



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 18, 2024

Licensee
Bremmer Suites
803 Home Street
Rushford, MN 55971

RE: Project Number(s) SL30626015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 22, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

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

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor

State Evaluation Team

Email: jodi.johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30626	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER BREMNER SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 803 HOME STREET RUSHFORD, MN 55971			
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL30626015</p> <p>On February 20, 2024, through February 22, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 13 residents; 13 receiving services under the Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>		
0 100 SS=F	<p>144G.10 Subdivision 1 License required</p> <p>(a)(1)Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is</p>	0 100			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 100	<p>Continued From page 1</p> <p>licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p>	0 100			

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0 100	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview the licensee failed to obtain accurate licensure when they applied for licensure for a assisted living facility, despite sharing one roof with adjoining senior apartments facilities, without having an approved two-hour fire barrier wall.</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>On February 22, 2024, at 2:45 p.m., engineering staff toured the facility with licensed assisted living director/licensed practical nurse (LALD/LPN)-A. During the tour, the engineer observed the following:</p> <p>1. The swing-style door leading into the community room from the licensed assisted living facility had a 20-minute fire door label.</p> <p>2. The double leaf doors installed in the link had 1 ½ hour fire door labels. The frame for these doors had a 20-minute fire door frame label.</p> <p>LALD/LPN-A verified the 20-minute fire door label and 20-minute fire door frame label during the facility tour interview. The engineer stated that assisted living licensing, requires the wall separating licensed assisted living facilities from another licensed facility or another occupancy in</p>	0 100			

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0 100	Continued From page 3 the same building, to be constructed as a 2-hour fire barrier wall. LALD/LPN-A stated the community room was kept locked and required a reservation before people could use this space. LALD/LPN-A further explained there was also a laundry room in the community room building that was inspected by HUD (Department of Housing and Urban Development); this laundry room was used by people living in apartments located on the campus and not by assisted living residents. On February 22, 2024, at 4:25 p.m. LALD/LPN-A stated not knowing if plans were available to confirm the wall construction separating this licensed assisted living from the attached community room were 2-hour fire barrier walls. LALD/LPN-A stated if information was located to support 2-hour fire barrier walls, they would email this to the engineer by noon on February 23, 2024. As of February 26, 2024, at 2:30 p.m., no further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 100			
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: (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 by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota	0 480			

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0 480	Continued From page 4 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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated February 21, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480			
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect one resident and a limited number of staff.	0 800			

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0 800	Continued From page 5 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: On February 22, 2024, at 2:45 p.m., survey staff toured the facility with licensed assisted living director/licensed practical nurse (LALD/LPN)-A. During the tour, survey staff observed a cracked window pane in occupied resident room 106. On February 22, 2024, during the facility tour interview, LALD/LPN-A verified the window pane was cracked and stated they were not aware this window had been damaged. LALD/LPN-A stated this window would be repaired right away. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800			
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,	0 810			

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0 810	<p>Continued From page 6</p> <p>evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation 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 record review and interview, the licensee failed to provide required training and drills. 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 potential to affect a large portion or all of the residents).</p>	0 810			

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0 810	<p>Continued From page 7</p> <p>The findings include:</p> <p>On February 22, 2024, licensed assisted living director/licensed practical nurse (LALD/LPN)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and employee evacuation drills for the facility.</p> <p>TRAINING Record review indicated the licensee failed to provide training to employees on the facility FSEP upon hire and/or at least twice per year as evident by the lack of training documentation to support this training had been completed. A training record dated April 8, 2022, for emergency preparedness was provided. During an interview on February 22, 2024, at 4:25 p.m., LALD/LPN-A stated employees were trained at the time of hire and then annually on the FSEP as part of the emergency preparedness training. LALD/LPN-A explained records had not been created to document training specifically for the facility's fire safety and evacuation plan.</p> <p>Record review indicated that the licensee failed to provide fire safety and evacuation training to residents at least once per year as evident by the lack of training documentation. No resident training records were provided for review to support this training had been completed. During an interview on February 22, 2024, at 4:25 p.m., LALD/LPN-A stated residents were trained upon admission and during fire drills. LALD/LPN-A explained records had not been created to document annual resident training specifically on fire safety and evacuation.</p> <p>DRILLS Record review indicated the licensee failed to</p>	0 810			

