



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 27, 2022

Administrator
Madison Avenue Apartments
700 North Madison Street
Minneota, MN 56264

RE: Project Number SL30459015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on May 4, 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

Madison Avenue Apartments

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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: 30459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2022
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NAME OF PROVIDER OR SUPPLIER MADISON AVENUE APARTMENTS	STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MADISON STREET MINNEOTA, MN 56264
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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: SL30459015-0</p> <p>On May 2, 2022, through May 4, 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 fifteen (15) residents receiving services under the provider's Assisted Living license.</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>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(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:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</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. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated May 5, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		

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0 510	Continued From page 2	0 510		
0 510 SS=E	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure infection control standards for hand washing were followed for two of five unlicensed personnel (ULP)-G and ULP-H) during provision of personal cares and medication administration.</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>On May 3, 2022, at approximately 6:21 a.m., the</p>	0 510		

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0 510	<p>Continued From page 3</p> <p>surveyor observed unlicensed personnel (ULP)-G and ULP-H begin their final rounds of resident checks and cares for the night shift. ULP-H and ULP-G each donned a pair of gloves and entered R3's room where they both provided incontinence care to R3 removed gloves and then exited the room. Without cleansing hands, ULP-G and ULP-H donned a new pair of gloves and entered R2's room where both ULP's repositioned R2 and ULP-H administered a medication to R2. ULP-G and ULP-H removed their gloves, exited R2's room and headed for another residents room. The ULPs did not complete any hand hygiene but donned another pair of gloves before entering and beginning cares in R6's room. There, ULP-H administered medications to R6. ULP-G and ULP-H removed gloves and exited R6's room; there was no observed hand hygiene after cares with R6. At 6:35 a.m., ULP-G and ULP-H went to the medication room to get a narcotic medication for R7. The ULPs entered R7's room and each donned a new pair of gloves. ULP-H administered the narcotic and other medications to R7, while ULP-G emptied R7's catheter bag into a graduate, then into the toilet. ULP-G removed her gloves and at the request of R7, handed the resident a facial tissue. ULP-H then removed her gloves and both exited R7's room and headed to the nursing station. It was there when ULP-H and ULP-G first cleansed hands, using the available hand sanitizer to perform hand hygiene.</p> <p>At approximately 6:51 a.m., the surveyor asked ULP-G and ULP-H about their lack of hand hygiene between residents' cares. ULP-H stated she was so "used to changing gloves" that she simply failed to wash her hands or use sanitizer between the residents. ULP-H acknowledged her lack of hand washing during rounds. ULP-G stated "we usually remember" on first rounds, but</p>	0 510		

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0 510	<p>Continued From page 4</p> <p>admitted we should be washing hands, definitely between residents, even if wearing gloves. ULP-G and ULP-H each stated they received training on infection control and hand washing.</p> <p>ULP-G's and ULP-H's employee records indicated having successfully completed a competency on infection control and hand washing, dated December 18, 2021.</p> <p>On May 4, 2022, at approximately 3:56 p.m., registered nurse (RN)-B stated her expectations were for staff to wash hands before and after providing resident cares and when hands are visibly soiled or dirty and after glove removal. RN-B said following glove removal hand sanitizer could be use and she would also expect the cleansing of hands between residents. RN-B said they were constantly auditing staff's handwashing and acknowledged they can get "comfortable with bad habits" and it was good to take a look and catch them.</p> <p>The Licensee's Infection Control, Hand Washing policy dated August 1, 2021, indicated hand washing will be performed by all employees, as necessary, between tasks and procedures to prevent cross-contamination.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 510		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter</p>	0 780		

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0 780	<p>Continued From page 5</p> <p>7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <ul style="list-style-type: none"> (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; <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed provide smoke alarms in each room used for sleeping purposes. This deficient condition had the ability to affect all staff and residents.</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>	0 780		

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0 780	Continued From page 6 Findings include: On a facility tour on May 5, 2022, at approximately 10:35 a.m. with Director of Maintenance (DM)-J and maintenance employee (MA)-K, the surveyor observed each resident apartment had a smoke detector that was linked to central fire alarm system in the main hallway, but did not have a smoke alarm or other fire alarm system device that provided an audible alarm in the sleeping room. An interview with DM-J and MA-K verified this deficient finding at the time of discovery and DM-J indicated all sleeping rooms in the other resident apartments in the assisted living had this same deficient condition. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation	0 810		

