DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
October 20, 2022

Administrator
North Ridge Health And Rehab
5430 Boone Avenue North
New Hope, MN 55428

RE: CCN: 245183
Cycle Start Date: September 13, 2022

Dear Administrator:

On October 20, 2022, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

DEPARTMENT OF HEALTH

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Electronically delivered

October 20, 2022

Administrator
North Ridge Health And Rehab
5430 Boone Avenue North
New Hope, MN 55428

Re: Reinspection Results
Event ID: 55OJ12

Dear Administrator:

On October 20, 2022 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on September 13, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

Electronically delivered
September 21, 2022

Administrator
North Ridge Health And Rehab
5430 Boone Avenue North
New Hope, MN 55428

RE: CCN: 245183
Cycle Start Date: September 13, 2022

Dear Administrator:

On September 13, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F"and/or an "E" tag), i.e., the plan of correction should be directed to:

Sarah Grebenc, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us
Mobile (651)238-8786

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or

Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by December 13, 2022 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by March 13, 2023 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the

dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

Electronically delivered
September 21, 2022

Administrator
North Ridge Health And Rehab
5430 Boone Avenue North
New Hope, MN 55428

Re: State Nursing Home Licensing Orders
Event ID: 55OJ11

Dear Administrator:

The above facility was surveyed on September 12, 2022 through September 13, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are

the Suggested Method of Correction and the Time Period For Correction.

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.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Sarah Grebenc, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us
Mobile (651)238-8786

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245183	A. BUILDING _____ B. WING _____	C 09/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH RIDGE HEALTH AND REHAB	5430 BOONE AVENUE NORTH NEW HOPE, MN 55428

(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) COMPLETION DATE
F 000	INITIAL COMMENTS On 9/12/22- 9/13/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were found to be UNSUBSTANTIATED: H51834491C(MN86539) The following complaints were found to be SUBSTANTIATED: H51834490C (MN86556), with deficiencies cited at F812 and F921. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.	F 812		10/17/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/30/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 812	Continued From page 1 (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure clean dishes were stored in a manner to minimize risk of environmental contamination. The facility also failed to ensure resident meals were delivered under sanitary conditions. This had the ability to affect all 71 residents residing on 2 West (W). Furthermore, the facility failed to ensure refrigerated foods were properly labeled and stored and out of range refrigerator temperatures were acted upon. This had the ability to affect all 171 residents who receive food from the kitchen. Findings include: Clean storage and meal delivery During an observation on 9/12/22, at 9:44 p.m. the 2W kitchenette and dining area was not in use and staff were not present. Hot plate covers were stacked on a table in the middle of the dining area in front of the kitchenette steam table. The lids were stacked with the inside facing up and appeared clean. Half of the lids were	F 812	All residents currently have their meals delivered using proper procedures to ensure a sanitary environment. Dishes, utensils, and carts are being cleaned and disinfected per policy and stored properly to minimize the risk of environmental contamination. The kitchen refrigerators have been cleaned, any unlabeled or undated foods have been disposed of. All food is properly labeled, and temperatures are being consistently taken for all cooling devices in the kitchen. All residents have the potential to be affected by this deficiency. All nursing and dietary staff have been re-educated to proper clean storage policy, meal delivery procedure, and refrigerator temperature policy. It includes silverware bin covered, plate lids stored inside facing down and covered, silverware placed on each tray covered with a napkin, trays assembled at time of	

