Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 12, 2023

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

RE: CCN: 245272
Cycle Start Date: August 2, 2023

Dear Administrator:

On September 7, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

An equal opportunity employer.

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 12, 2023

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

Re: Reinspection Results
Event ID: X5D312

Dear Administrator:

On September 7, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 2, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 11, 2023

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

RE: CCN: 245272
Cycle Start Date: August 2, 2023

Dear Administrator:

On August 2, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility’s Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F"and/or an "E" tag), i.e., the plan of correction should be directed to:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by November 2, 2023 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by February 2, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 11, 2023

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

Re: State Nursing Home Licensing Orders
Event ID: X5D311

Dear Administrator:

The above facility was surveyed on August 2, 2023 through August 2, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and 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/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245272	A. BUILDING ______ B. WING ______	C 08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN LUTHER CARE CENTER	1401 EAST 100TH STREET BLOOMINGTON, MN 55425

(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) COMPLETION DATE
F 000	INITIAL COMMENTS On 8/2/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed. H52724101C (MN00095617) H52724128C (MN00095208) with a deficiency issued at F812 The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility	F 812		9/1/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 08/21/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245272	A. BUILDING ______ B. WING ______	C 08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN LUTHER CARE CENTER	1401 EAST 100TH STREET BLOOMINGTON, MN 55425

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F 812	Continued From page 1 gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure 2 of 3 unit refrigerators for resident use were maintained in a clean and sanitary manner. In addition, the facility failed to ensure a safe temperature of between 36 degrees Fahrenheit (F) and 41 degrees F was maintained in 2 of 3 resident's refrigerators. In addition, the facility also failed to date food in 2 of 3 resident's refrigerators. Findings include: On 8/2/23 at 11:00 a.m. the BW resident refrigerator was observed with dietary supervisor (DS)-A. A tan, purple spillage was observed inside of the door on two shelves, two undated opened ice-cream containers were observed, yellow liquid in 12 ounce opened cup undated, and build up of an unidentified brown colored substance was noted throughout the entire BW resident refrigerator. The temperature of the refrigerator was 44 degrees Fahrenheit (F). DS-A verified the observations. On 8/2/23 at 11:30 a.m. the FC resident refrigerator was observed with dietary director (DD)-A. An unidentified brown colored substance was observed on the second shelf of the refrigerator, a plate with yellow brown left over	F 812	The BW resident refrigerator was cleaned and marked out of service on 8/2/23. Refrigerators have been permanently removed from the resident care areas to prevent recurrence for other residents. The following policies were reviewed: General Sanitation and Food Brought in by Family/Friends, and no revisions were made. The Director of Nutrition was re-educated on the policies. Staff to receive re-education on General Sanitation and Food Brought in by Family/Friends. Audits of General Kitchen Sanitation will occur a minimum of once per week for eight weeks. Audits will be reviewed by the Quality Assurance and Performance Improvement (QAPI) Committee to determine additional plans of correction and audits are necessary. The Director of Nutrition or designee is responsible for ensuring compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245272	A. BUILDING ______ B. WING ______	C 08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN LUTHER CARE CENTER	**1401 EAST 100TH STREET BLOOMINGTON, MN 55425**

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F 812	Continued From page 2 food, a small bowl of green beans with green fuzz-like substance, a large bowl of a dark brown food, and unidentified yellow, purple spillage build up throughout the entire FC resident freezer was observed. The temperature of the refrigerator was 50 F. DD-A verified the observations. On 8/2/23 at 11:39 a.m., licensed practical nurse (LPN)-A stated nursing staff should label and date food items in the refrigerator. LPN-A further stated she did not know who to call if the refrigerator was not cleaned. On 8/2/23 11:45 a.m., R2 was observed getting two ice-creams cups out of the FC freezer. R1 stated she is able to go and get anything she wants from the FC refrigerator. R1 stated the ice cream was mushy but she ate it. On 8/2/23 at 11:50 a.m., dietary aide (DA)-A stated the director of nutrition (DN)-A never told her who was responsible for cleaning the refrigerators in the dining rooms. DA-A stated the BW and FC refrigerators were not cleaned this morning, and it had been more than a month since they were cleaned. On 8/2/23 at 11:58 a.m., nursing assistant (NA)-A stated if a resident's family brings in food, the nursing staff were responsible for labeling the food and putting it in the refrigerator. On 8/2/23 at 12:15 p.m., DS-A stated the dietary department was responsible for monitoring the dining room refrigerators to ensure they were cleaned and well maintained. DS-A further stated if the dietary staff observed unlabeled or expired food items in the refrigerators, they were to let the nursing staff know to label the items or to take	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245272	A. BUILDING _____ B. WING _____	C 08/02/2023

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F 812	Continued From page 3	F 812		

expired items out of the refrigerators. DS-A also acknowledged not knowing when the last time the refrigerators were cleaned, or when temperatures were monitored.

