



Protecting, Maintaining and Improving the Health of All Minnesotans

October 26, 2022

Administrator
Lincoln Lane Villa
503 East Lincoln Street, P.O. Box 106
Hendricks, MN 56136

RE: Project Number(s) SL21339015

Dear Administrator:

On August 4, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the May 17, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

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
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-215-9697

PMB



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 27, 2022

Administrator
Lincoln Lane Villa
503 East Lincoln Street PO 106
Hendricks, MN 56136

RE: Project Number SL21339015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on May 17, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

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

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

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

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Lincoln Lane Villa

May 27, 2022

Page 3

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Casey DeVries". The signature is written in a cursive, flowing style.

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN LANE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 503 EAST LINCOLN STREET PO 106 HENDRICKS, MN 56136
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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
0 000	<p>Initial Comments</p> <p>Initial comments *****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: SL21339015-0</p> <p>On May 16, 2022, through May 17, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 13 residents, none of whom received services.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</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>	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 110	<p>Continued From page 1</p> <p>Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a licensed assisted living director (LALD) was listed as the Director of Record with the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all the licensee's residents, staff and visitors.</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>LALD-F had a license effective through October 31, 2022. However, LALD-F's license lacked an organization listed as the Director of Record with BELTSS.</p> <p>On May 16, 2022, at approximately 2:50 p.m., registered nurse (RN)-A confirmed LALD-F's license lacked identification of the Director of Record as required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2)</p>	0 110		

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0 110	Continued From page 2 days	0 110		
0 430 SS=C	<p>144G.40 Subd. 2 Uniform checklist disclosure of services</p> <p>(a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a).</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a copy of the Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) with the required content for two of two residents (R1 and R2) with records reviewed.</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a</p>	0 430		

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0 430	Continued From page 3 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R1 and R2's records lacked evidence of a UDALSA with the following required content: - a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide. R1 and R2 admitted to the facility on November 1, 2021, and had a signed contract with the facility dated October 7, 2021, and October 14, 2021, respectively. On May 17, 2022, at approximately 9:30 a.m., registered nurse (RN)-A confirmed the licensee's UDALSA dated May 5, 2021, indicated the facility was providing services that were actually being provided under a home care license, which was operated under the same ownership as the licensee, and stated it should be corrected. RN-A stated all residents of the licensee had received the incorrect UDALSA, and staff had been trained on the incorrect UDALSA. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 430		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements	0 470		

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0 470	<p>Continued From page 4</p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p> <ul style="list-style-type: none"> (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <ul style="list-style-type: none"> (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a staffing plan with the required content was developed as required, potentially affecting the licensee's current residents, staff and any visitors.</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</p>	0 470		

Minnesota Department of Health

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0 470	<p>Continued From page 5</p> <p>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 held an assisted living facility license, was licensed for a bed capacity of 16 residents and had a current census of 13 residents. In addition, the licensee had an Innovation Variance in place, approved March 3, 2022, which allowed staff from the attached acute care and long-term care facilities to answer calls when facility staff was not present.</p> <p>The licensee failed to develop and implement a staffing plan for determining its staffing level that:</p> <ul style="list-style-type: none"> - included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; - ensured sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and - ensured that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility. <p>The licensee's posted Weekly Villa Schedule noted one staff onsite Monday through Friday 7:30 a.m. to 8:00 p.m., and one staff onsite Saturday and Sunday from 7:30 a.m. to 10:00 a.m. and 4:00 p.m. to 8:00 p.m.</p> <p>On May 17, 2022, at approximately 11:05 a.m.,</p>	0 470		

Minnesota Department of Health

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0 470	Continued From page 6 registered nurse (RN)-A stated she had a staffing plan posted but did not have a written staffing plan with the required content. The licensee's Staffing for Lincoln Lane Villa Assisted Living policy dated September 2021 noted unlicensed staff would be scheduled Monday through Friday from 7:30 a.m. to 8:00 p.m., Saturday, Sunday and observed holidays from 7:30 a.m. to 10:00 a.m., and 4:00 p.m. to 8:00 p.m. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced	0 480		

Minnesota Department of Health

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0 480	<p>Continued From page 7</p> <p>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 included document titled, Food and Beverage Establishment Inspection Report dated May 16, 2022, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 500 SS=F	<p>144G.41 Subd. 2 Policies and procedures</p> <p>Each assisted living facility must have policies and procedures in place to address the following and keep them current:</p> <p>(1) requirements in section 626.557, reporting of maltreatment of vulnerable adults;</p> <p>(2) conducting and handling background studies on employees;</p> <p>(3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance;</p> <p>(4) handling complaints regarding staff or services provided by staff;</p>	0 500		