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F 812	Continued From page 2 covered with a black plastic covering however two stacks of the lids were not covered. A gray divided silverware bin was on a table to the right of the steam table. This bin contained clean knives, forks, and spoons and was uncovered. Two piles of trays were stacked up on a table up against the wall in the larger dining area to the right of the kitchenette. Each tray contained a napkin and silverware, and the two stacks of trays were uncovered. During an observation on 9/12/22, at 11:47 a.m. staff was putting resident lunch trays together in the 2W kitchenette. The previously uncovered stack of hot plate lids was no longer there. The stack of silverware and trays on the table against the wall in the larger dining area showed approximately half of the trays were no longer there. Trays were on three shelved carts and staff put food and drink items on the trays. A food table, next to the steam table had two trays stacked upon each other with water in Styrofoam cups. Another two trays were stacked with juice in Styrofoam cups. The beverage cups did not have covers and the bottom of the top tray rested directly on the uncovered tops of the juice and water below. Staff received the plated food from the kitchen server, placed it on the resident tray and added cake, a juice, and water. The resident trays were placed back on three shelved black rolling carts and wheeled down to deliver to residents who choose to eat in their room. The beverages and cake were uncovered during transport. The main dish was covered with a lid on some of the trays, but others left uncovered during delivery to resident rooms. The carts used to deliver trays had crumbs of food on them and dried matter in the corners. The dirty dishes section of the kitchenette still had two carts with	F 812	service (not stacked), all food & beverage items are to be covered, cold beverage to be served in hard plastic cup with a lid and held in cooler until time of service to maintain temperature. Proper procedure on cleaning/sanitation of equipment, bussing station and carts will be given to all Dining and Nursing staff by FSD and ADDS. It also includes cleaning bussing station, and returning all carts to the kitchen after each meal to be cleaned and sanitized. Proper procedure on covering, dating, labeling, and discarding will be given to all dietary staff by FSD and ADDS. All items upon delivery will have a received date, open date and used by date. Proper procedure for equipment temperature logs will be given to all Dining staff by FSD and ADDS. Equipment temperature log in-service to include the purpose of the correction column. The FSD together with the ADDS will complete 10 audits per week x4 weeks, then 5 audits per week x 4 weeks, and monthly x3 to ensure dating, labeling, storing, preparing, distributing, and serving food in accordance with professional standards for food service safety are being followed. Results will be presented monthly at QAPI and further recommendation will be given if necessary.	

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F 812	Continued From page 3	F 812		

dirty trays from earlier. At 12:12 p.m. nursing assistant (NA)-A was observed to go into the dirty dish area, remove two dirty trays from a cart, place them on the other cart of dirty trays, and rolled the cart over to the kitchenette area. NA-A proceeded to place prepared resident lunch trays on the cart for delivery. NA-A had not wiped down the cart or performed hand hygiene after removing the dirty trays.

An observation on 9/13/22, at 8:12 a.m. NA-D placed to resident trays on a cart and went to deliver them to residents in a separate dining area down the second-floor hallway. The cart was observed to have dried food and debris in the corners of the shelves. NA-D stated carts to transport trays were old and have been used for a long time. NA-D verified the cart had dried debris in the corners and dried food stuck to the top shelve. NA-D shrugged and stated, "that was how it was brought back from the kitchen".

An interview on 9/12/22, at 11:30 a.m. NA-B stated they had worked for the facility. NA-B stated when serving resident meals, juices were poured and sitting out uncovered for a long time before service started.

An interview on 9/12/21, at 11:56 a.m. registered nurse (RN)- A who delivered trays on the 2nd floor. Resident trays were on the cart in the hallway with the drinks and dessert uncovered. RN-A verified the items were not covered and stated all tray items should be covered when delivering and was not sure why that was not done.

An interview on 9/12/21, at 12:03 p.m. NA-C stated nursing assistants set up the drinks and

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F 812	Continued From page 4 stacked them on trays. NA-C stated usually the drinks were covered when set up was complete, however they had not been covered today. NA-C started covering the drinks. NA-C also was not sure why the desserts were not covered and verified all items should be covered so germs do not get on the food. An interview on 9/12/22, at 2:31 p.m. licensed practical nurse (LPN)-A stated dietary brought up the food and the NAs prepared the trays and delivered the food to the residents. LPN-A verified two stacks of trays with napkins and silverware were placed on a table in the dining area and were uncovered. LPN-A stated she had not seen this before and verified the trays should not be in the open or uncovered as residents use that area for activities or other things. An interview on 9/12/22, at 3:30 p.m. the assistant dietary director (ADD) stated kitchen staff were responsible for garbage, tray, and dirty dishes removal on unit kitchenette areas, but nursing staff and housekeeping were also able to help. ADD stated dirty trays, dishes, and garbage removal had to be completed after each meal and all staff should help. Kitchen staff were expected to clean all carts after bussing dirty trays. Carts should be brought to the kitchen to be sprayed down after each meal to make sure they were ready for the next meal. ADD stated all clean covers, trays or silverware stored in the kitchenettes on the unit should be covered completely with the black covers. Covering them ensured the clean items stayed clean. ADD further stated all food and drinks should be covered during transportation or when delivering meals to residents' rooms. If there were not enough lids, then saran wrap should be used.	F 812		