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0 810	Continued From page 8 conduct employee evacuation drills at a frequency of every other month as evident by a review of completed fire drill reports. Seven employee fire drills were recorded in 2023. Fire drills were not conducted in 2023 during February, March, May, and June. During an interview on February 22, 2024, at 4:25 p.m., LALD/LPN-A verified fire drills had not been completed every other month. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not	01440			

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01440	<p>Continued From page 9</p> <p>performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual begins working for the licensee for one of two unlicensed personnel (ULP-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-D was hired on October 3, 2023, to provide direct care services to residents of the facility.</p> <p>ULP-D employee record included an undated form signed by the registered nurse (RN). The form indicated: [Employee name] has been working independently for about two weeks and I have had no concerns about her job performance brought to me from residents, families, or other staff. The staff is aware that he/she may ask questions at any time in person or through telephone to myself or the Housing Director.</p> <p>ULP-D's employee record lacked documentation of a RN supervising ULP-D performing a delegated task within 30 days of beginning work with the licensee.</p>	01440			

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01440	<p>Continued From page 10</p> <p>On February 21, 2024, at 3:31 p.m. licensed assisted living director/licensed practical nurse (LALD/LPN)-A reviewed ULP-D's employee file and stated the form signed by the RN was not dated, nor did it indicate if ULP had been supervised performing a delegated task within 30 days. LALD/LPN-A further stated ULP-D had been working independently part-time.</p> <p>The licensee's Supervision of Unlicensed Personnel policy reviewed October 21, 2022, indicated: Direct supervision of unlicensed staff providing delegated nursing tasks, delegated treatments or assigned therapy tasks must be performed within 30 days after the person begins work for our facility and has been trained and determined competent to perform all the tasks assigned. The RN will directly supervise staff performing delegated nursing tasks and the appropriate licensed health professional will supervise unlicensed staff performing any delegated treatments or assigned therapies.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01440			
01470 SS=D	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(a) The orientation must contain the following topics:</p> <p>(1) an overview of this chapter;</p> <p>(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;</p> <p>(3) handling of emergencies and use of</p>	01470			

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01470	<p>Continued From page 11</p> <p>emergency services;</p> <p>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</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,</p>	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30626	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER BREMNER SUITES			STREET ADDRESS, CITY, STATE, ZIP CODE 803 HOME STREET RUSHFORD, MN 55971		
(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	<p>Continued From page 12</p> <p>isolation, and depression; or (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 one of two employees (unlicensed personnel (ULP)-D) received orientation to assisted living facility licensing requirements and regulations before providing services.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-D was hired on October 3, 2023, to provide direct care services to the licensee's residents.</p> <p>ULP-D's employee record lacked evidence of receiving orientation to assisted living to include the following required content:</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;	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30626	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER BREMNER SUITES			STREET ADDRESS, CITY, STATE, ZIP CODE 803 HOME STREET RUSHFORD, MN 55971		
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01470	<p>Continued From page 13</p> <ul style="list-style-type: none">- compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);- 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 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;- a review of the types of assisted living services the employee will be providing and the facility's category of licensure; and- principles of person-centered planning and service delivery. <p>On February 21, 2024, at 3:31 p.m. licensed assisted living director/licensed practical nurse (LALD/LPN)-A stated ULP-D had been working independently part-time though had not completed her orientation training.</p> <p>The licensee's Assisted Living & Assisted Living with Memory Care Orientation - All Staff policy reviewed October 21, 2022, indicated: POLICY: Newly hired staff will receive orientation and training on topics required for assisted living organizations.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION:</p>	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30626	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER BREMMER SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 803 HOME STREET RUSHFORD, MN 55971			
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01470	Continued From page 14 Twenty-One (21) days.	01470			

Type: Full
Date: 02/21/24
Time: 14:00:21
Report: 1045241034

Food and Beverage Establishment Inspection Report

Page 1

Location:

Bremmer Suites
803 Home Street
Rushford, MN55971
Fillmore County, 23

Establishment Info:

ID #: 0039000
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5078647714
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.

