



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
April 25, 2024

Administrator
The Estates at Twin Rivers, LLC
305 Fremont Street
Anoka, MN 55303

RE: CCN: 245298
Cycle Start Date: March 15, 2024

Dear Administrator:

On April 22, 2024, 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.

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

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April 25, 2024

Administrator
The Estates at Twin Rivers, LLC
305 Fremont Street
Anoka, MN 55303

Re: Reinspection Results
Event ID: JU7112

Dear Administrator:

On April 22, 2024, 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 March 15, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
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March 26, 2024

Administrator
The Estates at Twin Rivers, LLC
305 Fremont Street
Anoka, MN 55303

RE: CCN: 245298
Cycle Start Date: March 15, 2024

Dear Administrator:

On March 15, 2024, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), 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 Estates at Twin Rivers, LLC

March 26, 2024

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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 Estates at Twin Rivers, LLC

March 26, 2024

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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 June 15, 2024 (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 September 15, 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/lrc_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.

The Estates at Twin Rivers, LLC

March 26, 2024

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "H. Zahler". The signature is cursive and somewhat stylized, with the first letter of each word being capitalized and larger than the others.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2024
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NAME OF PROVIDER OR SUPPLIER THE ESTATES AT TWIN RIVERS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 305 FREMONT STREET ANOKA, MN 55303
---	--

(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
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F 000	<p>INITIAL COMMENTS</p> <p>On 3/15/24 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.</p> <p>The following complaints were reviewed: H52981945C (MN00101321) H52981818C (MN00097099) H52981844C (MN00097098) with deficiencies cited at F812 and F921</p> <p>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.</p> <p>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.</p>	F 000		
F 812 SS=F	<p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p>	F 812		4/12/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/03/2024

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.

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F 812	<p>Continued From page 1</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure room temperature and refrigerated food items were properly stored, labeled, and dated when the original packaging was opened. This deficient practice had the potential to affect all 36 residents who ate food prepared in the kitchen.</p> <p>Findings include:</p> <p>During a kitchen observation on 3/15/24 at 8:45 a.m. with the culinary director (CD)-A, the following items were observed in the food preparation sink:</p> <ul style="list-style-type: none"> - Two packages of sealed frozen pork sausage in a clear plastic container filled with water. - Green onions floating in water in a clear plastic container, balanced on top of the container with the frozen pork. - A bucket of soapy water with soiled utensils, to the left of the two stacked containers. <p>The following items were opened without any dates in the dry storage area:</p>	F 812	<p>All residents who reside in the facility have the potential to be affected.</p> <p>A full house audit has been initiated to ensure all food items are properly stored, labeled, and dated.</p> <p>The policy and procedure for Food Receiving and Storage has been reviewed and remains current. The policy and procedure for Food Handling Brought in for Resident's Individual Consumption was reviewed and remains current.</p> <p>Education has been initiated for culinary staff regarding food procurement, preparation and storage.</p> <p>Weekly audits of food storage will be completed weekly for 4 weeks, monthly for 4 months, and then QAPI will review audit findings and make necessary recommendations specific to food storage. The Culinary Director/Designee is responsible for compliance.</p>	

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F 812	<p>Continued From page 2</p> <ul style="list-style-type: none"> - One package of Crispy Onions - One bag of Stovetop stuffing <p>The following items were opened without any dates in the refrigerator:</p> <ul style="list-style-type: none"> - Two bowls containing yogurt and berries. - One package of imitation crab meat was opened. - One package of tortillas. <p>The following items with manufacturer's labels to keep refrigerated after opening, were observed opened, and in the lower food cabinet at room temperature:</p> <ul style="list-style-type: none"> - One plastic container of sweet and sour sauce. - One plastic container of teriyaki sauce. - One glass container of lemon juice. - One plastic container of grated parmesan cheese. <p>The following items were observed on the lower food cabinet shelves:</p> <ul style="list-style-type: none"> - A cup of light pink liquid was observed in the cabinet, without a label or date. - A box of SOS soap filled reusable steel wood pads was observed next to the food products. <p>A personal weekly pill organizer was observed to be on the kitchen food prep counter. Cook (C)-A moved the pill organizer to a closed cabinet in the kitchen. The pill organizer was closed with filled with several medications.</p> <p>An uncovered beverage cup with unknown liquid was observed on the food preparation counter, next to an open pound of butter.</p>	F 812		