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F 812	Continued From page 5 An interview on 9/13/22, at 8:22 a.m. NA-D stated juices were not supposed to be set up ahead of time but verified at times agency staff will fill them up and stack the trays. NA-D verified it was not a good practice as they were not covered. An interview on 9/13/22, at 9:09 a.m. dietary server (DS)-A stated juices and waters are sometimes stacked up and on trays and uncovered and verified that process should not be done. DS-A stated there had been agency staff and further stated agency staff do not always know the process. Refrigerator temperature During a kitchen observation on 9/12/22, at 3:20 p.m. the assistant dietary director (ADD) and cook (C-A) provided a kitchen tour. The refrigerator temperature log for the cooler containing chef salads was incomplete from the past few days. The temperature recorded for the morning of 9/12/22, at 5:30 a.m. indicated the temperature was at 58 degrees Fahrenheit (F). C-A acknowledged the refrigerator temperature was not completed on evening shift throughout the weekend and verified refrigerator temperatures needed to be below 41 degrees F. C-A further stated when a refrigerator temperature was out of range, an action item should be documented and a documented time the temperature was back in range. An action item may be to monitor and ensure the temperature was back in range and notify the supervisor. The temperature log lacked an action item or a recheck of the temperature when it was back in range. Currently, the temperature was 39 degrees F and the temperature was currently in	F 812		

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F 812	Continued From page 6 range. C-A stated there was no way of knowing how long the temperature was out of range and therefore was unknown if food was impacted inside. The contents of refrigerator were two trays of plated chef salads containing egg, meat, and cheese. The items were covered, but one entire tray was not dated. C-A verified the salads would need to be tossed as some were not dated and he was not able to verify how long the temperature was out of range. A review of the walk-in refrigerator temperature logs showed missing temperatures checks for the past three evening shifts. Inside the walk-in refrigerator was a cart of meal trays that was uncovered and undated. The cart had multiple trays set and prepped with glasses of juice and desserts without covers. ADD acknowledged the cart should have been covered and dated and further stated all food had to be covered and dated. An interview on 9/13/22, at 10:07 a.m. C-B stated if a temperature log was not in range, it would be important to understand what was in the fridge or if needed to be removed. C-B further stated monitoring would need to take place to see if the temperature returned to range and if so, it needed to be documented. C-B said the manager should know about it either way. C-B verified there was no documentation of a temperature recheck when the refrigerator was out of range yesterday. Upon review of the refrigerator, the chef salads were still in place from the day prior. C-B verified one salad had no date on it and immediately removed it from the fridge. A follow up interview on 9/13/22, at 12:45 a.m. ADD verified the temperature was out of range on the refrigerator storing the chef salads. ADD stated while there were missing temperature logs	F 812		

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	245183	A. BUILDING _____ B. WING _____	C 09/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH RIDGE HEALTH AND REHAB	5430 BOONE AVENUE NORTH NEW HOPE, MN 55428

