



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 19, 2025

Licensee
Edgemont Place
11748 Ulysses Lane Northeast
Blaine, MN 55434

RE: Project Number(s) SL32457016

Dear Licensee:

On February 13, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the December 4, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Casey DeVries'.

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 24, 2025

Licensee
Edgemont Place
11748 Ulysses Lane Northeast
Blaine, MN 55434

RE: Project Number(s) SL32457016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 4, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH 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.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

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

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

fDOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted 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(s) 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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at

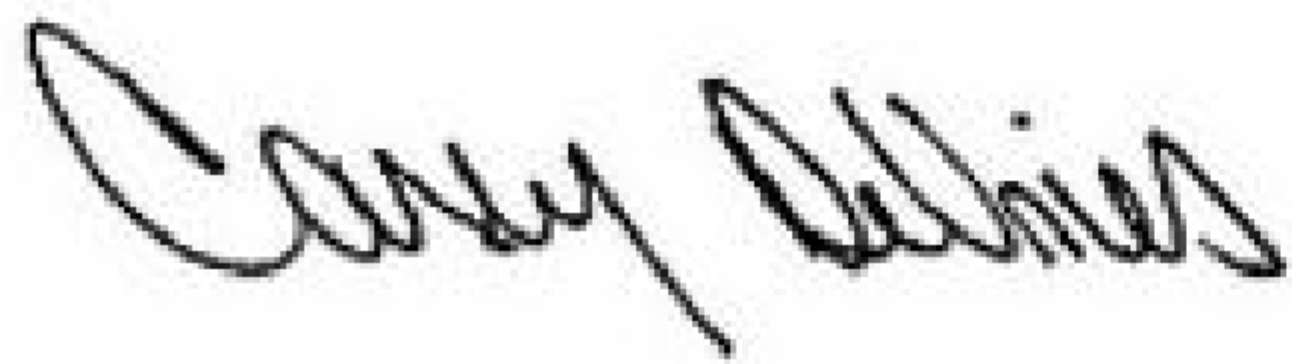
the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Casey DeVries". The signature is written in a cursive, flowing style.

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER EDGEMONT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 11748 ULYSSES LANE NE BLAINE, MN 55434			
(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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL32457016-0</p> <p>On December 2, 2024, through December 4, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 31 residents, all of whom received services under the Assisted Living license.</p> <p>An immediate correction order was identified on December 2, 2024, issued for SL32457016-0, tag identification 1290.</p> <p>During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.</p>	0 000	<p>Minnesota Department of Health is documenting the State 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	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 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A,	0 480			

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0 480	<p>Continued From page 2</p> <p>existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>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.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated December 3, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer</p>	0 480			

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0 480	Continued From page 3 to the FBEIR for any compliance.	0 480			
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for one of three employees (unlicensed personnel (ULP)-J). 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	0 650			

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0 650	<p>Continued From page 4</p> <p>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).</p> <p>The findings include:</p> <p>ULP-J was hired on May 2, 2023, to provide direct care and services to residents.</p> <p>ULP-J's employee record lacked the required documentation for the following:</p> <ul style="list-style-type: none">- annual performance evaluation;- medication preparation for a resident who was going on unplanned times away;- compression stockings; and- blood glucose checks. <p>On December 3, 2024, at 11:30 a.m., licensed assisted living director (LALD)-D stated ULP-J's performance evaluation was not done. LALD-D stated it was an oversight by the previous company.</p> <p>On December 4, 2024, at 11:40 a.m., ULP-J stated they were trained on all of the above-mentioned training topics by the previous registered nurse.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 650			
0 660 SS=E	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p>	0 660			

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0 660	<p>Continued From page 5</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test, and a completed health history and symptom screening for two of three employees (unlicensed personnel (ULP)-K, registered nurse (RN)-I).</p> <p>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).</p>	0 660			

