



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 9, 2023

Licensee
Boulder Estates
601 Village Drive
Marshall, MN 56258

RE: Project Number(s) SL20507015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on December 21, 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.

LICENSING ORDERS

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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this evaluation of your facility.**

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

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,



Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20507	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2022
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NAME OF PROVIDER OR SUPPLIER BOULDER ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 601 VILLAGE DRIVE MARSHALL, MN 56258
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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: SL20507015-0</p> <p>On December 19, 2022, through December 21, 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 131 residents, 58 of whom recieved 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 _____

Minnesota Department of Health

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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 December 19, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		

Minnesota Department of Health

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0 550	Continued From page 2	0 550		
0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</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 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 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>On December 19, 2022, at 1:03 p.m. surveyors toured the facility with licensed assisted living</p>	0 550		

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0 550	<p>Continued From page 3</p> <p>director (LALD)-A The main entrance and/or common areas lacked the required posting for the grievance procedure to include the name, address, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances.</p> <p>On December 19, 2022, at 12:37 p.m. LALD-A verified the required posting for the grievance procedure lacked the content as listed above.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 550		
01060 SS=F	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <ol style="list-style-type: none"> (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the 	01060		

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01060	<p>Continued From page 4</p> <p>resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to one of one resident (R5). In addition, the licensee failed to notify the Office of Ombudsman for Long-Term Care of R5's relocation within four days as required.</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>	01060		

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01060	<p>Continued From page 5</p> <p>R5 was admitted to the facility on August 30, 2021, with diagnoses including urinary retention, hypertension and atrial fibrillation.</p> <p>R5's record indicated the resident was independent and received only basic services.</p> <p>A review of R5's record of nursing notes included: -dated December 12, 2022, at 9:59 a.m. indicated R5 was sent to the emergency room; -dated December 12, 2022, at 1:10 p.m. indicated R5 called the nurse's office at the facility and said she was getting admitted to the hospital for pneumonia; -date December 19, 2022 (seven days later) indicated writer spoke with R5 who stated there was not a distinct transfer plan as she [R5] stated "they are still trying to figure out what is wrong." Will continue to follow up with resident for plan of care and continue to reach out to hospital for further information as to discharge information.</p> <p>R5's record lacked evidence the licensee delivered the required notice as soon as practicable to the resident, legal representative, and designated representative or to the Office of Ombudsman for Long-Term Care to indicate the resident was relocated and had not returned to the facility within four days. The licensee failed to provide R5/representative a written notice that contained, at a minimum: -the reason for the relocation; -the name and contact information for the location to which the resident has been relocated and any new service provider; -contact information for the Office of Ombudsman for Long-Term Care; -if known and applicable, the approximate date or range of dates within which the resident is</p>	01060		

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01060	<p>Continued From page 6</p> <p>expected to return to the facility, or a statement that a return date is not currently known; and -a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>On December 21, 2022, at 1:37 p.m. registered nurse (RN)-B talked to the surveyor about R5, who has been hospitalized since December 12, 2022. RN-B stated the resident has only basic services, reported not feeling well and went to the ER (emergency room) and was subsequently admitted to the hospital. RN-B said R5 was not provided an emergency notice and this requirement was something we "just recently found out about a month ago, that we had to provide a resident when they get sent out." RN-B said you won't find a notice in R5's chart and RN-B said they did not notify the Ombudsman. RN-B also said there also was a couple of other residents who were sent to ER and did not get notices and there would be "no point in looking at other" records as we have not done this.</p> <p>The licensee provided an undated, document titled, Notification of Emergency Relocation, which contained statutorily required elements for resident emergency relocation from a facility. On December 22, 2022, at 2:15 p.m. licensed assisted living director (LALD)-A stated they would look at their process regarding emergency relocation and develop a policy.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01060		

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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 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)-C) received the required amount of dementia care training in the required time frame.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	01530		

Minnesota Department of Health

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01530	<p>Continued From page 8</p> <p>safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-C was hired on October 21, 2016, to provide direct care services to the licensee's residents.</p> <p>On December 20, 2022, at approximately 9:30 a.m. ULP-C was observed administering R4's scheduled morning medications.</p> <p>ULP-C's employee records did not contain documentation ULP-C completed eight hours of dementia training within 160 hours of ULP-C's start date. ULP-C's record indicated ULP-C had 4.75 hours of dementia training by August 1, 2021.</p> <p>On December 20, 2022, at approximately 10:37 a.m. registered nurse (RN)-B indicated ULP-C lacked eight hours of initial dementia training on topics as required within 160 working hours of ULP-C's hire date August 1, 2021.</p> <p>The licensee's Assisted Living Dementia Training policy dated August 1, 2021, indicated direct-care staff will complete a minimum of 8 hours of initial training on dementia care topics and initial training will be completed within 160 working hours of the employment start date.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01530		



Type: Full
Date: 12/19/22
Time: 14:00:00
Report: 1033221201

Food and Beverage Establishment Inspection Report

Location:

Boulder Estates
601 Village Drive
Marshall, MN56258
Lyon County, 42

Establishment Info:

ID #: 0039016
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5075323834
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.

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

3-306.11A ** Priority 1 **

MN Rule 4626.0320A Protect food from contamination by using packaging; counter, service line or salad bar food guards; display cases; or other effective means.

Facility has a food line setup without a food shield.

Comply By: 12/19/22

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.

Facility leaves TCS butter out at room temperature.

Comply By: 12/19/22

4-500 Equipment Maintenance and Operation

4-502.13MN

MN Rule 4626.0833 Cut bulk milk dispensing tubes on the diagonal, leaving no more than one inch protruding from the chilled dispensing head.

Milk dispenser is not cut diagonally.

Comply By: 12/19/22

Type: Full
Date: 12/19/22
Time: 14:00:00
Report: 1033221201
Boulder Estates

Food and Beverage Establishment Inspection Report

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.

Ice machine has visible soil accumulation.

Comply By: 12/19/22

6-100 Physical Facility Construction Materials

6-101.11A1

MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.

Ceiling tiles missing in kitchen.

Comply By: 12/26/22

Surface and Equipment Sanitizers

Quaternary Ammonium: = 200PPM at Degrees Fahrenheit

Location: Spray Bottle

Violation Issued: No

Hot Water: = at 171F Degrees Fahrenheit

Location: Dish Machine

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 0> Degrees Fahrenheit - Location: Freezer

Violation Issued: No

Process/Item: Cold Holding

Temperature: 39 Degrees Fahrenheit - Location: Cooler

Violation Issued: No

Process/Item: Cold Holding

Temperature: 39 Degrees Fahrenheit - Location: Low Cooler

Violation Issued: No

Process/Item: Cold Holding

Temperature: 35 Degrees Fahrenheit - Location: Sliced Tomatoes-Prep Cooler

Violation Issued: No

Type: Full
Date: 12/19/22
Time: 14:00:00
Report: 1033221201
Boulder Estates

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 0> Degrees Fahrenheit - Location: Walk In Freezer
Violation Issued: No

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: Walk In Cooler
Violation Issued: No

Process/Item: Cooling
Temperature: 90 Degrees Fahrenheit - Location: Mashed Potatoes-Walk In Cooler
Violation Issued: No

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

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 1033221201 of 12/19/22.

Certified Food Protection Manager: Margaret A Sawhak

Certification Number: FM87427 Expires: 01/29/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
Margaret A Sawhak

Signed:  _____
Isaiah Armendariz
Environmental Health Specialist
Mankato District Office
507-344-2743
isaiah.armendariz@state.mn.us