Minnesota Department of Health

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0 500	<p>Continued From page 8</p> <p>(5) conducting initial evaluations of residents' needs and the providers' ability to provide those services;</p> <p>(6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate;</p> <p>(7) orientation to and implementation of the assisted living bill of rights;</p> <p>(8) infection control practices;</p> <p>(9) reminders for medications, treatments, or exercises, if provided;</p> <p>(10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards;</p> <p>(11) ensuring that nurses and licensed health professionals have current and valid licenses to practice;</p> <p>(12) medication and treatment management;</p> <p>(13) delegation of tasks by registered nurses or licensed health professionals;</p> <p>(14) supervision of registered nurses and licensed health professionals; and</p> <p>(15) supervision of unlicensed personnel performing delegated tasks.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they had met the requirements of licensure, by attesting the managerial officials who were in charge of the day-to-day operations, had developed and implemented current policies and procedures, as required, with records reviewed.</p>	0 500		

Minnesota Department of Health

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0 500	<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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on May 16, 2022, at approximately 11:20 a.m., the surveyor requested to review the licensee's current policies and procedures.</p> <p>The licensee failed to ensure the following policies and procedures were in place and kept current:</p> <ul style="list-style-type: none"> - ensuring that nurses and licensed health professionals have current and valid licenses to practice; and -supervision of registered nurses and licensed health professionals. <p>On May 17, 2022, at approximately 3:00 p.m., registered nurse (RN)-A stated she was unable to locate the above required policies.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 500		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment	0 550		

Minnesota Department of Health

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0 550	<p>Continued From page 10</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to post in a conspicuous place, information about the licensee's grievance procedure with the required content. This had the potential to affect the licensee's current residents, staff and visitors.</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 lacked a posting of the grievance procedure and the name, telephone number, and e-mail contact information for the individuals responsible for handling resident grievances. In addition, the licensee lacked a posting of the contact information for the Office of Ombudsman</p>	0 550		

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0 550	<p>Continued From page 11</p> <p>for Long-Term Care and Office of Ombudsman for Mental Health and Developmental Disabilities as required.</p> <p>During a tour of the facility on May 16, 2022, at approximately 12:10 p.m., the surveyor observed the main entrance area, as well as the entrance from the hallway coming from the clinic, hospital and nursing home attached. No grievance procedure with the required contact was noted at either entrance.</p> <p>On May 16, 2022, at approximately 3:00 p.m., registered nurse (RN)-A observed both entrance areas with the surveyor and confirmed the above required content was not posted.</p> <p>A policy related to required posting was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 550		
0 630 SS=F	<p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes</p>	0 630		

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0 630	<p>Continued From page 12</p> <p>self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include the required content for two of two residents (R1 and R2) with records reviewed.</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>R1 and R2's records lacked an individual abuse prevention plan to include an assessment of the resident's risk of abusing other vulnerable adults.</p> <p>R1 R1 had a contract signed October 7, 2021.</p> <p>R1's Visit Report dated March 16, 2022, included a section titled Vulnerability Assessment, which noted R1 was not at risk of abuse from others. However, the report lacked the above required content.</p> <p>R2 R2 had a contract signed October 4, 2021.</p> <p>R2's Visit Report dated April 25, 2022, included a section titled Vulnerability Assessment, which</p>	0 630		

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0 630	<p>Continued From page 13</p> <p>noted R2 was not at risk of abuse from others. However, the report lacked the above required content.</p> <p>On May 17, 2022, at approximately 9:35 a.m., registered nurse (RN)-A confirmed the resident records lacked the above required content, and stated the same format was utilized for all residents.</p> <p>The licensee's Vulnerable Adult Prevention Plan policy dated November 2021, noted assisted living providers were required to develop and implement an individual abuse prevention plan to include the person's risk of abusing other vulnerable adults.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 630		
0 640 SS=F	<p>144G.42 Subd. 7 Posting information for reporting suspected c</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and</p> <p>(3) providing reasonable accommodations with information and notices in plain language.</p>	0 640		