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0 660	<p>Continued From page 6</p> <p>The findings include:</p> <p>ULP-K ULP-K was hired on October 22, 2024, to provide direct care and services to residents.</p> <p>ULP-K's employee record included tuberculosis Screening Employee Consent which indicated ULP-K received a first step TST on October 22, 2024, with negative results read on October 10 [SIC], 2024, and with instructions for the second step to be completed within one to three weeks after the first step, if the first step was negative. ULP-K's employee record lacked evidence the second step TST was completed or other evidence of TB screening such as a blood test, was completed. ULP-K's employee record also lacked a completed health history and baseline TB symptom screening.</p> <p>RN-I RN-I was hired on September 26, 2024, to provide direct care and services to residents and to provide oversight to the ULPs.</p> <p>RN-I's employee record included QuantiFERON-TB- gold plus result dated October 20, 2023. RN-I's employee record lacked the baseline TB symptom screening, a completed health history, and TST or other evidence of TB screening such as a blood test, dated within 90 days before hire.</p> <p>On December 3, 2024, at 11:15 a.m., licensed assisted living director (LALD)-D stated ULP-K did not do the second step TST screening. LALD-D stated they did not know why it was not done.</p> <p>On December 4, 2024, at 11:34 a.m., LALD-D</p>	0 660			

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0 660	<p>Continued From page 7</p> <p>stated RN-I did the TB test upon hire, but they were unable to find the paperwork.</p> <p>The CDC Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel dated May 17, 2019, indicated all health personnel should have a baseline screening and an individual risk assessment, which is necessary for interpreting any test result.</p> <p>Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, indicated baseline TB screening is required for all health care workers.</p> <p>Baseline TB screening consists of three components:</p> <ol style="list-style-type: none">1. Assessing for current symptoms of active TB disease,2. Assessing TB history, and3. Testing for the presence of infection with <i>Mycobacterium tuberculosis</i> by administering either a two-step TST or single TB blood test (IGRA). <p>An employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative IGRA or TST (i.e., first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients.</p> <p>The licensee's Tuberculosis: Care Staff policy dated December 19, 2023, indicated, "The Community will screen all care staff for tuberculosis (TB) infection and disease, per state regulations prior to the start of employment and annually thereafter."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	0 660			

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0 660	Continued From page 8 (21) days	0 660			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors.	0 680			

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0 680	<p>Continued From page 9</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's emergency disaster preparedness plan dated August 1, 2021, lacked evidence of the following required content:</p> <ul style="list-style-type: none">- annual review of the EPP;- policies and procedures for volunteers; and- quarterly review of missing resident policy. <p>On December 3, 2024, at approximately 12:00 p.m., licensed assisted living director (LALD)-D stated they did not have policy and procedures for volunteers. LALD-D also stated they did the annual review in May 2024, but had no documentation for both the annual review of the EPP or quarterly review of the missing resident policy.</p> <p>The licensee's Elopements policy dated December 19, 2023, indicated, "Review missing resident plan. The assisted living director and clinical nurse supervisor must review the missing resident plan at least quarterly and document any changes to the plan."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680			

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01060	Continued From page 10	01060			
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not	01060			

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01060	<p>Continued From page 11</p> <p>returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content and for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care (OOLTC) for one of one resident (R1) who was relocated and had not returned to the facility within four days.</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee and began receiving assisted living services on May 27, 2022.</p> <p>R1's diagnosis included Alzheimer's dementia, delirium, depression, atrial fibrillation, and type II diabetes.</p> <p>R1's Service Plan Agreement Form dated June 26, 2024, indicated R1 received assistance with cueing/standby assist, transportation, bathing, physical assist, bed making, laundry, and medication administration.</p>	01060			

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01060	<p>Continued From page 12</p> <p>R1's after visit summary dated May 22, 2024, indicated R1 was admitted to the hospital on May 15, 2024, and discharged on May 22, 2024.</p> <p>R1's record lacked evidence a written notice was provided that contained, at a minimum:</p> <ul style="list-style-type: none">- the reason for the relocation;- the name and contact information for the location to which the resident has been relocated and any new service provider;- contact information for the Office of Ombudsman for Long-Term Care;- if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and- a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. <p>On December 4, 2024, at 12:44 p.m., clinical nurse supervisor (CNS)-C stated the emergency relocation form was not completed and OOLTC was not informed about the emergency relocation. CNS-C stated they were not aware of the requirement.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01060			
01290 SS=I	<p>144G.60 Subdivision 1 Background studies required</p>	01290			

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01290	<p>Continued From page 13</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study (BGS) was submitted and received in affiliation with the assisted living licensee for ten of 49 employees (dietary aide (DA)-A, cook (CO)-G, receptionist (R)-H, R-N, unlicensed personnel (ULP)-B, ULP-F, ULP-J, licensed practical nurse (LPN)-E, and housekeeper (HK)-L, HK-M). This had the potential to affect all residents living in the assisted living facility. This resulted in an immediate correction order on December 2, 2024.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large</p>	01290	During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.		

