



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 22, 2023

Licensee
Crystal Brook Senior Living
1006 Crocus Hill Street
Park Rapids, MN 56470

RE: Project Number(s) SL34332015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on February 1, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

LICENSING ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for

Crystal Brook Senior Living

February 22, 2023

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reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

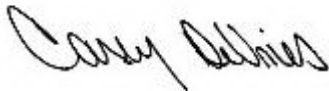
Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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

Sincerely,



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

HHH

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34332 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/01/2023 |
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| NAME OF PROVIDER OR SUPPLIER CRYSTAL BROOK SENIOR LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 1006 CROCUS HILL STREET PARK RAPIDS, MN 56470 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| 0 000 | <p>Initial Comments</p> <p>*****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: SL34332015-0</p> <p>On January 30, 2023, through February 1, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 98 residents, 41 of whom received services under the provider's Assisted Living with Dementia Care license.</p> | 0 000 | <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p> | |
| 0 800 SS=F | <p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including</p> | 0 800 | | |

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

Minnesota Department of Health

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| 0 800 | <p>Continued From page 1</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment in a continuous state of good repair and operation regarding the health, safety, comfort, and well-being of the residents. This deficient condition had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>During a facility tour on January 31, 2023, at approximately 12:30 p.m., with licensed assisted living director (LALD)-A and maintenance (MW)-N, it was observed that door leading to the patio area in memory care had an exit sign posted over it, but the snow and ice had not been cleared from the enclosed patio creating an obstruction of the path of egress.</p> <p>All paths of egress must be maintained and clear</p> | 0 800 | | |

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| 0 800 | Continued From page 2 of obstructions to allow residents, staff, and visitors to exit the building in a safe and efficient manner in the event of an emergency. This deficient condition was visually verified by LALD-A and MW-N accompanying on the tour. TIME PERIOD FOR CORRECTION: 7 DAYS | 0 800 | | |
| 01890 SS=E | 144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing legible information including the opened-on date for time sensitive medications for two of two residents (R1, R12). 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 pattern scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On January 30, 2023, at 10:50 p.m., the evaluator | 01890 | | |

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| 01890 | <p>Continued From page 3</p> <p>observed the locked medication cart on first floor with licensed practical nurse (LPN)-J. LPN-J stated all time-sensitive medications should be marked appropriately with open date and expiration date, and that a medication reference guide was available in the medication room on the first floor.</p> <p>On January 30, 2023, at 3:10 p.m., the evaluator reviewed the locked medication cart on second floor with unlicensed personnel (ULP)-C, and observed the following:</p> <p>R1 R1's opened Humalog 100 units/milliliter (ml), Lantus 100 units/ml insulin pens and Victoza 18 milligram (mg)/3 ml (multiple dose pen shaped injector devices for subcutaneous administration to control blood sugars) lacked the date on the label when insulins were opened.</p> <p>R12 R12's Timoptic 0.5% and Alphagen 0.1 % eye solutions (lowers eye pressure) lacked the date on the label when bottles were opened.</p> <p>Manufacturer's instructions for Novolog insulin, dated January 2021, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it.</p> <p>Manufacturer's instructions for Lantus insulin, dated June 2022, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it.</p> <p>Manufacturer's instructions for Victoza, dated June 2022, directed to discard the pen 30 days after it had been opened, even if it still had medication left in it.</p> | 01890 | | |

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| 01890 | <p>Continued From page 4</p> <p>Manufacturer's instructions for Timoptic Solution, dated February 2020, directed to discard the bottle after 28 days after the bottle is opened, even if it still has solution in it.</p> <p>Manufacturer's instructions for Alphagan Solution, dated February 2022, directed to discard the bottle after 28 days after the bottle is opened, even if it still has solution in it.</p> <p>On February 3, 2023, at 3:05 p.m., licensed assisted living director (LALD)-A provided the evaluator a reference guide, "Medication Expiration after Opening" from the licensee's pharmacy. LALD-A indicated the reference was used as guidance by all staff to date time-sensitive medications with an open and expiration date.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01890 | | |
| 02170 SS=E | <p>144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA</p> <p>(b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following:</p> <ol style="list-style-type: none"> (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral | 02170 | | |

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| 02170 | <p>Continued From page 5</p> <p>interventions.</p> <p>(c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs.</p> <p>(d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to:</p> <ol style="list-style-type: none"> (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, licensee failed to develop an individualized activity plan for each resident based on their activity evaluation and include a selection of daily activities on the resident's activity service or care plan for three of four residents (R7, R9, R10) who resided on the dementia-care unit.</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</p> | 02170 | | |

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| 02170 | <p>Continued From page 6</p> <p>cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>The licensee held a current assisted living with dementia care (ALDC) license.</p> <p>R7 R7's diagnoses included dementia, mood disturbance, and anxiety.</p> <p>On January 31, 2023, at 9:38 a.m., the evaluator observed R7 lying in bed and watching a news program on TV. R7 told the surveyor he participated in activities "on occasion," that he needed to be wheeled there, and if he participated, it would be in the afternoon.</p> <p>R7's ALF (assisted living facility) Housing Activity Assessment was dated August 25, 2020. R7's assessment identified leisure/enjoyment activities: 1:1 conversation/visiting, being outdoors, community coffee hour, fishing boat trips, group discussions, information resident meetings and party/holiday events; and wellness/active living activities: group exercise and stretching.</p> <p>R7's service/care plan, revised December 27, 2022, lacked an individualized activity plan, based on the evaluation, to include a selection of daily structured and non-structured activities.</p> <p>R9 R9's diagnoses included dementia, open-angle</p> | 02170 | | |

