



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 22, 2023

Licensee
Shorewood Landing
6000 Chaska Road
Shorewood, MN 55331

RE: Project Number(s) SL33359015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on January 25, 2023, 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.

LICENSING ORDERS

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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this evaluation of your facility.**

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.

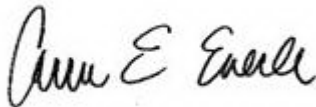
Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for 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

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,



Carrie Euerle, Supervisor
Health Regulation Division
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Email: carrie.euerle@state.mn.us
Phone: 651-242-8846 Fax: 651-215-5963

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER SHOREWOOD LANDING		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 CHASKA ROAD SHOREWOOD, MN 55331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL33359015-0 On January 23, 2023, 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 76 active residents; 42 receiving services under the Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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 the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated January 24, 2023, for the specific Minnesota Food Code deficiencies.	0 480		

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0 480	Continued From page 2	0 480		
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days			
0 900 SS=F	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon	0 900		

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0 900	Continued From page 3 agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and execute a written contract with the required content to provided assisted living services for two of three residents (R2, R3). 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: R2 R2 was admitted for services on May 8, 2022. R2's record contained an informational letter dated May 5, 2022, and two pages of a document numbered 3, and 4, Tilted Residency Agreement Form revised October 10, 2022, which were signed by a Designated/Legal Representative Signature on November 3, 2022. R2's record contained a five-page Residency Agreement dated May 5, 2022. The Residency Agreement indicated it was revised on August 1, 2021. R3 R3 admitted for services on May 8, 2022.	0 900		

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0 900	Continued From page 4 R3's record contained a four-page Residency Agreement dated May 5, 2022. The Residency Agreement indicated it was revised on August 1, 2021. R3's record contained a two-page Residency Agreement dated September 28, 2022. The Residency Agreement indicated it was revised on October 1, 2022. R1 and R3's records lacked a written, assisted living contract with the following required content: (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325.29 to 325G.37. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.	0 900		

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0 900	Continued From page 5 On January 23, 2022, at 4:30 p.m, registered nurse (RN)-A confirmed the Residency Agreements did not include all the required content. A blank copy of the 21-page Residency Agreement, last updated October 1, 2022, was provided. Documentation that R2 and R3 received the full 21-page Residency Agreement after it was revised in October 2022 was requested, but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of	01470		

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01470	Continued From page 6 complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted living licensing requirements and regulations was	01470		

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01470	Continued From page 7 provided for one of one employee, unlicensed personnel (ULP)-B, with records reviewed. This had the potential to affect all residents receiving assisted living services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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: ULP-B was hired on October 3, 2022. ULP-B's employee training records lacked evidence of successful completion of all areas of the assisted living orientation in accordance with 144G statutes. ULP-B's employee training records lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes, to include all the following content: -An overview of 144G statutes -An introduction and review of the facility's policies and procedures related to the provision of assisted living services -Handling of emergencies and use of emergency services -Compliance with and reporting of the maltreatment of vulnerable adults -The assisted living bill of rights -The principles of person-centered planning and service delivery -Handling of resident complaints, reporting of complaints, and where to report complaints -Consumer advocacy services of the office of the	01470		

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01470	Continued From page 8 Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services -A review of the types of assisted living services the employee will be providing and the facility's category of licensure On January 23, 2023, at 2:00 p.m., RN-A confirmed that orientation to 144G statutes had not been completed. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01470		
01540 SS=E	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for	01540		

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01540	Continued From page 9 each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure direct care staff completed the required hours of dementia care training in the required time frame for two of three employees (unlicensed personnel (ULP)-C and ULP-D) 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 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 ULP-C began providing services for the licensee on May 8, 2022. ULP-C's Relias Transcript (online education system) indicated only three hours of dementia training was completed. ULP-D ULP-D began providing services for the licensee on May 8, 2022. ULP-D's Relias Transcript indicated only two hours of dementia training was completed, however it was completed more than 80 hours after starting with the licensee.	01540		