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F 812	<p>Continued From page 3</p> <p>On 3/15/24 at 8:45 CD-A verified the above findings. CD-A stated the situation with the food preparation sink was "very concerning." CD-A stated they do not typically wash dishes in the food preparation sink. CD-A stated she was aware the cold water should be running over the frozen pork to thaw it in a safe manner. CD-A stated she expected all food items to be labeled with the date they were opened and in a sealed container or bag. CD-A stated the uncovered dishes of yogurt and berries, in the refrigerator, were from the day prior. CD-A stated the shelves in the lower cabinet have to be cleaned. "It's gross." CD-A stated cleaning products should be stored separately from food products. CD-A stated the personal pill organizer belonged to cook-A and did not belong in the kitchen. CD-A stated the open beverage belonged to the cook (C)-A. Further, CD-A she stated they were aware open beverages should not be near food preparation areas and the open beverage belonged to C-A.</p> <p>On 3/15/24 at 8:56 a.m., C-A stated the light pink liquid in the lower food cabinet was "used oil." C-A stated the oil was used for making egg rolls.</p> <p>On 3/15/24 at 9:00 a.m. the following items were observed with CD-A in the resident personal food item refrigerator/freezer:</p> <ul style="list-style-type: none"> - Leftovers labeled with a resident's name but lacked the date. - One container of Miracle Whip with an expiration date of 7/12/23. - One 8 oz open bottle of Diet Coke. - A bright blue substance on the walls of the freezer. <p>CD-A verified the above findings. CD-A stated all</p>	F 812		

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F 812	<p>Continued From page 4</p> <p>food items in the resident refrigerator were to be labeled with name and date. CD-A stated she was responsible to wipe down the refrigerator weekly and toss items without a label and those that were expired. CD-A stated she thought the bright blue substance may be from an ice pack.</p> <p>On 3/15/24 at 10:55 a.m., C-A stated food was to be covered and dated. C-A stated she was aware her open beverage should not be near food preparation areas.</p> <p>An undated facility document posted on the resident personal item refrigerator directed:</p> <ul style="list-style-type: none"> - Food that is unclean, spoiled, or unsafe will be disposed of properly. - Any food that is not labeled will be disposed of properly. <p>All food needs to be labeled with the following:</p> <ul style="list-style-type: none"> - Resident name - Resident Room number - Date food was placed in refrigerator <p>Refrigerator and freezer cleanliness will be maintained by the facility staff. Cleaning of the refrigerator will occur every Friday.</p> <p>The facility Food Receiving and Storage policy dated 10/17 directed foods shall be received and stored in a manner that complies with safe food handling practices.</p> <ul style="list-style-type: none"> - Dry foods that are stored in bins will be removed from original packaging, labeled, and dated. - All foods stored in the refrigerator or freezer will be covered, labeled, and dated. - Beverages must be dated when opened and discarded after 24 hours. - Other opened containers must be dated and 	F 812		

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F 812	Continued From page 5 sealed or covered during storage. - Pesticides and other toxic substance and drugs will not be stored in the kitchen area or in storerooms for food or food preparation equipment and utensils. - Soaps, detergents, cleaning compounds or similar substances will be stored in separate storage areas from food storage and labeled clearly. The facility Handling Food Brought in for Resident's Individual Consumption policy dated 1/17 directed: - Food brought into the facility for particular residents will be assessed by facility staff on an individual basis. Food that is obviously unclean, spoiled, or unsafe will be disposed of properly. - The container must be labeled with resident name and date the item was received. - Food must be disposed of properly after 3 days. - Refrigerator and freezer cleanliness will be maintained by facility staff. Spills are to be cleaned promptly.	F 812		
F 921 SS=F	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to maintain sanitary conditions in the kitchen. This had the potential to affect all 36 residents who ate food prepared in the kitchen.	F 921	All residents who reside in the facility have the potential to be affected. Necessary repairs to the ceiling, and deep cleans to the floors and vents were initiated. The policy and procedure for Dietary	4/12/24