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| 02170 | <p>Continued From page 7</p> <p>glaucoma, and Bells' Palsy (cranial nerve damage causing muscle weakness/paralysis on side of face that controls expression).</p> <p>On January 30, 2023, at 3:32 p.m., the evaluator observed R9 engaged in a book reading with snacks activity.</p> <p>On January 31, 2023, at 10:02 a.m., the evaluator observed R9 participating in a BINGO game in the living/day room.</p> <p>R9's ALF Housing Activity Assessment was dated June 8, 2021. R9's assessment identified leisure/enjoyment activities, including: 1:1 conversation/visiting, baking/cooking, being outdoors, community coffee hour, educational programs/presentations, group discussions, information resident meetings and party/holiday events, piano/instrument playing, reminiscing/sentimental activities and singing; and a wellness/active living activity: walking. The assessment identified R9's religious tradition and spiritual activities including: Sunday worship, Bible study, prayer group, holy communion and Chaplin visits.</p> <p>R9's service/care plan, revised January 9, 2023, lacked an individualized activity plan, based on the evaluation, to include a selection of daily structured and non-structured activities.</p> <p>R10 R10's diagnoses included dementia with behavioral disturbance.</p> <p>On January 30, 2023, at 3:32 p.m., the evaluator observed R10 engaged in a book reading with snacks activity.</p> | 02170 | | |

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| 02170 | <p>Continued From page 8</p> <p>On January 31, 2023, at 10:02 a.m., the evaluator observed R10 participating in a BINGO game in the living/day room.</p> <p>R10's ALF Housing Activity Assessment was dated June 8, 2021. R10's assessment identified leisure/enjoyment activities, including 1:1 conversation/visiting, being outdoors, fishing/boating trips, group discussions and also that R10 enjoyed to talk and likes music.</p> <p>R10's service/care plan, dated November 21, 2022, lacked an individualized activity plan, based on the evaluation, to include a selection of daily structured and non-structured activities.</p> <p>On February 1, 2023, activities Director (AD)-Q stated for residents receiving services, the licensee completes an activity assessment which looks at family background, what kind of work they did, hobbies they've had, their wellness background, faith tradition. AD-Q said nursing looks at things like mobility, hearing and vision. AD-Q stated she and the others who do activities, base activities on "what the residents like," and for the memory care, we try to do things to keep residents engaged and keep them moving. AD-Q indicated the nursing staff was familiar with the residents and should be familiar with their interests, likes and dislikes. AD-Q stated the guidance for her was to complete the activity assessment, but that she did not develop activity plan for residents.</p> <p>On February 1, 2023, at 11:21 a.m., registered nurse (RN)-B reviewed resident activity assessments with the evaluator for R7, R10 and R11. RN-B stated she noted the information from the assessment was not flowing to the residents' care plans and there was no individual activity</p> | 02170 | | |

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| 02170 | <p>Continued From page 9</p> <p>plan. RN-B stated they would find a way to include the information on the activity assessment and make an activity plan, specific for each resident.</p> <p>The licensee's Description of Life Enrichment Programs and how Activities are Implemented in ALDC policy, revised December 15, 2022, indicated the licensee would provide a selection of daily activities based on individual and group interests. The policy directed each resident will be evaluated for activities, including information to facilitate person-centered care, and that this information will be shared with staff as they are oriented to the individual. The policy did not address or indicate development of an individualized activity plan.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 02170 | | |



Type: Full
Date: 01/30/23
Time: 10:45:13
Report: 8045231016

Food and Beverage Establishment Inspection Report

Location:

Crystal Brook Senior Living
1006 Crocus Hill Street
Park Rapids, MN56470
Hubbard County, 29

Establishment Info:

ID #: 0034859
Risk: High
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

KI Senior Living of Park Rapid
Phone #: 2186993605
ID #: 50223

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: SERVING STATION BUCKET
Violation Issued: No

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: SOURCE
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Walk-In Cooler
Temperature: 35 Degrees Fahrenheit - Location: CHEESEBURGER SOUP
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: MILK (NORLAKE 2D)
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 41 Degrees Fahrenheit - Location: SAUSAGE
Violation Issued: No

Process/Item: Cold Line
Temperature: 39 Degrees Fahrenheit - Location: PASTA SALAD (SALAD BAR)
Violation Issued: No

Type: Full
Date: 01/30/23
Time: 10:45:13
Report: 8045231016
Crystal Brook Senior Living

Food and Beverage Establishment Inspection Report

Process/Item: Cooking
Temperature: 180 Degrees Fahrenheit - Location: MEATBALLS
Violation Issued: No

Process/Item: Cooking
Temperature: 181 Degrees Fahrenheit - Location: GREEN BEANS
Violation Issued: No

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

ITEMS DISCUSSED:

- PROPER HAND WASHING
- BARE HAND CONTACT
- EMPLOYEE ILLNESS

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

I acknowledge receipt of the inspection report number 8045231016 of 01/30/23.

Certified Food Protection Manager: CRAIG A. CURRENT

Certification Number: FM93895 Expires: 05/02/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: Adam J. Bommersbach
Adam Bommersbach
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