On 8/2/23 at 12:30 p.m., registered nurse (RN)-A stated the FC refrigerator was not cleaned that morning, and stated the inside of the refrigerator "was not looking good." RN-A acknowledged it was not safe for the residents to eat food out of the refrigerator because they could end up with a food borne illness.

On 8/2/23 at 1:48 p.m., DN-A stated it had been two months since he tracked temperatures in the FC and BW refrigerators. DN-A stated he had not assigned anyone to clean the refrigerators in the last 2 months. DN-A stated there was a lack of clear communication between dietary and nursing staff. DN-A stated this could put the residents at risk for food borne illness.

On 8/2/23 at 3:24 p.m., RN-B stated all independent residents had access to the refrigerators, and they needed to be cleaned by the dietary staff every day, and nursing staff should label and date the food in the refrigerator. RN-B further stated interdisciplinary team (IDT) should be updated about the temperature monitoring. RN-B acknowledged the risk of food borne illness if the refrigerator was not monitored for temperature and expired food.

The facility policy Temperature/Sanitizer records indicated on 3/21/23 dietary staff education was provided to check and record daily the temperatures in the resident refrigerators.

The facility policy Food Brought in by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245272	A. BUILDING ______ B. WING ______	C 08/02/2023

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F 812	Continued From page 4 Friends/Family revised 3/19 directed staff to store and label food with resident name and date. Food will be disposed of in accordance with package expiration date if unopened or 3 days once opened. The facility policy General Sanitation/Infection Control revised 3/19 directed dietary staff to maintain the sanitation of the kitchen/kitchenettes through compliance with the written, comprehensive cleaning schedule.	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED 08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN LUTHER CARE CENTER	**1401 EAST 100TH STREET BLOOMINGTON, MN 55425**

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2 000	Initial Comments	2 000		

Initial Comments

*****ATTENTION******

NH LICENSING CORRECTION ORDER

In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

INITIAL COMMENTS:
On 8/2/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00227	A. BUILDING: ______ B. WING ______	08/02/2023

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2 000	Continued From page 1	2 000		

identify the date when they will be completed.

The following complaints were reviewed:
H52724101C (MN00095617)
H52724128C (MN00095208) with a licensing order issued at 4658.0650 Subp 5

Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00227	A. BUILDING: ___ B. WING ___	08/02/2023

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2 000	Continued From page 2	2 000		

not required at the bottom of the first page of state form.

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.

21100	MN Rule 4658.0650 Subp. 5 Food Supplies; Storage of Perishable food	21100		9/1/23

Subp. 5. Storage of perishable food. All perishable food must be stored off the floor on washable, corrosion-resistant shelving under sanitary conditions, and at temperatures which will protect against spoilage.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and document review, the facility failed to ensure 2 of 3 unit refrigerators for resident use were maintained in a clean and sanitary manner. In addition, the facility failed to ensure a safe temperature of between 36 degrees Fahrenheit (F) and 41 degrees F was maintained in 2 of 3 resident's refrigerators. In addition, the facility also failed to date food in 2 of 3 resident's refrigerators.

Corrected

Findings include:

On 8/2/23 at 11:00 a.m. the BW resident refrigerator was observed with dietary supervisor (DS)-A. A tan, purple spillage was observed inside of the door on two shelves, two undated opened ice-cream containers were observed, yellow liquid in 12 ounce opened cup undated, and build up of an unidentified brown colored

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00227	A. BUILDING: ______ B. WING ______	08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN LUTHER CARE CENTER	1401 EAST 100TH STREET BLOOMINGTON, MN 55425

(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
21100	Continued From page 3	21100		

substance was noted throughout the entire BW resident refrigerator. The temperature of the refrigerator was 44 degrees Fahrenheit (F). DS-A verified the observations.