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F 921	<p>Continued From page 6</p> <p>Findings include:</p> <p>On 3/15/24 at 8:45 a.m., during a tour of the kitchen with the culinary director (CD)-A, a thick brown substance was observed on the base boards of the kitchen and under the counters, refrigerators, freezers, dry storage shelves, oven, and dishwashing area. The microwave, the toaster, and lower shelves were also covered in the thick brown substance. The vent between the dry storage area and the food preparation area of the kitchen, located approximately 8 feet high, located above the food preparation sink had a dark gray fuzz matter. The ceiling vent, over the counter where food dishes were prepared had a dark brown fuzz matter covering the vent and extending approximately 3 feet in all directions beyond the vent across the ceiling. The ceiling material was peeling back and angled downward toward the floor in an approximate 6 inch by 6 inch area. The ceiling material had a bubbled appearance surrounding the vent.</p> <p>CD-A verified the above findings. CD-A described the thick brown substance on the floor as "build up." CD-A stated the kitchen was in need of a deep clean. CD-A stated the vent between the dry storage and food prep area was "not cleaned often enough." CD-A stated the facility had a contractor coming out to look at the ceiling. CD-A stated the ceiling had been in this condition for "a long time." CD-A stated it was her responsibility to ensure sanitation of the kitchen.</p> <p>The facility Dietary Guidelines policy dated 9/12 directed sanitary conditions are maintained in the storage, preparation, and distribution of food. Effective procedures for cleaning all equipment and</p>	F 921	<p>Guidelines has been reviewed and remains current.</p> <p>Education has been initiated for culinary staff regarding kitchen sanitation.</p> <p>Weekly audits of kitchen cleanliness will be completed weekly for 4 weeks, monthly for 4 months, and then QAPI will review audit findings and make necessary recommendations specific to kitchen sanitation.</p> <p>The Administrator/Designee is responsible for compliance.</p>	

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F 921	Continued From page 7 work areas are followed consistently.	F 921		
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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 26, 2024

Administrator
The Estates at Twin Rivers, LLC
305 Fremont Street
Anoka, MN 55303

Re: State Nursing Home Licensing Orders
Event ID: JU7111

Dear Administrator:

The above facility was surveyed on March 15, 2024 through March 15, 2024, 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.

The Estates At Twin Rivers Llc

March 26, 2024

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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.



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@state.mn.us

The Estates At Twin Rivers Llc

March 26, 2024

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00866	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2024
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NAME OF PROVIDER OR SUPPLIER THE ESTATES AT TWIN RIVERS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 305 FREMONT STREET ANOKA, MN 55303
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INITIAL COMMENTS: On 3/15/24, 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 orders were issued. Please</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE

04/03/24

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H52981945C (MN00101321) H52981818C (MN00097099) H52981844C (MN00097098) Licensing orders were issued at 4658.1415 Subpart 2 and 4658.0610 Subpart 7 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.</p> <p>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</p>	2 000		

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2 000	Continued From page 2 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 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.	2 000		
21015	MN Rule 4658.0610 Subp. 7 Dietary Staff Requirements- Sanitary conditi Subp. 7. Sanitary conditions. Sanitary procedures and conditions must be maintained in the operation of the dietary department at all times. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure room temperature and refrigerated food items were properly stored, labeled, and dated when the original packaging was opened. This deficient practice had the potential to affect all 36 residents who resided in the facility. Findings include: During a kitchen observation on 3/15/24 at 8:45 a.m. with the culinary director (CD)-A, the following items were observed in the food preparation sink: - Two packages of sealed frozen pork sausage in	21015	Corrected.	4/12/24