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01290	<p>Continued From page 14</p> <p>portion or all of the residents).</p> <p>The findings include:</p> <p>DA-A DA-A was hired on September 26, 2022, to provide services for residents and kitchen duties.</p> <p>The licensee's Employee schedule from December 1, 2024, through December 7, 2024, indicated DA-A was scheduled to work morning (AM) shifts (7:00 a.m. to 2:30 p.m.) on December 1, 2, 5 and 6.</p> <p>The licensee's NETStudy 2.0 (web-based system used to submit background study requests to the Department of Human Services (DHS)) roster did not include DA-A in the list of employees whose BGS were affiliated to the licensee's healthcare facility identification (HFID) 32457. The roster also indicated DA-A required supervision and DA-A was separated from the licensee on October 8, 2022.</p> <p>ULP-B ULP-B was hired on October 23, 2024, to provide direct cares and services to residents.</p> <p>The licensee's Employee schedule from December 1, 2024, through December 7, 2024, indicated ULP-B was scheduled to work night (NOC) shifts (10:00 p.m. to 6:30a.m.) December 2 through December 5 and on December 7.</p> <p>The licensee's NETStudy 2.0 roster did not include ULP-B in the list of employees whose BGS were affiliated to the licensee's HFID 32457.</p> <p>LPN-E LPN-E was hired on March 14, 2016, to provide</p>	01290			

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01290	<p>Continued From page 15</p> <p>direct cares and services to residents and to oversee the ULPs.</p> <p>The licensee's Employee schedule from December 1, 2024, through December 7, 2024, indicated LPN-E was scheduled to work morning (AM) shifts (6:00 a.m. to 2:30 p.m.) on December 1, 2024, and December 3, 2024, through December 5, 2024.</p> <p>The licensee's NETStudy 2.0 roster did not include LPN-E in the list of employees whose BGS were affiliated to the licensee's HFID 32457.</p> <p>LPN-E's employee record included a background clearance letter dated July 20, 2016, under the licensee's former HFID number 32456.</p> <p>On December 2, 2024, at 1:44 p.m., the surveyor supervisor reviewed the NETStudy 2.0 website and conducted a search for the licensee's former HFID 32456. The website indicated there were no matching results found.</p> <p>On December 2, 2024, at 2:34 p.m., licensed assisted living director (LALD)-D stated they did not have access to the former HFID 32456 and stated the corporate office might have access to it.</p> <p>ULP-F ULP-F was hired on February 9, 2021, to provide direct cares and services to residents.</p> <p>The licensee's Employee schedule from December 1, 2024, through December 7, 2024, indicated ULP-F was scheduled to work night (NOC) shifts (10:00 p.m. to 6:30a.m.) December 1 through December 4.</p>	01290			

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01290	<p>Continued From page 16</p> <p>The licensee's NETStudy 2.0 roster did not include ULP-F in the list of employees whose BGS were affiliated to the licensee's HFID 32457.</p> <p>CO-G CO-G was hired on April 29, 2024, to provide services for residents and cooking duties.</p> <p>The licensee's employee schedule from December 1, through December 7, 2024, indicated CO-G was scheduled to work second shifts (3:00 p.m. to 7:00 p.m.) on December 4 and 6, 2024.</p> <p>The licensee's NETStudy 2.0 roster did not include CO-G in the list of employees whose BGS were affiliated to the licensee's HFID 32457.</p> <p>R-H R-H was hired on May 23, 2023, to provide services for residents and to perform administrative duties.</p> <p>The licensee's employee schedule from December 1, through December 7, 2024, indicated R-H was scheduled to work second shifts (5:00 p.m. to 8:00 p.m.) on December 3, 5 and 7, 2024.</p> <p>The licensee's NETStudy 2.0 roster did not include R-H in the list of employees whose BGS were affiliated to the licensee's HFID 32457.</p> <p>ULP-J ULP-J was hired on May 2, 2023, to provide direct care and services to residents.</p> <p>The licensee's employee schedule from December 1, through December 7, 2024, indicated ULP-J was scheduled to work AM shift</p>	01290			