5-200B Plumbing: cross connections**5-203.14A ** Priority 1 ****

MN Rule 4626.1085A Water used under pressure in equipment in food and beverage establishments must be drained to a sanitary sewer through an air gap. Examples: refrigeration cooling water, water softener, and drained steam jacketed kettles.

Existing discharge line extending from the water softener to the floor drain rests subsurface within the drain. Discussed option for ensuring adequate air gap to prevent back siphoning waste water into the drinking water system.

Comply By: 02/23/24

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.

Assisted Living kitchen is equipped with a residential style refrigerator. This unit is approved for the storage of non temperature control for safety (non TCS) foods (Non Potentially Hazardous). Firm to relocate dairy products, deli meats, salads et

Comply By: 02/21/24

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 39F Degrees Fahrenheit - Location: Upright Residential - butter

Violation Issued: No

Type: Full
Date: 02/21/24
Time: 14:00:21
Report: 1045241034
Bremmer Suites

Food and Beverage Establishment Inspection Report

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

Facility serves residents as part of the assisted living complex. Breakfast, lunch and dinner menu is prepared in the nursing home MAIN kitchen and then transported and served immediately from the satellite kitchen located near the dining space. All dishes are washed, rinsed and sanitized in the main kitchen.

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

I acknowledge receipt of the MDH inspection report number 1045241034 of 02/21/24.

Certified Food Protection Manager Samantha J. Colbenson

Certification Number: FM79891 Expires: 08/15/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Amy Drinkalll
SH Director

Signed:  _____

Nicole Hunger
Public Health Sanitarian
Rochester District Office
nicole.hunger@state.mn.us

Report #: 1045241034

DEPARTMENT OF HEALTH

MDH

EH-FPLS

18 Wood Lake Dr

Rochester

No. of RF/PHI Categories Out

0

Date

02/21/24

No. of Repeat RF/PHI Categories Out

0

Time In

14:00:21

Legal Authority MN Rules Chapter 4626

Time Out

Bremmer Suites

Address

803 Home Street

City/State

Rushford, MN

Zip Code

55971

Telephone

5078647714

License/Permit #

0039000

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

Surpervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygenic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceeedures 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

Pasteurized eggs used where required

31

Water & ice obtained from an approved source

32

IN

OUT

N/A

Variance obtained for specialized processing methods

Food Temperature Control

33

Proper cooling methods used; adequate equipment for temperature control

34

IN

OUT

N/A

N/O

Plant food properly cooked for hot holding

35

IN

OUT

N/A

N/O

Approved thawing methods used

36

Thermometers provided & accurate

Food Identification

37

Food properly labeled; original container

Prevention of Food Contamination

38

Insects, rodents, & animals not present

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

Compliance Status

COS

R

Proper Use of Utensils

43

In-use utensils: properly stored

44

Utensils, equipment & linens: properly stored, dried, & handled

45

Single-use/single service articles: properly stored & used

46

Gloves used properly

Utensil Equipment and Vending

47

X

Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48

Warewashing facilities: installed, maintained, & used; test strips

49

Non-food contact surfaces clean

Physical Facilities

50

Hot & cold water available; adequate pressure

51

X

Plumbing installed; proper backflow devices

52

Sewage & waste water properly disposed

53

Toilet facilities: properly constructed, supplied, & cleaned

54

Garbage & refuse properly disposed; facilities maintained

55

Physical facilities installed, maintained, & clean

56

Adequate ventilation & lighting; designated areas used

57

Compliance with MCIAA

58

Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Date:

02/22/24

Inspector (Signature)