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21015	<p>Continued From page 3</p> <p>a clear plastic container filled with water.</p> <ul style="list-style-type: none"> - Green onions floating in water in a clear plastic container, balanced on top of the container with the frozen pork. - A bucket of soapy water with soiled utensils, to the left of the two stacked containers. <p>The following items were opened without any dates in the dry storage area:</p> <ul style="list-style-type: none"> - One package of Crispy Onions - One bag of Stovetop stuffing <p>The following items were opened without any dates in the refrigerator:</p> <ul style="list-style-type: none"> - Two bowls containing yogurt and berries. - One package of imitation crab meat was opened. - One package of tortillas. <p>The following items with manufacturer's labels to keep refrigerated after opening, were observed opened, and in the lower food cabinet at room temperature:</p> <ul style="list-style-type: none"> - One plastic container of sweet and sour sauce. - One plastic container of teriyaki sauce. - One glass container of lemon juice. - One plastic container of grated parmesan cheese. <p>The following items were observed on the lower food cabinet shelves:</p> <ul style="list-style-type: none"> - A cup of light pink liquid was observed in the cabinet, without a label or date. - A box of SOS soap filled reusable steel wood pads was observed next to the food products. <p>A personal weekly pill organizer was observed to be on the kitchen food prep counter. Cook (C)-A</p>	21015		

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21015	<p>Continued From page 4</p> <p>moved the pill organizer to a closed cabinet in the kitchen. The pill organizer was closed with filled with several medications.</p> <p>An uncovered beverage cup with unknown liquid was observed on the food preparation counter, next to an open pound of butter.</p> <p>On 3/15/24 at 8:45 CD-A verified the above findings. CD-A stated the situation with the food preparation sink was "very concerning." CD-A stated they do not typically wash dishes in the food preparation sink. CD-A stated she was aware the cold water should be running over the frozen pork to thaw it in a safe manner. CD-A stated she expected all food items to be labeled with the date they were opened and in a sealed container or bag. CD-A stated the uncovered dishes of yogurt and berries, in the refrigerator, were from the day prior. CD-A stated the shelves in the lower cabinet have to be cleaned. "It's gross." CD-A stated cleaning products should be stored separately from food products. CD-A stated the personal pill organizer belonged to cook-A and did not belong in the kitchen. CD-A stated the open beverage belonged to the cook (C)-A. Further, CD-A she stated they were aware open beverages should not be near food preparation areas and the open beverage belonged to C-A.</p> <p>On 3/15/24 at 8:56 a.m., C-A stated the light pink liquid in the lower food cabinet was "used oil." C-A stated the oil was used for making egg rolls.</p> <p>On 3/15/24 at 9"00 a.m. the following items were observed with CD-A in the resident personal food item refrigerator/freezer: - Leftovers labeled with a resident's name but</p>	21015		

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21015	<p>Continued From page 5</p> <p>lacked the date.</p> <ul style="list-style-type: none"> - One container of Miracle Whip with an expiration date of 7/12/23. - One 8 oz open bottle of Diet Coke. - A bright blue substance on the walls of the freezer. <p>CD-A verified the above findings. CD-A stated all food items in the resident refrigerator were to be labeled with name and date. CD-A stated she was responsible to wipe down the refrigerator weekly and toss items without a label and those that were expired. CD-A stated she thought the bright blue substance may be from an ice pack.</p> <p>On 3/15/24 at 10:55 a.m., C-A stated food was to be covered and dated. C-A stated she was aware her open beverage should not be near food preparation areas.</p> <p>An undated facility document posted on the resident personal item refrigerator directed:</p> <ul style="list-style-type: none"> - Food that is unclean, spoiled, or unsafe will be disposed of properly. - Any food that is not labeled will be disposed of properly. <p>All food needs to be labeled with the following:</p> <ul style="list-style-type: none"> - Resident name - Resident Room number - Date food was placed in refrigerator <p>Refrigerator and freezer cleanliness will be maintained by the facility staff. Cleaning of the refrigerator will occur every Friday.</p> <p>The facility Food Receiving and Storage policy dated 10/17 directed foods shall be received and stored in a manner that complies with safe food handling practices.</p> <ul style="list-style-type: none"> - Dry foods that are stored in bins will be removed 	21015		