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0 810	<p>Continued From page 7</p> <p>plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to provide required employee and resident training on fire safety and evacuation, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, 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>Findings include:</p> <p>A record review and interview were conducted on</p>	0 810		

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0 810	<p>Continued From page 8</p> <p>May 3, 2022, at approximately 9:40 a.m. with Licensed Assisted Living Director (LALD)-A, Director of Maintenance (DM)-J and maintenance person (MA)-K on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan. During interview, DM-J was unable to locate these procedures and verified that the plan lacked these provisions.</p> <p>Record review of the available documentation indicated that the fire safety and evacuation plan did not include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. During interview, LALD-A indicated that the licensee had an agreement with the adjacent school for a shelter in the event of an emergency but was not able to show where the plan indicated how to evacuate residents to this or any other location and any unique or unusual needs of the residents to evacuate.</p> <p>Record review of available documentation indicated that the licensee provided training for employees at orientation and annually, not twice per year after orientation as required by statute. During interview, LALD-A stated that the licensee's policy is to provide training at orientation and annually thereafter.</p> <p>Record review of the available documentation indicated that the licensee did not provide annual</p>	0 810		

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0 810	<p>Continued From page 9</p> <p>training to residents who can assist in their own evacuation on the proper actions to take in the event of a fire to include movement, evacuation, or relocation as required by statute. During interview, LALD-A stated that the licensee does not have any documented resident training and was not able to provide a policy on resident training.</p> <p>Record review of the available documentation indicated that the licensee did not conduct evacuation drills every other month as required by statute. During interview, DM-J stated that licensee did not have any documentation of evacuation drills available for review at the time of survey.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 810		
0 940 SS=C	<p>144G.50 Subd. 2 Contract information</p> <p>(5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including:</p> <p>(i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers;</p> <p>(ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b);</p> <p>(iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided;</p> <p>(iv) whether the facility requires a resident to pay</p>	0 940		

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0 940	<p>Continued From page 10</p> <p>privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required;</p> <p>(v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent;</p> <p>(vi) a statement that residents may be eligible for assistance with rent through the housing support program; and</p> <p>(vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program;</p> <p>(6) the contact information to obtain long-term care consulting services under section 256B.0911; and</p> <p>(7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for three of three residents (R2, R3 and R4) with records reviewed. This had the potential to affect all 16 current residents of the facility.</p> <p>This practice resulted in a level one violation (a violation that has no 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>	0 940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2022
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NAME OF PROVIDER OR SUPPLIER MADISON AVENUE APARTMENTS	STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MADISON STREET MINNEOTA, MN 56264
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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
0 940	<p>Continued From page 11</p> <p>R2's Resident Agreement for Assisted Living was signed dated December 16, 2021.</p> <p>R3's Resident Agreement for Assisted Living was signed dated December 3, 2021.</p> <p>R4's Resident Agreement for Assisted Living was signed dated August 6, 2021.</p> <p>R2's, R3's and R4's Resident Agreement for Assisted Living contracts lacked the following required content: -whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required.</p> <p>On May 4, 2022, at approximately 2:57 p.m., licensed assisted living director (LALD)-A acknowledged the missing content from the contract and stated they would have to have "the attorneys" make the changes.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 940		
0 970 SS=F	<p>144.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is</p>	0 970		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER MADISON AVENUE APARTMENTS	STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MADISON STREET MINNEOTA, MN 56264
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0 970	<p>Continued From page 12</p> <p>required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.</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>Following the entrance conference on May 2, 2022, at approximately 12:27 p.m., the licensee provided a current copy of the facility's assisted living contract as presented to residents in an admission packet.</p> <p>The assisted living contract included a clause that indicated the resident would waive the facility's liability for health, safety, or personal property of a resident. Page 15, Item 25, section A. "Indemnification," of the contract indicated: You agree to indemnify and hold harmless Living Services Foundation/Minnesota, LLC, its subsidiaries, affiliates, employees, and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury, or damage to property, arising from or out of your use of the</p>	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2022
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NAME OF PROVIDER OR SUPPLIER MADISON AVENUE APARTMENTS	STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MADISON STREET MINNEOTA, MN 56264
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0 970	Continued From page 13 premises, or caused wholly or in part by your act or omission. On May 4, 2022, at approximately 2:57 p.m., licensed assisted living director (LALD)-A said she was aware of the surveyor's concern with the indemnification section in their assisted living contract. LALD-A stated they would have to send it back to the lawyers to make the changes, "they wrote it." LALD-A said this was the template for all the assisted living contracts. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
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;	01470		