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01540	Continued From page 10 On January 25, 2023, at 11:30 a.m., human resources coordinator (HR)-F confirmed the above mentioned employees had not completed 8 hours of training within 80 working hours. HR-F stated since ULP-D was a corporate central staffing employee, her orientation was based off her hire date, not the date she began providing services for this licensee. HR-F stated ULP-C had left for college before she was able to complete all of the required dementia training. The licensee's Disclosure of Special Care Status Licensed Assisted Living Dementia Care, last revised April 2022, indicated 7.5 hours of dementia training would be completed within the first 180 days of employment. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of	01620		

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01620	Continued From page 11 services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure resident reassessment and monitoring was conducted every 90 days, as required, for two of three residents (R1, 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: R1 R1's diagnoses included Dementia, gait instability, and coronary arteriosclerosis. R1's service plan, dated January 4, 2023, indicated services included medication administration and assistance with activities of daily living (ADL).	01620		

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01620	Continued From page 12 R1's record contained an initial assessment dated July 8, 2022; a 14-day assessment was completed on July 21, 2022. An assisted living 90-day assessment was not completed on or prior to October 21, 2022. The next quarterly assessment completed was dated January 4, 2023 titled clinical update as the resident was transferring to the memory care unit. R3 R3's diagnoses included Alzheimer's dementia and age-related osteoporosis. R3's service plan, dated May 8, 2022, indicated services included medication administration and assistance with dressing, grooming, and bathing. R3's record contained an assessment dated August 8, 2022. The next quarterly assessment completed was dated December 29, 2022, 53 days overdue. On January 23, 2023, at 4:50 p.m., registered nurse (RN)-A confirmed a few residents had late assessments. RN-A stated they had an agency nurse working on some of the assessments and they had noticed a few were late and were working on getting assessments back on a schedule. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER SHOREWOOD LANDING		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 CHASKA ROAD SHOREWOOD, MN 55331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02170	Continued From page 13 (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a comprehensive	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER SHOREWOOD LANDING		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 CHASKA ROAD SHOREWOOD, MN 55331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02170	Continued From page 14 evaluation for activities and an individual activity plan (IAP) for three of three residents (R1, R2, R3) who received services under an assisted living with dementia care license. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee was licensed as an Assisted Living with Dementia Care facility on May 8, 2022. R1 R1's diagnoses included Dementia, gait instability, and coronary arteriosclerosis. R1's record lacked evidence the resident was evaluated for activities to include the following required content: -emotional and social needs and patterns; -physical abilities and limitations; -adaptations necessary for the resident to participate; and -identification of activities for behavioral interventions. R2 R2's diagnoses included Alzheimer's Disease, peripheral neuropathy, and vertigo. R2's record lacked evidence the resident was evaluated for activities to include the following	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER SHOREWOOD LANDING		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 CHASKA ROAD SHOREWOOD, MN 55331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02170	Continued From page 15 required content: -emotional and social needs and patterns; -physical abilities and limitations; -adaptations necessary for the resident to participate; and -identification of activities for behavioral interventions. R3 R3's diagnoses included Alzheimer's dementia and age-related osteoporosis. R3's record lacked evidence the resident was evaluated for activities to include the following required content: -emotional and social needs and patterns; -physical abilities and limitations; -adaptations necessary for the resident to participate; and -identification of activities for behavioral interventions. In addition, the above mentioned residents lacked an individualized activity plan based on their activity evaluation to include the following required content: -A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: -occupation or chore related tasks; -scheduled and planned events such as entertainment or outings; -spontaneous activities for enjoyment or those that may help defuse a behavior; -one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music;	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER SHOREWOOD LANDING		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 CHASKA ROAD SHOREWOOD, MN 55331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02170	Continued From page 16 -spiritual, creative, and intellectual activities; -sensory stimulation activities; -physical activities that enhance or maintain a resident's ability to ambulate or move; and -outdoor activities. On January 23, 2023, at 4:45 p.m., registered nurse (RN)-A confirmed they did not have a process in place to assess for activities or develop an individualized activity plan. RN-A stated their corporate office had been working with the clinical software company to create an activities assessment, but it had not yet been completed or implemented. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170		

Type: Full
Date: 01/24/23
Time: 13:21:14
Report: 1023231020

Food and Beverage Establishment Inspection Report

Page 1

Location:

The Pillars Of Shorewood Landi
6000 Chaska Road
Shorewood, MN55331
Hennepin County, 27

Establishment Info:

ID #: 0038527
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9524017444
ID #:

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

The following orders were issued during this inspection.