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F 812	Continued From page 7 from the weekend, the refrigerator has no other out of ranges and was currently in range for the evening check on 9/12/22, and day check on 9/13/22. ADD stated while it wasn't known when the temperature was back in place, the out of range was completed at 5:30 a.m. and salads would have been made after breakfast and the temp was likely back in range then. ADD stated the chef salads were ok to use. An interview on 9/13/22, at 1:05 p.m. the Administrator stated she expected staff to cover food and drink when delivering trays to resident rooms. The Administrator was not aware of beverages being stacked on trays or uncovered clean items in the kitchenette areas and believed all silverware and tray items were stored in the kitchen and brought up for service but verified all clean items should be covered when stored if stored on units. The Administrator explained kitchen staff was responsible make sure refrigerator temperatures were logged and followed up on if out of range. Stored food should always be labeled and covered to minimize safe food for residents and decreasing any cross contamination. Furthermore, the administrator stated all these things were important to minimize any infection control issues or food contamination. A facility policy titled Food Safety Requirements, revised 2/2021, directed staff refrigerated foods must be stored at or below 41 degrees F unless otherwise specified by law. The policy also directed all foods stored in the refrigerator or freezer will be covered, labeled and dated.	F 812		
F 921 SS=F	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)	F 921		10/17/22

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F 921	Continued From page 8 §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain a sanitary and clean kitchen and kitchenette environment. This had the potential to impact 174 residents who receive nutrition from the kitchen and residents 71 residents who reside on the 2 West (W) unit. Findings include: A review of facility documents titled Equipment Cleaning Log, dated 8/28/22- 9/10/22, indicated a list of kitchen equipment required to be cleaned during the week and who was responsible. A review of these dates indicates the following: -All staff were responsible for cleaning the shelving by the oven, however, the task was not marked as completed during this timeframe. -The dishwasher was not listed on the Equipment Cleaning Log. A request for the cleaning logs for the month of August was requested however was not provided. During an observation on 9/12/22, at 9:44 a.m. the 2W kitchenette and dining area was not in use and staff were not present. In the dirty dish area to the right of the dining area contained a three shelve cart with bins on each shelf. Inside the bins contained dirty plates with partially eaten	F 921	All kitchen equipment, including the dish machine and the shelving near the oven, have been thoroughly cleaned, therefore minimizing environmental contamination. The kitchenettes have been cleaned and all dirty dishes removed after meals per procedure. All residents have the potential to be affected by this deficiency. The dish machine has been added to the equipment cleaning log sheet. The floors in the kitchenette and dining areas are cleaned after every meal. The top shelves above the prep area located in the middle of the ovens and stove have been cleaned. The top of the dishwasher has been cleaned. All nursing, dietary and housekeeping staff have been re-educated as to proper sanitary conditions for the kitchens and kitchenettes. The FSD together with the ADDS will complete 10 audits per week x4 weeks, then 5 audits per week x 4 weeks, and monthly x3 to ensure all cleaning is being competed. Results will be presented monthly at QAPI and further recommendation will be given if necessary.	

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F 921	Continued From page 9 food items, spilled food, napkins and wrappers, and spilled liquids. The bottom bin contained dried food substance on the bottom. Two other carts had uncovered, stacked dirty resident trays that contained half eaten food. Two tall garbage cans were in the area with food contents and other garbage. The floors in the kitchenette and dining area were noted to be sticky. During an observation on 9/12/22, at 11:47 a.m. The dirty dishes area of the kitchenette had 2 carts with dirty trays from earlier. Upon the ledge of the dirty dish area were two dirty resident trays with the main plate covered, empty juice cups and open condiment items sitting out. An interview on 9/12/22, at 11:30 a.m. nursing assistant (NA)-B stated 2W always had stacks of dirty trays with food and juice in the dirty dishes area of the kitchenette. NA-B further stated dirty dishes were piled up and it smelled. An interview on 9/13/22, at 8:22 a.m. NA-D started nursing staff brought the trays over to the dirty dishes area and kitchen staff were responsible for cleaning the dirty trays, plates, and removing garbage from the dirty dishes area of the 2W kitchenette. During a kitchen observation on 9/12/22, at 3:20 p.m. The top shelves above the prep area, located in the middle of the ovens and stove, had visible dust and dirt/grime. The top of the dishwasher also had visible dust and dirt/grime. The assistant dietary director (ADD) verified the dust and dirt and stated there was no storage in those areas and verified these areas should be cleaned daily as the dust was at risk of falling into resident food during prep and kitchen equipment	F 921		