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01290	<p>Continued From page 17 on December 4, 2024.</p> <p>The licensee's NETStudy 2.0 roster did not include ULP-J in the list of employees whose BGS were affiliated to the licensee's HFID 32457.</p> <p>HK-L HK-L was hired on April 19, 2024, to provide services for residents and housekeeping duties.</p> <p>The licensee's employee schedule from December 1, through December 7, 2024, indicated HK-L was scheduled to work morning shifts (5:00 a.m. to 1:30 p.m.) on December 1, 2, 3, 4, 6, and 7, 2024.</p> <p>The licensee's NETStudy 2.0 roster did not include HK-L in the list of employees whose BGS were affiliated to the licensee's HFID 32457.</p> <p>HK-M HK-M was hired on April 9, 2019, to provide services for residents and housekeeping duties.</p> <p>The licensee's employee schedule from December 1, through December 7, 2024, indicated HK-M was scheduled to work morning shifts (6:30 a.m. to 3:00 p.m.) on December 1, 2, 3, and 4, 2024.</p> <p>The licensee's NETStudy 2.0 roster did not include HK-M in the list of employees whose BGS were affiliated to the licensee's HFID 32457.</p> <p>R-N R-N was hired on December 8, 2023, to provide services for residents and to perform administrative duties.</p> <p>The licensee's employee schedule from</p>	01290			

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01290	<p>Continued From page 18</p> <p>December 1, through December 7, 2024, indicated R-N was not scheduled to work.</p> <p>The licensee's NETStudy 2.0 roster did not include R-N in the list of employees whose BGS were affiliated to the licensee's HFID 32457.</p> <p>On December 2, 2024, at 3:10 p.m., LALD-D stated R-N was on call and was not scheduled for the month of December.</p> <p>On December 2, 2024, at approximately 1:35 p.m., LALD-D stated the previous business office manager did not do their job and they hired a new person on September 2, 2024, to fill the gap.</p> <p>On December 2, 2024, at approximately 3:35 p.m., LALD-D stated all of the above-mentioned employees were allowed to provide direct care services without supervision except for DA-A. LALD-D stated they were aware DA-A required supervision and DA-A was always under supervision when providing services.</p> <p>The licensee's Background Studies Policy dated August 1, 2022, read, "Pre-Employment Screening</p> <p>a. All applicants for positions requiring background studies will complete the DHS NetStudy 2.0 background study process prior to beginning employment.</p> <p>b. Applicants must provide accurate identification, including a government-issued photo ID.</p> <p>c. The Community will submit background study requests to DHS through NetStudy 2.0.</p> <p>Conditional Employment: Conditional employment may be permitted while the background study is pending if:</p>	01290			

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01290	Continued From page 19 a. The individual is continuously supervised by an employee cleared by DHS. b. A review of the individual's record (if available) does not indicate disqualifying offenses. Determination of Eligibility a. DHS will notify the Community of the individual's clearance or disqualification. b. If an individual is disqualified, they will not be permitted to work in a position requiring unsupervised access to residents. c. The Community will inform the individual of their right to request reconsideration from DHS." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	01290			
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting;	01370			

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01370	<p>Continued From page 20</p> <p>(6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training was completed in all required areas for one of two unlicensed personnel ((ULP)-J).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p>	01370			

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01370	<p>Continued From page 21</p> <p>ULP-J was hired on May 2, 2023, to provide direct care and services to residents.</p> <p>ULP-J's employee record lacked the required documentation for the following training topics:</p> <ul style="list-style-type: none">- documentation requirements for all services provided;- reports of changes in the resident's condition to the supervisor designated by the assisted living provider;- maintenance of a clean and safe environment;- preparation of modified diets as ordered by a licensed health professional; and- understanding appropriate boundaries between staff and residents and the resident's family. <p>On December 3, at 12:44 p.m., clinical nurse supervisor (CNS)-C stated they did not have the missing training topics for ULP-J. CNS-C stated they were not working for the licensee when ULP-J was hired.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01370			
01380 SS=D	<p>144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn</p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p> <ul style="list-style-type: none">(1) observing, reporting, and documenting resident status;(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;	01380			