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0 640	<p>Continued From page 14</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment as required by posting information and the reporting number for the Minnesota Adult Abuse Reporting Center (MAARC) to report suspected maltreatment of a vulnerable adult under section 626.557 as required. This had the potential to affect all of the licensee's current residents, staff and visitors.</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 failed to post required information for MAARC.</p> <p>During a tour of the facility on May 16, 2022, at approximately 12:10 p.m., the surveyor observed the main entrance area, as well as the entrance from the hallway coming from the clinic, hospital, and nursing home attached. No grievance procedure with the required contact was noted at either entrance.</p> <p>On May 16, 2022, at approximately 3:00 p.m., registered nurse (RN)-A observed both entrance areas with the surveyor, and confirmed the above</p>	0 640		
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0 640	Continued From page 15 required content was not posted. A policy related to required posting was requested but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 640		
0 650 SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed	0 650		

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0 650	<p>Continued From page 16</p> <p>by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee record contained the required content for three of three employees (registered nurse (RN)-A, RN-G, and unlicensed personnel (ULP)-B) with records reviewed.</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>RN-A RN-A started employment on July 12, 1996, under the comprehensive home care license and began providing assisted living services on August 2, 2021.</p> <p>RN-A's employee record lacked evidence of: - a current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; and - at least eight hours annual training for every 12 months of employment.</p> <p>RN-G</p>	0 650		

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0 650	<p>Continued From page 17</p> <p>RN-G started employment on September 12, 2018, as a nurse in the attached hospital under the same ownership as the licensee. RN-A identified that RN-G would answer call requests after hours at the assisted living facility, when on-site assisted living staff was not available.</p> <p>RN-G's employee record lacked evidence of: - a current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; and</p> <p>ULP-B ULP-B started employment on October 19, 2017, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>ULP-B's employee record lacked evidence of: - a current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; and - at least eight hours annual training for every 12 months of employment.</p> <p>On May 17, 2022, at approximately 2:40 p.m., human resource manager (HRM)-E stated the licensee did not keep job descriptions in employee records for any of the licensee's employees.</p> <p>On May 17, 2022, at approximately 3:15 p.m., RN-A stated the required amount of annual training had been completed, but the hours were not documented in the employee records as required.</p> <p>The licensee's Personnel Records policy dated May 2020, lacked information on the content of the employee record.</p>	0 650		

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0 650	Continued From page 18 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms in some of resident's bedrooms. In addition, the facility failed	0 780		

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0 780	<p>Continued From page 19</p> <p>to provide smoke alarms that were interconnected in some resident's bedrooms. This had the potential to directly affect all residents, staff, and visitors.</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 residents).</p> <p>The findings include:</p> <p>On May 17, 2022, between 11:05 a.m. and 12:00 p.m., survey staff toured the facility with registered nurse (RN)-A and director of maintenance (DM)-D. During the facility tour, survey staff observed in apartments 100, 101, 102, 103, 104, 105, 106 and 107 had no smoke alarms provided in the resident's bedrooms. In addition, survey staff observed smoke alarms in apartments 108, 109, 110, 111, 112, 113, 114, and 115 of the resident's bedrooms were not interconnected so that actuation of one alarm caused all alarms in the dwelling to actuate.</p> <p>RN-A and DM-D verbally confirmed survey staff observations during the facility tour.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21)</p>	0 780		
01470 SS=F	144G.63 Subd. 2 Content of required orientation	01470		

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01470	<p>Continued From page 20</p> <p>(a) The orientation must contain the following topics:</p> <ol style="list-style-type: none"> (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 Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. <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</p>	01470		

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01470	<p>Continued From page 21</p> <p>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 employees received orientation to assisted living licensing requirements and regulations prior to providing services for three of three employees (registered nurse (RN)-A, RN-G, and unlicensed personnel (ULP)-B) with records reviewed.</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>RN-A</p>	01470		

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01470	<p>Continued From page 22</p> <p>RN-A started employment on July 12, 1996, under the comprehensive home care license and began providing assisted living services on August 2, 2021.</p> <p>RN-A's employee record lacked evidence of:</p> <ul style="list-style-type: none"> - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. <p>RN-G</p> <p>RN-G started employment on September 12, 2018, as a nurse in the attached hospital. RN-A identified that RN-G would answer call requests after hours at the assisted living facility, when on-site staff was not available.</p> <p>RN-G's employee record lacked evidence of:</p> <ul style="list-style-type: none"> - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - handling of emergencies and use of emergency services; - with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - consumer advocacy services of the Office of 	01470		