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F 921	Continued From page 10 should be clean. An interview on 9/13/22, at 9:09 a.m. dietary aide (DA)-A stated there was a dishwasher who was supposed to help with the dirty dishes, trays, and garbage removal from 2W, but sometimes there was not enough help. Housekeeping used to do the area and now it is our responsibility (dietary). DA-A stated kitchen staff were responsible to clean off the trays, stack dishes and get the dirty carts and trays to the kitchen and housekeeping mopped the floors. DA-A stated there used to be two servers on the unit and that made it easier to complete all the work, but two servers only happen occasionally and it was hard to get all the work done. DA-A stated juices and waters were sometimes stacked up, on trays and uncovered and verified that process should not be done. DA-A stated there had been agency staff and further stated agency staff do not always know the process. An interview on 9/13/22, at 9:42 a.m. dishwasher (D)-A stated they clean the outside of the dishwasher every day, but verified the top was not clean and had collected dust and grime. An interview on 9/13/22, at 1:05 p.m. the Administrator stated she expected staff to keep kitchen equipment clean and follow the kitchen cleaning schedule. The Administrator explained kitchen staff was responsible to clean the kitchenettes and dirty dish areas after each meal service and there should not be dishes and food left out in dirty areas. This was important to maintain clean areas to prevent any infection control or environment concerns. A facility policy titled Food Preparation and	F 921		

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F 921	Continued From page 11 Services, revised 2/2021, directed staff to adhere to proper sanitary practices to prevent the spread of foodborne illness.	F 921		

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 9/12/22 to 9/13/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	2 000		

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2 000	Continued From page 1 The following complaint was found to be UNSUBSTANTIATED: H51834491C (MN86539) AND The following complaint was found to be SUBSTANTIATED: H51834490C (MN86556) with a licensing orders issued at 1100 and 1665. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will	2 000		

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2 000	Continued From page 2 be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. 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.	2 000		
21100	MN Rule 4658.0650 Subp. 5 Food Supplies; Storage of Perishable food Subp. 5. Storage of perishable food. All perishable food must be stored off the floor on washable, corrosion-resistant shelving under sanitary conditions, and at temperatures which will protect against spoilage. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure clean dishes were stored in a manner to minimize risk of environmental contamination. The facility also failed to ensure resident meals were delivered under sanitary conditions. This had the ability to affect all 71 residents residing on 2 West (W). Furthermore, the facility failed to ensure refrigerated foods were properly labeled and stored and out of range refrigerator temperatures were acted upon. This had the ability to affect all 171 residents who receive food from the kitchen. Findings include:	21100	Corrected	10/17/22

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21100	Continued From page 3 Clean storage and meal delivery During an observation on 9/12/22, at 9:44 p.m. the 2W kitchenette and dining area was not in use and staff were not present. Hot plate covers were stacked on a table in the middle of the dining area in front of the kitchenette steam table. The lids were stacked with the inside facing up and appeared clean. Half of the lids were covered with a black plastic covering however two stacks of the lids were not covered. A gray divided silverware bin was on a table to the right of the steam table. This bin contained clean knives, forks, and spoons and was uncovered. Two piles of trays were stacked up on a table up against the wall in the larger dining area to the right of the kitchenette. Each tray contained a napkin and silverware, and the two stacks of trays were uncovered. During an observation on 9/12/22, at 11:47 a.m. staff was putting resident lunch trays together in the 2W kitchenette. The previously uncovered stack of hot plate lids was no longer there. The stack of silverware and trays on the table against the wall in the larger dining area showed approximately half of the trays were no longer there. Trays were on three shelved carts and staff put food and drink items on the trays. A food table, next to the steam table had two trays stacked upon each other with water in Styrofoam cups. Another two trays were stacked with juice in Styrofoam cups. The beverage cups did not have covers and the bottom of the top tray rested directly on the uncovered tops of the juice and water below. Staff received the plated food from the kitchen server, placed it on the resident tray and added cake, a juice, and water. The resident trays were placed back on three shelved black rolling carts and wheeled down to deliver to	21100		