On 8/2/23 at 11:30 a.m. the FC resident refrigerator was observed with dietary director (DD)-A. An unidentified brown colored substance was observed on the second shelf of the refrigerator, a plate with yellow brown left over food, a small bowl of green beans with green fuzz-like substance, a large bowl of a dark brown food, and unidentified yellow, purple spillage build up throughout the entire FC resident freezer was observed. The temperature of the refrigerator was 50 F. DD-A verified the observations.

On 8/2/23 at 11:39 a.m., licensed practical nurse (LPN)-A stated nursing staff should label and date food items in the refrigerator. LPN-A further stated she did not know who to call if the refrigerator was not cleaned.

On 8/2/23 11:45 a.m., R2 was observed getting two ice-creams cups out of the FC freezer. R1 stated she is able to go and get anything she wants from the FC refrigerator. R1 stated the ice cream was mushy but she ate it.

On 8/2/23 at 11:50 a.m., dietary aide (DA)-A stated the director of nutrition (DN)-A never told her who was responsible for cleaning the refrigerators in the dining rooms. DA-A stated the BW and FC refrigerators were not cleaned this morning, and it had been more than a month since they were cleaned.

On 8/2/23 at 11:58 a.m., nursing assistant (NA)-A stated if a resident's family brings in food, the nursing staff were responsible for labeling the

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	00227	A. BUILDING: ______ B. WING ______	08/02/2023

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21100	Continued From page 4	21100		

food and putting it in the refrigerator.

On 8/2/23 at 12:15 p.m., DS-A stated the dietary department was responsible for monitoring the dining room refrigerators to ensure they were cleaned and well maintained. DS-A further stated if the dietary staff observed unlabeled or expired food items in the refrigerators, they were to let the nursing staff know to label the items or to take expired items out of the refrigerators. DS-A also acknowledged not knowing when the last time the refrigerators were cleaned, or when temperatures were monitored.

On 8/2/23 at 12:30 p.m., registered nurse (RN)-A stated the FC refrigerator was not cleaned that morning, and stated the inside of the refrigerator "was not looking good." RN-A acknowledged it was not safe for the residents to eat food out of the refrigerator because they could end up with a food borne illness.

On 8/2/23 at 1:48 p.m., DN-A stated it had been two months since he tracked temperatures in the FC and BW refrigerators. DN-A stated he had not assigned anyone to clean the refrigerators in the last 2 months. DN-A stated there was a lack of clear communication between dietary and nursing staff. DN-A stated this could put the residents at risk for food borne illness.

On 8/2/23 at 3:24 p.m., RN-B stated all independent residents had access to the refrigerators, and they needed to be cleaned by the dietary staff every day, and nursing staff should label and date the food in the refrigerator. RN-B further stated interdisciplinary team (IDT) should be updated about the temperature monitoring. RN-B acknowledged the risk of food borne illness if the refrigerator was not monitored

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	00227	A. BUILDING: ____ B. WING ____	08/02/2023

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21100	Continued From page 5 for temperature and expired food. The facility policy Temperature/Sanitizer records indicated on 3/21/23 dietary staff education was provided to check and record daily the temperatures in the resident refrigerators. The facility policy Food Brought in by Friends/Family revised 3/19 directed staff to store and label food with resident name and date. Food will be disposed of in accordance with package expiration date if unopened or 3 days once opened. The facility policy General Sanitation/Infection Control revised 3/19 directed dietary staff to maintain the sanitation of the kitchen/kitchenettes through compliance with the written, comprehensive cleaning schedule. SUGGESTED METHOD OF CORRECTION: The facility dietary director or designee could ensure foods are stored and labeled properly in the refrigerators to prevent potential degraded food served to residents of the facility. The dietary director or designee could update or create policies and procedures, and educate staff on specific requirements or interventions related to food storage and labeling. The dietary director or designee could develop policies/procedures identifying who is responsible for on-going management of the refrigerators. All staff could be re-educated on how to check and record the refrigerators temperatures and their sanitation maintenance. The dietary director or designee could perform audits for a designated amount of time as determined by the Quality Assurance Performance Improvement (QAPI) committee to ensure food items are stored and labeled appropriately. The facility could report those	21100		

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21100	Continued From page 6 findings to QAPI for further recommendations and determine the need for further monitoring or compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21100		