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01470	<p>Continued From page 23</p> <p>Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>- a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>ULP-B ULP-B started employment on October 19, 2017, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>ULP-B's employee record lacked evidence of:</p> <p>- the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>On May 17, 2022, at approximately 3:15 p.m., RN-A stated RN-G had not received the above required orientation prior to answering calls at the assisted living facility and verified no staff had received the required principles of person-centered planning and service delivery.</p> <p>The licensee's Orientation, Training and Evaluation policy dated November 2021 noted all staff providing and supervising assisted living services must complete the orientation to home care licensing requirements and regulations before providing home care services to clients, and would include an overview of sections 144A.43 to 144A.4798, introduction and review of all the provider policies and procedures related to the provision of assisted living services, handling of emergencies and use of emergency services, compliance with and reporting of maltreatment of</p>	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN LANE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 503 EAST LINCOLN STREET PO 106 HENDRICKS, MN 56136
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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
01470	Continued From page 24 vulnerable adults, assisted living bill of rights, handling of client's complaints, and consumer advocacy services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470		
01530 SS=E	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;	01530		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN LANE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 503 EAST LINCOLN STREET PO 106 HENDRICKS, MN 56136
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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
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01530	<p>Continued From page 25</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two employees (registered nurse (RN)-A and unlicensed personnel (ULP)-B) received the required amount of dementia care training, in the required time frame, with records reviewed.</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>The licensee provided services under an assisted living license.</p> <p>During the entrance conference on May 16, 2022, at approximately 11:20 a.m., registered nurse (RN)-H stated the licensee currently had no residents with the diagnosis of dementia.</p> <p>RN-A and ULP-B's employee records contained evidence of one-hour annual dementia training, completed on October 8, 2021.</p> <p>RN-A RN-A started employment on July 12, 1996, under the comprehensive home care license and began providing assisted living services on August 2, 2021.</p>	01530		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN LANE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 503 EAST LINCOLN STREET PO 106 HENDRICKS, MN 56136
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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
01530	Continued From page 26 ULP-B ULP-B started employment on October 19, 2017, under the comprehensive home care license and began providing assisted living services on August 1, 2021. On May 17, 2022, at approximately 3:15 p.m., RN-A confirmed the employee records lacked evidence of the required two hours annual training in dementia care. The licensee's Dementia Training policy dated July 2020 lacked identification of the required annual training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors Subd. 8. Notice to visitors. (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the required notice was posted at the main entry way of the establishment to display statutory language to	03090		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN LANE VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 503 EAST LINCOLN STREET PO 106 HENDRICKS, MN 56136
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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
03090	<p>Continued From page 27</p> <p>disclose electronic monitoring activity, potentially affecting all current residents in the assisted living facility, staff and any visitors of the licensee.</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During a tour of the facility on May 16, 2022, at approximately 12:10 p.m., the surveyor observed the main entrance area, as well as the entrance from the hallway coming from the clinic, hospital, and nursing home attached. No grievance procedure with the required contact was noted at either entrance.</p> <p>On May 16, 2022, at approximately 3:00 p.m., registered nurse (RN)-A observed both entrance areas with the surveyor, and confirmed the above required content was not posted.</p> <p>A policy related to required posting was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	03090		



Type: Full
Date: 05/16/22
Time: 11:20:00
Report: 1030221005

Food and Beverage Establishment Inspection Report

Location:

Lincoln Lane Villa
503 East Lincoln Street Po 106
Hendricks, MN56136
Lincoln County, 41

Establishment Info:

ID #: 0038703
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072753134
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.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ** Priority 1 **

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

Observed temperature of milk in door of domestic Whirlpool refrigerator at 54.1F. Milk in door of fridge discarded and sign posted to not store TCS food in the door. Temperature of TCS food (Milk) on shelf 41.0F. Ambient thermometer 34.0F.

Corrected on Site

4-300 Equipment Numbers and Capacities

4-302.12A ** Priority 2 **

MN Rule 4626.0705A Provide a readily accessible food temperature measuring device to ensure attainment and maintenance of food temperatures.

PIC at assisted living stated they did not have a food temperature measuring device to check food temperatures when food is received from the central kitchen. Observed dietary manager provided a food thermometer in the kitchen.

Corrected on Site

4-300 Equipment Numbers and Capacities

4-302.13B ** Priority 2 **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

Observed no temperature indicator to measure the dishwasher hot water sanitizing cycle temp. Dietary manager stated they will purchase one. Inspector provided indicators strips to check temperature.