Minnesota Department of Health

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01470	<p>Continued From page 14</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(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</p> <p>(9) a review of the types of assisted living services the employee 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 employees received</p>	01470		

Minnesota Department of Health

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01470	<p>Continued From page 15</p> <p>orientation to the assisted living facility licensing requirements and regulations for one of three employees, (unlicensed personnel (ULP)- H) with employee 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 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>During the entrance conference on May 2, 2022, at approximately 11:36 a.m., licensed assisted living director (LALD)-A stated she was familiar with the statutes and regulations for assisting living, including employee training. LALD-A verified they provided assisted living services, and had a current license, effective August 1, 2021.</p> <p>ULP-H was hired July 18, 2018, to provide direct care services to the licensee's residents.</p> <p>Training records for ULP-H lacked evidence the employee was oriented to the new assisted living licensing requirements in the following areas:</p> <ul style="list-style-type: none"> -an overview of 144G statutes; -review of all the provider's policies and procedures related to the provision of assisted living services under 144G statutes; -review of types of assisted living services the employee will provide; and -review of person-centered planning and care. 	01470		

Minnesota Department of Health

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01470	<p>Continued From page 16</p> <p>On May 4, 2022, at approximately 3:10 p.m., assisted living director (LALD)-A stated the staff were given a packet of training to complete that covered the new orientation for the new statutes and other topics. LALD-A verified ULP-H had not completed or turned in the assigned training.</p> <p>The licensee's 5.01 Orientation of Staff and Supervisors & Content policy, dated August 1, 2021, all staff of the facility providing and supervising direct services must complete an orientation to Assisted Living facility licensing requirements and regulations before providing assisted living services to residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	01470		
01530 SS=D	<p>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</p> <p>(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</p>	01530		

Minnesota Department of Health

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01530	<p>Continued From page 17</p> <p>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;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of three employees, (unlicensed personnel (ULP)- H) received the required amount of dementia-care training as required with employee 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 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>The licensee provided services under an assisted living license.</p> <p>ULP-H was hired July 18, 2018, to provide direct care services to the licensee's residents.</p> <p>On May 3, 2022, between approximately 6:20 a.m. and 6:50 a.m., the surveyor observed ULP-H</p>	01530		

Minnesota Department of Health

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01530	<p>Continued From page 18</p> <p>provide toileting cares and administer medications to numerous residents in the assisted living facility.</p> <p>ULP-H's training transcript lacked evidence of having completed required 8.0 hours of dementia training.</p> <p>On May 4, 2022, at approximately 3:10 p.m., assisted living director (LALD)-A stated the staff were given a packet of training to complete that covered the new orientation for the new statutes and other topics. LALD-A stated unlicensed staff or direct care employees needed eight hours of dementia training. LALD-A verified ULP-H had not completed or turned in the assigned training.</p> <p>The licensee's 5.03 Dementia Training policy, dated August 1, 2022, indicated all staff of the licensee are required to complete dementia training at the time of hire and annually thereafter. The policy indicated direct care employees will complete eight (8) hours of initial training within 160 hours of the employment start date.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01530		



Minnesota Department of Health
Food, Pool, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 05/05/22
Time: 12:00:56
Report: 1020221055

Food and Beverage Establishment Inspection Report

Page 1

Location:

Madison Avenue Apartments
700 North Madison Street
Minneota, MN56264
Lyon County, 42

Establishment Info:

ID #: 0037738
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5078725300
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.

4-600 Cleaning Equipment and Utensils

4-602.11E

MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

MOLD GROWTH ON THE BAFFLE OF THE ICE MACHINE; CLEAN.

Comply By: 05/09/22

6-100 Physical Facility Construction Materials

6-101.11A3

MN Rule 4626.1325A3 Provide nonabsorbent floor, wall, and ceiling surfaces for food preparation areas, walk-in refrigerators, warewashing areas, toilet rooms, all servicing areas, and areas subject to flushing or spray cleaning methods.