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21100	Continued From page 4 residents who choose to eat in their room. The beverages and cake were uncovered during transport. The main dish was covered with a lid on some of the trays, but others left uncovered during delivery to resident rooms. The carts used to deliver trays had crumbs of food on them and dried matter in the corners. The dirty dishes section of the kitchenette still had two carts with dirty trays from earlier. At 12:12 p.m. nursing assistant (NA)-A was observed to go into the dirty dish area, remove two dirty trays from a cart, place them on the other cart of dirty trays, and rolled the cart over to the kitchenette area. NA-A proceeded to place prepared resident lunch trays on the cart for delivery. NA-A had not wiped down the cart or performed hand hygiene after removing the dirty trays. An observation on 9/13/22, at 8:12 a.m. NA-D placed to resident trays on a cart and went to deliver them to residents in a separate dining area down the second-floor hallway. The cart was observed to have dried food and debris in the corners of the shelves. NA-D stated carts to transport trays were old and have been used for a long time. NA-D verified the cart had dried debris in the corners and dried food stuck to the top shelve. NA-D shrugged and stated, "that was how it was brought back from the kitchen". An interview on 9/12/22, at 11:30 a.m. NA-B stated they had worked for the facility. NA-B stated when serving resident meals, juices were poured and sitting out uncovered for a long time before service started. An interview on 9/12/21, at 11:56 a.m. registered nurse (RN)- A who delivered trays on the 2nd floor. Resident trays were on the cart in the hallway with the drinks and dessert uncovered.	21100		

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21100	Continued From page 5 RN-A verified the items were not covered and stated all tray items should be covered when delivering and was not sure why that was not done. An interview on 9/12/21, at 12:03 p.m. NA-C stated nursing assistants set up the drinks and stacked them on trays. NA-C stated usually the drinks were covered when set up was complete, however they had not been covered today. NA-C started covering the drinks. NA-C also was not sure why the desserts were not covered and verified all items should be covered so germs do not get on the food. An interview on 9/12/22, at 2:31 p.m. licensed practical nurse (LPN)-A stated dietary brought up the food and the NAs prepared the trays and delivered the food to the residents. LPN-A verified two stacks of trays with napkins and silverware were placed on a table in the dining area and were uncovered. LPN-A stated she had not seen this before and verified the trays should not be in the open or uncovered as residents use that area for activities or other things. An interview on 9/12/22, at 3:30 p.m. the assistant dietary director (ADD) stated kitchen staff were responsible for garbage, tray, and dirty dishes removal on unit kitchenette areas, but nursing staff and housekeeping were also able to help. ADD stated dirty trays, dishes, and garbage removal had to be completed after each meal and all staff should help. Kitchen staff were expected to clean all carts after bussing dirty trays. Carts should be brought to the kitchen to be sprayed down after each meal to make sure they were ready for the next meal. ADD stated all clean covers, trays or silverware stored in the kitchenettes on the unit should be covered	21100		

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21100	Continued From page 6 completely with the black covers. Covering them ensured the clean items stayed clean. ADD further stated all food and drinks should be covered during transportation or when delivering meals to residents' rooms. If there were not enough lids, then saran wrap should be used. An interview on 9/13/22, at 8:22 a.m. NA-D stated juices were not supposed to be set up ahead of time but verified at times agency staff will fill them up and stack the trays. NA-D verified it was not a good practice as they were not covered. An interview on 9/13/22, at 9:09 a.m. dietary server (DS)-A stated juices and waters are sometimes stacked up and on trays and uncovered and verified that process should not be done. DS-A stated there had been agency staff and further stated agency staff do not always know the process. Refrigerator temperature During a kitchen observation on 9/12/22, at 3:20 p.m. the assistant dietary director (ADD) and cook (C-A) provided a kitchen tour. The refrigerator temperature log for the cooler containing chef salads was incomplete from the past few days. The temperature recorded for the morning of 9/12/22, at 5:30 a.m. indicated the temperature was at 58 degrees Fahrenheit (F). C-A acknowledged the refrigerator temperature was not completed on evening shift throughout the weekend and verified refrigerator temperatures needed to be below 41 degrees F. C-A further stated when a refrigerator temperature was out of range, an action item should be documented and a documented time the temperature was back in range. An action item may be to monitor and ensure the	21100		