Comply By: 05/18/22

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Lincoln Lane Villa

Food and Beverage Establishment Inspection Report

Page 2

4-500 Equipment Maintenance and Operation

4-501.112A ** Priority 2 **

MN Rule 4626.0795A Maintain the temperature at the manifold of the hot water sanitizing rinse at a maximum temperature of 194 degrees F (90 degrees C) and no less than 165 degrees F (74 degrees C) for a single tank, stationary rack, single temperature machine or 180 degrees F (82 degrees C) for all other machines.

Checked NSF residential dishwasher (hot water sanitizer) with heat sensitive strips. Hot water temperature between 150F and 160F and did not reach 165F. Discontinued use of machine. All dishes, utensils and cups will be washed at central kitchen.

Comply By: 05/16/22

5-200A Plumbing: approved materials/design

5-203.11A ** Priority 2 **

MN Rule 4626.1070A Provide at least 1 handwashing sink, or the number of handwashing sinks necessary to allow for the convenient use by employees during food preparation, food dispensing, and warewashing; and in or adjacent to toilet rooms.

Observed single basin sink in kitchen used for hand washing, and rinsing and storing dirty dishes. Provide a separate sink for hand washing only. Contact HRD plan review for approval prior to construction.

Comply By: 01/16/23

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ** Priority 2 **

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

Observed staff rinsing dishes and dirty dishes in the hand sink. Discussed with PIC and will only use for hand washing. Dietary manager posted a sign on towel dispenser stating for hand washing only. Discussed adding a separate hand sink.

Comply By: 05/16/22

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

Observed Rochelle Sprinkles current Serve Safe Exam Certificate but had not submitted the MN CFPM initial application. Rochelle completed the initial application, serve safe certificate and fee, and was going to mail it MDH the day of the inspection.

Comply By: 05/16/22

4-200 Equipment Design and Construction

4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

Residential hot water dish machine doe not have an effective sanitize cycle. Check during inspection demonstrates the surface temperature does not reach 165F or above. Dishes, utensils and cups will be

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Food and Beverage Establishment Inspection Report

washed at central kitchen and must replace as above.

Comply By: 05/16/22

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

Observed no sign or poster located at hand washing sink notifying employees to wash their hands. Observed Dietary Manager posting hand wash sign on towel dispenser.

Comply By: 05/16/22

Surface and Equipment Sanitizers

Monogram Sanitizer RTU K85: at Degrees Fahrenheit

Location: Not in use - kitchen EPA# 1677-259

Violation Issued: No

Hot water: < at 160 Degrees Fahrenheit

Location: Heat sensitive tape NSF residential undercounter dish washer

Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Carrots

Temperature: 194.8 Degrees Fahrenheit - Location: Hot holding unit

Violation Issued: No

Process/Item: Beets

Temperature: 194.4 Degrees Fahrenheit - Location: Hot holding unit

Violation Issued: No

Process/Item: Gravy

Temperature: 193.7 Degrees Fahrenheit - Location: Hot holding unit

Violation Issued: No

Process/Item: Potatoes

Temperature: 167.2 Degrees Fahrenheit - Location: Hot holding unit

Violation Issued: No

Process/Item: Chicken

Temperature: 196.2 Degrees Fahrenheit - Location: Hot holding unit

Violation Issued: No

Process/Item: Tot casserole

Temperature: 209.4 Degrees Fahrenheit - Location: Hot holding unit

Violation Issued: No

Process/Item: Ambient Thermometer

Temperature: 34.0 Degrees Fahrenheit - Location: Whirlpool refrigerator

Violation Issued: No

Type: Full
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Food and Beverage Establishment Inspection Report

Process/Item: Milk
Temperature: 41.0 Degrees Fahrenheit - Location: Whirlpool refrigerator on shelf
Violation Issued: No

Process/Item: Milk
Temperature: 54.1 Degrees Fahrenheit - Location: Whirlpool refrigerator in door
Violation Issued: Yes

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		1	5	3

This was an inspection completed in conjunction with MDH Health Regulations Division (HRD) survey and requested by Annette Truebenbach, HRD team lead.

Background information:

Food is prepared and cooked in the central kitchen and transported in hot holding unit to assisted living facility kitchen where it is plated and served. Dishes, cups and utensils are sanitized in the assisted living kitchen.