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01380	<p>Continued From page 22</p> <p>(3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training was completed in all required areas for one of two unlicensed personnel ((ULP)-J).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-J was hired on May 2, 2023, to provide direct care and services to residents.</p> <p>ULP-J's employee record lacked the required documentation for the following training topics:</p> <ul style="list-style-type: none">- observation, reporting, and documenting of resident status;- basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; and- recognizing physical, emotional, cognitive, and developmental needs of the resident.	01380			

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(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
01380	Continued From page 23 On December 3, at 12:44 p.m., clinical nurse supervisor (CNS)-C stated they did not have the missing training topics for ULP-J. CNS-C stated they were not working for the licensee when ULP-J was hired. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380			
01470 SS=D	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 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	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2024
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01470	<p>Continued From page 24</p> <p>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 staff member will be providing and the facility's category of licensure.</p> <p>(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:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff providing services completed an orientation to assisted living facility licensing requirements and regulations before providing services for one of three employees</p>	01470			

Minnesota Department of Health

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01470	<p>Continued From page 25</p> <p>unlicensed personnel (ULP-J).</p> <p>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).</p> <p>The findings include:</p> <p>ULP-J was hired on May 2, 2023, to provide direct care and services to residents.</p> <p>ULP-J's employee record lacked evidence of orientation to assisted living regulations (144G.63, Sub. 2) effective August 1, 2021, for the following topics:</p> <ul style="list-style-type: none">- Overview of Assisted Living statutes;- Review of provider's policies and procedures;- Handling of resident complaints, reporting of complaints, where to report;- Consumer advocacy services; and- Review of types of Assisted Living services the employee will provide and provider's scope of license. <p>On December 3, 2024, at 12:10 p.m., licensed assisted living director (LALD-D) stated they did not have the missing orientation topics mentioned above for ULP-J. LALD-D stated ULP-J was hired before the LALD started working for the licensee and they did not know why ULP-J did not complete the required orientation and training.</p> <p>No further information was provided.</p>	01470			

Minnesota Department of Health

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01470	Continued From page 26	01470			
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days				
01620 SS=E	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 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 the registered nurse (RN) conducted ongoing resident assessment and reassessment, not to exceed 90 calendar days from the last date of the assessment for one of three residents (R3) and change of condition	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2024
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01620	<p>Continued From page 27</p> <p>assessment for one of three residents (R4).</p> <p>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).</p> <p>The findings include:</p> <p>LATE ASSESSMENT</p> <p>R3 was admitted to the licensee on October 21, 2023, and began receiving assisted living services.</p> <p>R3's diagnosis included tachycardia, Alzheimer's disease, and essential hypertension.</p> <p>R3's Service Plan Agreement dated June 25, 2024, indicated R3 received assistance with cueing/standby assist, transportation, bathing, physical assist, bed making, laundry, and medication administration.</p> <p>R3's record included 90-day nursing assessments dated June 20, 2024, and October 19, 2024. The assessment completed on October 19, 2024, was 31 days past the 90-calendar day requirement.</p> <p>On December 4, 2024, at 12:35 p.m., clinical nurse supervisor (CNS)-C stated 90-day assessments should be done on or before 90 days from the last assessment. CNS-C stated</p>	01620			

