compression fracture, congestive heart failure (CHF), chronic kidney disease (CKD), and type two diabetes. R3's service plan, dated November 9, 2021, indicated the resident received assistance with compression stockings weekly or as ordered. R3's prescriber orders, dated December 7, 2021, indicated R3 had compression stockings put on every Monday and Thursday for edema management. On March 17, 2022, at approximately 12:25 p.m., unlicensed personnel (ULP)-G was observed applying R3's compression stockings. ULP-G was observed using a white Juzo sleeve to get the resident's compression stockings on. ULP-G indicated using the device made application less	01940		

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01940	Continued From page 9	01940		

painful for the resident. ULP-G indicated the resident had a preference to have the opening of the stocking hit just above her little toe as that can also cause pain if the stocking hits right on the little toe. ULP-G stated she would notify the nurse if the stockings had holes or were ripped or if she noticed an increase in swelling.

R3's treatment management plan lacked evidence of an individualized treatment or therapy management plan which included the following:
- documentation of specific resident instructions relating to the treatments or therapy administered;
- procedures for notifying a RN or appropriate licensed health professional when a problem arises with treatments or therapy services; and
- any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment or therapy was administered as prescribed; and monitoring of treatment or therapy to prevent possible complications or adverse reactions

On March 17, 2022, at approximately 1:00 p.m., registered nurse (RN)-B confirmed R3's preferences to use the sleeve and how to place the stocking around the little toe were not reflected in treatment plan. RN-B confirmed specific procedures for notifying the RN if a problem arises was not listed on the treatment plan.

The licensee's undated Administration of Medication, Treatment, and Therapy by Unlicensed Personnel policy indicated the RN would develop written, specific instructions for each resident.

No further information was provided.

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01940	Continued From page 10 TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

DEPARTMENT OF HEALTH

Type: Full
Date: *03/17/22*
Time: 12:20:10
Report: 8045221029

Food and Beverage Establishment Inspection Report

Location:
Greenwood Connections
501 Main Street Ne
Menahga, MN56464
Wadena County, 80

Establishment Info:
ID #: 0039264
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2185644101
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.

Food and Equipment Temperatures

Process/Item: Receiving
Temperature: 188 Degrees Fahrenheit - Location: CORNED BEEF
Violation Issued: No

Process/Item: Receiving
Temperature: 193 Degrees Fahrenheit - Location: BOILED POTATOES
Violation Issued: No

Process/Item: Receiving
Temperature: 188 Degrees Fahrenheit - Location: CABBAGE
Violation Issued: No

Process/Item: Receiving
Temperature: 177 Degrees Fahrenheit - Location: CHEESY MASHED POTATOES
Violation Issued: No

Process/Item: Receiving
Temperature: 190 Degrees Fahrenheit - Location: MIXED VEGETABLES
Violation Issued: No

Process/Item: Receiving
Temperature: 179 Degrees Fahrenheit - Location: LEMON PEPPER FISH
Violation Issued: No

Process/Item: Receiving
Temperature: 38 Degrees Fahrenheit - Location: TARTAR SAUCE
Violation Issued: No

Type: Full
Date: *03/17/22*
Time: 12:20:10
Report: 8045221029
Greenwood Connections

Food and Beverage Establishment Inspection Report

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

THIS FACILITY DOES NOT COOK, REHEAT, OR STORE ANY FOODS IN THE PROVIDED SERVICE AREA.

ALL FOOD IS PROVIDED FROM THE ATTACHED NURSING HOME FACILITY.

FOOD IS DELIVERED HOT IN A MOBILE STEAM TABLE OR COLD ON ICE, RECEIVING TEMPERATURES ARE VERIFIED AND RECORDED IN A TEMPERATURE LOG BOOK, AND ALL FOODS ARE IMMEDIATELY SERVED.

UPON COMPLETION OF SERVICE ALL FOODS ARE IMMEDIATELY RETURNED TO THE NURSING FACILITY.

DISHWARE IS PROVIDED CLEAN FROM THE NURSING HOME FACILITY FOR EACH MEAL AND SOILED DISHES ARE COLLECTED AND RETURNED TO THE NURSING HOME FOR APPROPRIATE SANITIZATION.

SERVICE AREA FOUND CLEAN AND IN GOOD CONDITION AT TIME OF INSPECTION.

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

I acknowledge receipt of the inspection report number 8045221029 of 03/17/22.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Inspection report reviewed with person in charge and emailed.

Signed:_____
Establishment Representative

Signed: Adam J. Bommersbach
Adam Bommersbach
Public Health Sanitarian
705 5th Street NW, Suite A
(218) 308-21
adam.bommersbach@state.mn.us