ACOUSTIC TILES USED IN AREAS WHERE FOOD PREPARATION AND DISHWASHING OCCUR;
REPLACE WITH SMOOTH VINYL TILES.

Comply By: 12/31/22

Surface and Equipment Sanitizers

Chlorine: = 50 PPM at Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Type: Full
Date: 05/05/22
Time: 12:00:56
Report: 1020221055
Madison Avenue Apartments

Food and Beverage Establishment Inspection Report

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 163 Degrees Fahrenheit - Location: BAKED POTATO - STEAM WELL
Violation Issued: No

Process/Item: Hot Holding
Temperature: 172 Degrees Fahrenheit - Location: HAMBURGER - STEAM WELL
Violation Issued: No

Process/Item: Hot Holding
Temperature: 192 Degrees Fahrenheit - Location: CORN - STEAM WELL
Violation Issued: No

Process/Item: Hot Holding
Temperature: 176 Degrees Fahrenheit - Location: TACO MEAT - STEAM WELL
Violation Issued: No

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: TURKEY - UPRIGHT COOLER
Violation Issued: No

Process/Item: Cold Holding
Temperature: 35 Degrees Fahrenheit - Location: SLICED TURKEY - WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding
Temperature: <0 Degrees Fahrenheit - Location: FOODS FIRM - WALK-IN FREEZER
Violation Issued: No

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

GENERAL COMMENTS:

DISCUSSED COVID-19 AND EMPLOYEE ILLNESS POLICIES AND PROCEDURES.

DISCUSSED COOLING AND RE-HEATING PROCEDURES.

Type: Full
Date: 05/05/22
Time: 12:00:56
Report: 1020221055
Madison Avenue Apartments

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 Minnesota Department of Health inspection report number 1020221055 of 05/05/22.

Certified Food Protection Manager: Jody Baloun

Certification Number: FM108510 Expires: 11/22/24

Inspection report reviewed with person in charge and emailed.

Signed: Report emailed
Establishment Representative

Signed: Ashley B
Ashley B

651-201-4500

Report #: 1020221055

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pool, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out 1

Date 05/05/22

No. of Repeat RF/PHI Categories Out 0

Time In 12:00:56

Legal Authority MN Rules Chapter 4626

Time Out

Madison Avenue Apartments
Address 700 North Madison Street

City/State
Minnesota, MN

Zip Code
56264

Telephone
5078725300

License/Permit #
0037738

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		COS	R
Supervision			
1	IN OUT		
2	IN OUT N/A		
Employee Health			
3	IN OUT		
4	IN OUT		
5	IN OUT		
Good Hygienic Practices			
6	IN OUT N/O		
7	IN OUT N/O		
Preventing Contamination by Hands			
8	IN OUT N/O		
9	IN OUT N/A N/O		
10	IN OUT		
Approved Source			
11	IN OUT		
12	IN OUT N/A N/O		
13	IN OUT		
14	IN OUT N/A N/O		
Protection from Contamination			
15	IN OUT N/A N/O		
16	IN OUT N/A		
17	IN OUT		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	IN OUT N/A N/O		
19	IN OUT N/A N/O		
20	IN OUT N/A N/O		
21	IN OUT N/A N/O		
22	IN OUT N/A		
23	IN OUT N/A N/O		
24	IN OUT N/A N/O		
Consumer Advisory			
25	IN OUT N/A		
Highly Susceptible Populations			
26	IN OUT N/A		
Food and Color Additives and Toxic Substances			
27	IN OUT N/A		
28	IN OUT		
Conformance with Approved Procedures			
29	IN OUT N/A		

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		COS	R
Safe Food and Water			
30	IN OUT N/A		
31			
32	IN OUT N/A		
Food Temperature Control			
33			
34	IN OUT N/A N/O		
35	IN OUT N/A N/O		
36			
Food Identification			
37			
Prevention of Food Contamination			
38			
39			
40			
41			
42			

Compliance Status		COS	R
Proper Use of Utensils			
43			
44			
45			
46			
Utensil Equipment and Vending			
47			
48			
49			
Physical Facilities			
50			
51			
52			
53			
54			
55	X		
56			
57			
58			

Food Recalls:

Person in Charge (Signature) *Report emailed*

Date: 05/16/22

Inspector (Signature) *Ally R...*