Minnesota Department of Health

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01620	<p>Continued From page 28</p> <p>going forward they will put 80-day trigger for the system to remind them about the assessment due dates.</p> <p>CHANGE OF CONDITION</p> <p>R4 was admitted to the licensee on September 5, 2024, and began receiving assisted living services.</p> <p>R4's diagnosis included dementia, left hip pain, and congestive heart failure.</p> <p>R4's Service Plan Agreement dated September 9, 2024, indicated R4 received assistance with cueing/standby assist, transportation, bathing, dressing, dining, bed making, laundry, and medication administration.</p> <p>R4's record included initial and 14-day nursing assessments dated September 5, 2024, and September 19, 2024, respectively.</p> <p>On December 4, 2024, at 1:56 p.m., the surveyor observed unlicensed personnel (ULP)-O and ULP-P pulling on R4's hand on both sides to help R4 up from sitting to standing position without the use of a gait belt in the common area by the nurse station.</p> <p>On December 3, 2024, at 2:00 p.m., ULP-O stated R4 can use their legs and R4 was independent. ULP-O stated, "I was just helping her up". ULP-O also stated they were trained on how to use gait belts for transfers and stated a gait belt was found in every resident's room.</p> <p>On December 3, 2024, at 2:05 p.m., clinical nurse supervisor stated their expectation for helping a resident transfer was to use a gait belt.</p>	01620			

Minnesota Department of Health

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01620	<p>Continued From page 29</p> <p>On December 4, 2024, at 9:00 a.m., the surveyor observed ULP-Q and ULP-R helped R4 to the toilet. ULP-Q stated R4 was a two person assist for transfers.</p> <p>On December 4, 2024, at approximately 11:30 a.m., the surveyor observed R4's service plan dated September 9, 2024, which indicated R4 needed physical assist of one person for transfers and ambulation.</p> <p>On December 4, 2024, at 11:44 a.m., ULP-J stated R4 was an assist of two for transfers. ULP-J stated R4 fell about two weeks ago and R4 was not able to get up without pain after the fall.</p> <p>On December 4, 2024, at 11:45 a.m., licensed practical nurse (LPN)-S stated R4 was changed to assist of two persons for transfers when R4 started declining due to R4's hip. R4 was found on the floor two weeks ago.</p> <p>On December 4, 2024, at 12:14 p.m., clinical nurse supervisor (CNS)-C stated they did not do change of condition assessment. CNS-C stated they talked about R4's change condition on shift change report but they did not do the assessment.</p> <p>The licensee's Resident Assessments policy dated December 19, 2023, indicated, " 1. The Resident Care Coordinator is responsible for completing resident Assessments.</p> <p>a. The assessment will include a nursing assessment conducted by a registered nurse. 2. Prior to creating or updating the Service Plan, a new resident Assessment or a review of the existing resident Assessment must be completed.</p>	01620			

Minnesota Department of Health

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01620	<p>Continued From page 30</p> <p>Whenever an Assessment is updated the Service Plan should also be updated.</p> <p>a. If the Community uses an Electronic Health Record (EHR), the assessment review and updates will be completed in the EHR.</p> <p>3. The resident Assessment is completed/updated:</p> <p>a. Prior to move-in.</p> <p>i. For Temporary admissions, the assessment must be completed within seventy-two (72) hours prior to initiating services.</p> <p>b. 14-days after move-in.</p> <p>c. Every ninety (90) days from last assessment.</p> <p>d. Whenever there is significant change in resident status."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620			



Minnesota Department of Health
Division of Environmental Health, FPLS
PO Box 64975
Saint Paul, 55164-0975
651-201-4500

Type: Follow-Up
Date: 12/06/24
Time: 10:07:57
Report: 1023241286

Food and Beverage Establishment Inspection Report

Page 1

Location:

Edgemont Place Alzheimer'S Spe
11748 Ulysses Lane Ne
Blaine, MN55434
Anoka County, 02

Establishment Info:

ID #: 0037639
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7638627000
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 12/03/24 have NOT been corrected.

5-200B Plumbing: cross connections

5-203.14I **** Priority 1 ****

MN Rule 4626.1085A Remove the control valve located on the discharge side of the atmospheric vacuum breaker backflow prevention device.

INSTALL PRESSURE BLEEDING DEVICE ON MOP SINK FAUCET WITH CHEMICAL DISPENSER ATTACHED.

Issued on: 12/03/24

Comply By: 12/03/24

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

ICE BUILD UP IN WALK IN FREEZER AND FOOD ITEMS ENCASED IN ICE. REPAIR COOLER TO PREVENT ICE FORMATION.