Violations were discussed with Rochelle Sprinkles, Dietary Manager/person in charge (PIC). Pam Hamer, assisted living kitchen PIC, and Annette Truebenbach, HRD team lead.

Also the following was discussed:

- Employee illness policy and log
- Vomit/fecal incident clean up procedures
- MN Certified Food Protection Manager requirements/duties (reviewed fact sheet)
- Food preparation (most same day service, but some complex with cook, cooling and reheat step)
- Cooling procedures (foods prepared day before service and from ambient temperatures (i.e. fruit such as cut melons).
- Food temperatures
- Thermometer use and calibration
- Datemarking
- Prevention of bare hand contact
- Serving highly susceptible populations - using only pasteurized eggs and juice
- Cleaning and sanitizing food contact surfaces & dishes and utensils
- Sanitizer use and test kit

Existing equipment:

- Whirlpool Residential dish machine
- Whirl Pool Residential refrigerator/freezer
- Wood cabinets & laminate counter tops
- Residential electric stove (not in use)
- Single cabinet mounted sink multi use.

Contact HRD engineering/plan reviewing for review and approval prior to construction.

Type: Full
Date: 05/16/22
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Report: 1030221005
Lincoln Lane Villa

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the inspection report number 1030221005 of 05/16/22.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Rochelle Sprinkles
Dietary Manager

Signed:  _____

Denise Schumacher

Marshall DO
denise.schumacher@state.mn.us

Report #: 1030221005

Food Establishment Inspection Report



No. of RF/PHI Categories Out	4	Date	05/16/22
No. of Repeat RF/PHI Categories Out	0	Time In	11:20:00
Legal Authority MN Rules Chapter 4626		Time Out	

Lincoln Lane Villa	Address 503 East Lincoln Street Po 106	City/State Hendricks, MN	Zip Code 56136	Telephone 5072753134
License/Permit # 0038703	Permit Holder	Purpose of Inspection Full	Est Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R

IN= in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS= corrected on-site during inspection R= repeat violation

Compliance Status	Surpervision	COS	R
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC knowledgeable; duties & oversight		
2 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Certified food protection manager, duties		
Employee Health			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Mgmt/Staff; knowledge, responsibilities & reporting		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & exclusion		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting & diarrheal events		
Good Hygienic Practices			
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	Adequate handwashing sinks supplied/accessible		
Approved Source			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Food received at proper temperature		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected		
16 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Food contact surfaces: cleaned & sanitized		
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status	Time/Temperature Control for Safety	COS	R
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooking time & temperature		
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooling time & temperature		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Proper cold holding temperatures		X
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition		
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a public health control: procedures & records		
Consumer Advisory			
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used		
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS= corrected on-site during inspection R= repeat violation

Compliance Status	Safe Food and Water	COS	R
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized eggs used where required		
31 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Water & ice obtained from an approved source		
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Variance obtained for specialized processing methods		
Food Temperature Control			
33 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling methods used; adequate equipment for temperature control		
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Plant food properly cooked for hot holding		
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Approved thawing methods used		
36 <input checked="" type="radio"/> X	Thermometers provided & accurate		X
Food Identification			
37 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food properly labeled; original container		
Prevention of Food Contamination			
38 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Insects, rodents, & animals not present		
39 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Contamination prevented during food prep, storage & display		
40 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Personal cleanliness		
41 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Wiping cloths: properly used & stored		
42 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Washing fruits & vegetables		

Compliance Status	Proper Use of Utensils	COS	R
43 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	In-use utensils: properly stored		
44 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Utensils, equipment & linens: properly stored, dried, & handled		
45 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Single-use/single service articles: properly stored & used		
46 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Gloves used properly		
Utensil Equipment and Vending			
47 <input checked="" type="radio"/> X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48 <input checked="" type="radio"/> X	Warewashing facilities: installed, maintained, & used; test strips		
49 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Non-food contact surfaces clean		
Physical Facilities			
50 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Hot & cold water available; adequate pressure		
51 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Plumbing installed; proper backflow devices		
52 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Sewage & waste water properly disposed		
53 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Toilet facilities: properly constructed, supplied, & cleaned		
54 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Garbage & refuse properly disposed; facilities maintained		
55 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Physical facilities installed, maintained, & clean		
56 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Adequate ventilation & lighting; designated areas used		
57 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Compliance with MCIAA		
58 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 05/24/22

Inspector (Signature)

Dennis Dink