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21100	Continued From page 7 temperature was back in range and notify the supervisor. The temperature log lacked an action item or a recheck of the temperature when it was back in range. Currently, the temperature was 39 degrees F and the temperature was currently in range. C-A stated there was no way of knowing how long the temperature was out of range and therefore was unknown if food was impacted inside. The contents of refrigerator were two trays of plated chef salads containing egg, meat, and cheese. The items were covered, but one entire tray was not dated. C-A verified the salads would need to be tossed as some were not dated and he was not able to verify how long the temperature was out of range. A review of the walk-in refrigerator temperature logs showed missing temperatures checks for the past three evening shifts. Inside the walk-in refrigerator was a cart of meal trays that was uncovered and undated. The cart had multiple trays set and prepped with glasses of juice and desserts without covers. ADD acknowledged the cart should have been covered and dated and further stated all food had to be covered and dated. An interview on 9/13/22, at 10:07 a.m. C-B stated if a temperature log was not in range, it would be important to understand what was in the fridge or if needed to be removed. C-B further stated monitoring would need to take place to see if the temperature returned to range and if so, it needed to be documented. C-B said the manager should know about it either way. C-B verified there was no documentation of a temperature recheck when the refrigerator was out of range yesterday. Upon review of the refrigerator, the chef salads were still in place from the day prior. C-B verified one salad had no date on it and immediately removed it from the fridge.	21100		

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	00238	A. BUILDING: _____ B. WING _____	C 09/13/2022

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21100	Continued From page 8 A follow up interview on 9/13/22, at 12:45 a.m. ADD verified the temperature was out of range on the refrigerator storing the chef salads. ADD stated while there were missing temperature logs from the weekend, the refrigerator has no other out of ranges and was currently in range for the evening check on 9/12/22, and day check on 9/13/22. ADD stated while it wasn't known when the temperature was back in place, the out of range was completed at 5:30 a.m. and salads would have been made after breakfast and the temp was likely back in range then. ADD stated the chef salads were ok to use. An interview on 9/13/22, at 1:05 p.m. the Administrator stated she expected staff to cover food and drink when delivering trays to resident rooms. The Administrator was not aware of beverages being stacked on trays or uncovered clean items in the kitchenette areas and believed all silverware and tray items were stored in the kitchen and brought up for service but verified all clean items should be covered when stored if stored on units. The Administrator explained kitchen staff was responsible make sure refrigerator temperatures were logged and followed up on if out of range. Stored food should always be labeled and covered to minimize safe food for residents and decreasing any cross contamination. Furthermore, the administrator stated all these things were important to minimize any infection control issues or food contamination. A facility policy titled Food Safety Requirements, revised 2/2021, directed staff refrigerated foods must be stored at or below 41 degrees F unless otherwise specified by law. The policy also directed all foods stored in the refrigerator or freezer will be covered, labeled and dated.	21100		

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21100	Continued From page 9 A SUGGESTED METHOD FOR CORRECTION: The administrator and the dietary manager could review and revise food service policies and procedures to assure the refrigerator temperatures are maintained and perishable foods are dated and covered. Staff could be trained as necessary. The dietary manager could monitor on a regularly basis. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21100		
21665	MN Rule 4658.1400 Physical Environment A nursing home must provide a safe, clean, functional, comfortable, and homelike physical environment, allowing the resident to use personal belongings to the extent possible. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain a sanitary and clean kitchen and kitchenette environment. This had the potential to impact 174 residents who receive nutrition from the kitchen and residents 71 residents who reside on the 2 West (W) unit. Findings include: A review of facility documents titled Equipment Cleaning Log, dated 8/28/22- 9/10/22, indicated a list of kitchen equipment required to be cleaned during the week and who was responsible. A review of these dates indicates the following:	21665	Corrected	10/17/22