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21015	<p>Continued From page 6</p> <p>from original packaging, labeled, and dated.</p> <ul style="list-style-type: none"> - All foods stored in the refrigerator or freezer will be covered, labeled, and dated. - Beverages must be dated when opened and discarded after 24 hours. - Other opened containers must be dated and sealed or covered during storage. - Pesticides and other toxic substance and drugs will not be stored in the kitchen area or in storerooms for food or food preparation equipment and utensils. - Soaps, detergents, cleaning compounds or similar substances will be stored in separate storage areas from food storage and labeled clearly. <p>The facility Handling Food Brought in for Resident's Individual Consumption policy dated 1/17 directed:</p> <ul style="list-style-type: none"> - Food brought into the facility for particular residents will be assessed by facility staff on an individual basis. Food that is obviously unclean, spoiled, or unsafe will be disposed of properly. - The container must be labeled with resident name and date the item was received. - Food must be disposed of properly after 3 days. - Refrigerator and freezer cleanliness will be maintained by facility staff. Spills are to be cleaned promptly. <p>SUGGESTED METHOD OF CORRECTION: The culinary director or designee could provide education to the staff on the policy for food storage. The culinary director or designee could conduct weekly audits of food storage. The Quality Assessment Performance Improvement (QAPI) committee could monitor the findings of the audits.</p>	21015		

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21015	Continued From page 7 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21015		
21685	<p>MN Rule 4658.1415 Subp. 2 Plant Housekeeping, Operation, & Maintenance</p> <p>Subp. 2. Physical plant. The physical plant, including walls, floors, ceilings, all furnishings, systems, and equipment must be kept in a continuous state of good repair and operation with regard to the health, comfort, safety, and well-being of the residents according to a written routine maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to maintain sanitary conditions in the kitchen. This had the potential to affect all 36 residents in the facility.</p> <p>Findings include:</p> <p>On 3/15/24 at 8:45 a.m., during a tour of the kitchen with the culinary director (CD)-A, a thick brown substance was observed on the base boards of the kitchen and under the counters, refrigerators, freezers, dry storage shelves, oven, and dishwashing area. The microwave, the toaster, and lower shelves were also covered in the thick brown substance. The vent between the dry storage area and the food preparation area of the kitchen, located approximately 8 feet high, located above the food preparation sink had a dark gray fuzz matter. The ceiling vent, over the counter where food dishes were prepared had a dark brown fuzz matter covering the vent and extending</p>	21685	Corrected.	4/12/24

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21685	<p>Continued From page 8</p> <p>approximately 3 feet in all directions beyond the vent across the ceiling. The ceiling material was peeling back and angled downward toward the floor in an approximate 6 inch by 6 inch area. The ceiling material had a bubbled appearance surrounding the vent.</p> <p>CD-A verified the above findings. CD-A described the thick brown substance on the floor as "build up." CD-A stated the kitchen was in need of a deep clean. CD-A stated the vent between the dry storage and food prep area was "not cleaned often enough." CD-A stated the facility had a contractor coming out to look at the ceiling. CD-A stated the ceiling had been in this condition for "a long time." CD-A stated it was her responsibility to ensure sanitation of the kitchen.</p> <p>The facility Dietary Guidelines policy dated 9/12 directed sanitary conditions are maintained in the storage, preparation, and distribution of food. Effective procedures for cleaning all equipment and work areas are followed consistently.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could conduct necessary repairs to the ceiling in the kitchen and a deep clean to the floors and vents. The The administrator or designee could set up a routine deep cleaning task. The The administrator or designee could conduct routine audits of kitchen sanitation.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21685		