Issued on: 12/03/24

Comply By: 12/03/24

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

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

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: SANI BUCKET
Violation Issued: No

Type: Follow-Up
Date: 12/06/24
Time: 10:07:57
Report: 1023241286
Edgemont Place Alzheimer'S Spe

Food and Beverage Establishment Inspection Report

Page 2

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

FOLLOW UP CONDUCTED TO ENSURE SAFE FOOD OPERATIONS.

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 1023241286 of 12/06/24.

Certified Food Protection Manager: CHRISTINA AMDAHL

Certification Number: 51600 Expires: 10/16/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

CHRISTINA AMDAHL
PERSON IN CHARGE

Signed: Gregory T Nelson

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

Type: Full
Date: 12/03/24
Time: 09:40:26
Report: 1023241279

Food and Beverage Establishment Inspection Report

Page 1

Location:

Edgemont Place Alzheimer'S Spe
11748 Ulysses Lane Ne
Blaine, MN55434
Anoka County, 02

Establishment Info:

ID #: 0037639
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7638627000
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.

4-500 Equipment Maintenance and Operation

4-501.114C3 **** Priority 1 ****

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

NO SANITIZER IN 3 COMP SINK DISPENSER. OPERATOR STATED MORE CHEMICAL HAS BEEN ORDERED.

Comply By: 12/03/24

5-200B Plumbing: cross connections

5-203.14I **** Priority 1 ****

MN Rule 4626.1085A Remove the control valve located on the discharge side of the atmospheric vacuum breaker backflow prevention device.

INSTALL PRESSURE BLEEDING DEVICE ON MOP SINK FAUCET WITH CHEMICAL DISPENSER ATTACHED.

Comply By: 12/03/24

4-300 Equipment Numbers and Capacities

4-302.14 **** Priority 2 ****

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

QUAT SANITIZER IN USE BUT NO TEST STRIPS AVAILABLE.

Comply By: 12/03/24

Type: Full
Date: 12/03/24
Time: 09:40:26
Report: 1023241279
Edgemont Place Alzheimer'S Spe

Food and Beverage Establishment Inspection Report

Page 2

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

3-304.14A

MN Rule 4626.0285A Cloths used for wiping food spills from tableware or carry-out containers that occur as food is being served, must be maintained dry and used for no other purpose.

NO SANITIZER IN SANI BUCKET. OPERATOR FOUND ADDITIONAL CHEMICAL TO REMAKE SANI BUCKET.

Comply By: 12/03/24

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

ICE BUILD UP IN WALK IN FREEZER AND FOOD ITEMS ENCASED IN ICE. REPAIR COOLER TO PREVENT ICE FORMATION.

Comply By: 12/03/24

Surface and Equipment Sanitizers

Quaternary Ammonia: = 0PPM at Degrees Fahrenheit

Location: 3 COMP DISPENSER

Violation Issued: Yes

Quaternary Ammonia: = 0PPM at Degrees Fahrenheit

Location: SANI BUCKET

Violation Issued: Yes

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit

Location: SANI BUCKET (REMADE)

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/MILK

Temperature: 41 Degrees Fahrenheit - Location: PREP COOLER

Violation Issued: No

Process/Item: Cold Hold/TEA

Temperature: 41 Degrees Fahrenheit - Location: PREP COOLER

Violation Issued: No

Process/Item: Cold Hold/YOGURT

Temperature: 41 Degrees Fahrenheit - Location: WALK IN COOLER

Violation Issued: No

Process/Item: Cold Hold/CUT FRUIT

Temperature: 39 Degrees Fahrenheit - Location: WALK IN COOLER

Violation Issued: No

Type: Full
Date: 12/03/24
Time: 09:40:26
Report: 1023241279
Edgemont Place Alzheimer'S Spe

Food and Beverage Establishment Inspection Report

Page 3

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

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

THIS FACILITY CONSISTS OF A MAIN LEVEL KITCHEN WITH COOK LINE BELOW VENTILATION HOOD/ANSUL, DISH MACHINE, THREE COMPARTMENT SINK, AND PREP SINK.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:

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

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 1023241279 of 12/03/24.

Certified Food Protection Manager CHRISTINA AMDAHL

Certification Number: 51600 Expires: 10/16/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

CHRISTINA AMDAHL
PERSON IN CHARGE

Signed: Gregory T Nelson

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