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21665	Continued From page 10 -All staff were responsible for cleaning the shelving by the oven, however, the task was not marked as completed during this timeframe. -The dishwasher was not listed on the Equipment Cleaning Log. A request for the cleaning logs for the month of August was requested however was not provided. During an observation on 9/12/22, at 9:44 a.m. the 2W kitchenette and dining area was not in use and staff were not present. In the dirty dish area to the right of the dining area contained a three shelve cart with bins on each shelf. Inside the bins contained dirty plates with partially eaten food items, spilled food, napkins and wrappers, and spilled liquids. The bottom bin contained dried food substance on the bottom. Two other carts had uncovered, stacked dirty resident trays that contained half eaten food. Two tall garbage cans were in the area with food contents and other garbage. The floors in the kitchenette and dining area were noted to be sticky. During an observation on 9/12/22, at 11:47 a.m. The dirty dishes area of the kitchenette had 2 carts with dirty trays from earlier. Upon the ledge of the dirty dish area were two dirty resident trays with the main plate covered, empty juice cups and open condiment items sitting out. An interview on 9/12/22, at 11:30 a.m. nursing assistant (NA)-B stated 2W always had stacks of dirty trays with food and juice in the dirty dishes area of the kitchenette. NA-B further stated dirty dishes were piled up and it smelled. An interview on 9/13/22, at 8:22 a.m. NA-D started nursing staff brought the trays over to the	21665		

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21665	Continued From page 11 dirty dishes area and kitchen staff were responsible for cleaning the dirty trays, plates, and removing garbage from the dirty dishes area of the 2W kitchenette. During a kitchen observation on 9/12/22, at 3:20 p.m. The top shelves above the prep area, located in the middle of the ovens and stove, had visible dust and dirt/grime. The top of the dishwasher also had visible dust and dirt/grime. The assistant dietary director (ADD) verified the dust and dirt and stated there was no storage in those areas and verified these areas should be cleaned daily as the dust was at risk of falling into resident food during prep and kitchen equipment should be clean. An interview on 9/13/22, at 9:09 a.m. dietary aide (DA)-A stated there was a dishwasher who was supposed to help with the dirty dishes, trays, and garbage removal from 2W, but sometimes there was not enough help. Housekeeping used to do the area and now it is our responsibility (dietary). DA-A stated kitchen staff were responsible to clean off the trays, stack dishes and get the dirty carts and trays to the kitchen and housekeeping mopped the floors. DA-A stated there used to be two servers on the unit and that made it easier to complete all the work, but two servers only happen occasionally and it was hard to get all the work done. DA-A stated juices and waters were sometimes stacked up, on trays and uncovered and verified that process should not be done. DA-A stated there had been agency staff and further stated agency staff do not always know the process. An interview on 9/13/22, at 9:42 a.m. dishwasher (D)-A stated they clean the outside of the dishwasher every day, but verified the top was not	21665		

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21665	Continued From page 12 clean and had collected dust and grime. An interview on 9/13/22, at 1:05 p.m. the Administrator stated she expected staff to keep kitchen equipment clean and follow the kitchen cleaning schedule. The Administrator explained kitchen staff was responsible to clean the kitchenettes and dirty dish areas after each meal service and there should not be dishes and food left out in dirty areas. This was important to maintain clean areas to prevent any infection control or environment concerns. A facility policy titled Food Preparation and Services, revised 2/2021, directed staff to adhere to proper sanitary practices to prevent the spread of foodborne illness. SUGGESTED METHOD OF CORRECTION: The administrator, certified dietary manager, or designee could develop, review, and/or revise policies and procedures to ensure the kitchen and unit kitchenettes were cleaned, educate staff regarding policies and procedures, and develop monitoring systems to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21665		