4-700 Sanitizing Equipment and Utensils

4-703.11B

**** Priority 1 ****

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

MEASURED UTENSIL SURFACE TEMPERATURE OF HIGH TEMP DISH MACHINE TOO LOW.
REPAIR/REPLACE DISH MACHINE TO EFFECTIVELY ELIMINATE PATHOGENS.

Comply By: 01/24/23

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.12E

MN Rule 4626.0275E Store food preparation or dispensing utensils that are used with non-TCS foods, such as ice, in a clean, protected location.

OBSERVED ICE SCOOP BEING STORED ON TOP OF ICE MACHINE.

Comply By: 01/25/23

5-200A Plumbing: approved materials/design

5-201.11B

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

DISH MACHINE LEAKING ONTO FLOOR. REPAIR/REPLACE PLUMBING TO BE FREE OF LEAKS.

Comply By: 01/24/23

Surface and Equipment Sanitizers

Type: Full
Date: 01/24/23
Time: 13:21:14
Report: 1023231020
The Pillars Of Shorewood Landi

Food and Beverage Establishment Inspection Report

Page 2

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

Quaternary Ammonia: = 300PPM at Degrees Fahrenheit
Location: SANI BUCKET
Violation Issued: No

Hot Water: = at 159 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Cold Hold/CUT TOMATO
Temperature: 40 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Hold/MILK
Temperature: 41 Degrees Fahrenheit - Location: REACH IN COOLER
Violation Issued: No

Process/Item: Cold Hold/CUT MELON
Temperature: 40 Degrees Fahrenheit - Location: REACH IN COOLER
Violation Issued: No

Process/Item: Cold Hold/COOKED POTATO
Temperature: 39 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. INSPECTION CONDUCTED IN PRESENCE OF THE PERSON IN CHARGE.

ALL VIOLATIONS WERE DISCUSSED WITH PERSON IN CHARGE AND HRD EVALUATOR DURING INSPECTION. FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

THIS FACILITY CONSISTS OF A MAIN KITCHEN AREA WITH TYPE I HOOD/ANSUL AND PREP SINK. FOOD SERVICE IS PROVIDED BY FACILITY STAFF.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:

- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- FOOD COOLING METHODS
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- PASTEURIZED SHELL EGGS

Type: Full
Date: 01/24/23
Time: 13:21:14
Report: 1023231020
The Pillars Of Shorewood Landi

Food and Beverage Establishment Inspection Report

Page 3

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 1023231020 of 01/24/23.

Certified Food Protection Manager: CASSANDRA LEE

Certification Number: 38636 Expires: 03/28/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

CASSANDRA LEE
PERSON IN CHARGE

Signed: Gregory T Nelson

Gregory T. Nelson
Public Health Sanitarian
Freeman Building
651-201-4259
greg.nelson@state.mn.us

Type: Follow-Up
Date: 01/25/23
Time: 11:32:11
Report: 1023231021

Food and Beverage Establishment Inspection Report

Page 1

Location:

The Pillars Of Shorewood Landi
6000 Chaska Road
Shorewood, MN55331
Hennepin County, 27

Establishment Info:

ID #: 0038527
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9524017444
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 previously issued on 01/24/23 have NOT been corrected.

5-200A Plumbing: approved materials/design

5-201.11B

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

DISH MACHINE LEAKING ONTO FLOOR. REPAIR/REPLACE PLUMBING TO BE FREE OF LEAKS.

Issued on: 01/24/23

Comply By: 01/24/23

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 180 Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: No

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

INSPECTOR VERIFIED VIOLATIONS HAVE BEEN FIXED.

Type: Follow-Up
Date: 01/25/23
Time: 11:32:11
Report: 1023231021
The Pillars Of Shorewood Landi

Food and Beverage Establishment Inspection Report

Page 2

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 1023231021 of 01/25/23.

Certified Food Protection Manager: CASSANDRA LEE

Certification Number: _____ Expires: ____ / ____ / ____

Inspection report reviewed with person in charge and emailed.

Signed: _____

CASSANDRA LEE
PERSON IN CHARGE

Signed: Gregory T Nelson

Gregory T. Nelson
Public Health Sanitarian
Freeman Building
651-201-4259
greg.nelson@state.mn.us