



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 26, 2023

Licensee
Brookside Senior Living
804 Benson Road
Montevideo, MN 56265

RE: Project Number(s) SL21803015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 29, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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. The 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 and enforcement actions 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction 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 the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-281-9796

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2023
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NAME OF PROVIDER OR SUPPLIER BROOKSIDE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 804 BENSON ROAD MONTEVIDEO, MN 56265
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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: SL# 21803015</p> <p>On March 27, 2023, through March 29, 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 52 active residents; 31 receiving services under the 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>	
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the</p>	0 480		

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

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0 480	<p>Continued From page 1</p> <p>following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated March 27, 2023, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 650 SS=D	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure,</p>	0 650		

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0 650	<p>Continued From page 2</p> <p>registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</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' records (clinical nurse supervisor (CNS)-B) included the required content.</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>CNS-B's employee record lacked evidence an annual performance review was completed.</p>	0 650		

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0 650	<p>Continued From page 3</p> <p>CNS-B was hired on September 19, 2019, to provide direct care services to the licensee's residents.</p> <p>On March 29, 2023, at 2:20 p.m. director of clinical services (DCS)-E confirmed CNS-B's employee record did not include an annual performance review.</p> <p>The licensee's Content of Employee Records policy dated March 22, 2023, indicated the content of employee records included documentation of annual performance reviews which identify areas of improvement needed and training needs.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 650		
01060 SS=F	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <p>(1) the reason for the relocation;</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and</p>	01060		

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01060	<p>Continued From page 4</p> <p>Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. currently known; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (R3). This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a</p>	01060		

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01060	<p>Continued From page 5</p> <p>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).</p> <p>The findings include:</p> <p>R3 was admitted to assisted living services on September 24, 2021.</p> <p>R3's Service Plan dated May 20, 2022, indicated R3 received the following services: medication administration, meals, housekeeping, monthly weight and monthly vital signs.</p> <p>R3's progress notes dated March 1, 2022, unknown time, indicated R3 had not been eating, fluids were encouraged, weakness, unable to get up out of chair, refused to eat or drink at supper, and daughter was concerned with weakness. Nursing was notified. Emergency medical services (EMS) notified and R3 was transported to a local emergency department for further evaluation via ambulance. R3 was admitted to the hospital for further evaluation. R3 was admitted to a skilled nursing home on March 7, 2023, for therapy. R3 returned to the facility on March 23, 2023.</p> <p>R3's record lacked a written notice that contained, at a minimum:</p> <ul style="list-style-type: none"> - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is 	01060		

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01060	<p>Continued From page 6</p> <p>expected to return to the facility, or a statement that a return date is not currently known; - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>In addition, R3's record lacked notification to the Office of Ombudsman for Long-Term Care the resident had been relocated and had not returned to the facility within four days.</p> <p>On March 28, 2023, at 11:38 a.m. director of clinical services (DCS)-E verified there was no written notice provided to R3, nor had the ombudsman been notified of R3's emergency relocation.</p> <p>On March 28, 2023, at 12:05 p.m. DCS-E stated she was unfamiliar with the requirement.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01060		
01640 SS=D	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on</p>	01640		

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01640	<p>Continued From page 7</p> <p>resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan was revised to include all services being provided for two of three residents (R2, R6).</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>R2 R2's diagnoses included palmar fascial fibromatosis and neurocognitive disorder with Lewy bodies.</p> <p>R2's Service Plan dated October 28, 2022, failed</p>	01640		

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01640	<p>Continued From page 8</p> <p>to include the services of bathing reminders and daily grooming reminders.</p> <p>R2's Service check off list dated March 1-29, 2023, confirmed bathing reminders and grooming reminders were provided by the licensee staff.</p> <p>On March 29, 2023, at 1:56 p.m. director of clinical services (DCS)-E verified R2's service plan was not revised as indicated above.</p> <p>R6 R6's diagnoses included essential hypertension, COPD, and myocardial infarction.</p> <p>R6's Service Plan dated May 2, 2022, failed to include the services of nebulizer cleaning.</p> <p>R6's Service check off list dated March 1-29, 2023, confirmed nebulizer cleaning was provided by licensee staff.</p> <p>On March 28, 2023, at 12:31 p.m. ULP-D was observed administering nebulizer medication to R6.</p> <p>On March 29, 2023, at 10:46 a.m. DCS-E verified R6's service plan was not revised as stated above.</p> <p>The licensee's Service Plan Contents policy dated August 1, 2021, indicated service plans are reviewed and revised as needed based upon on-going resident assessment.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	01640		

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01640	Continued From page 9 (21) days.	01640		
01760 SS=D	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as prescribed for one of three residents (R2).</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>	01760		

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01760	<p>Continued From page 10</p> <p>R2's diagnoses included palmar fascial fibromatosis and neurocognitive disorder with Lewy bodies.</p> <p>R2's prescriber orders dated January 13, 2023, included an order for acetaminophen 500 milligrams (mg) - 1 tablet by mouth twice daily.</p> <p>On March 28, 2023, at 8:26 a.m. unlicensed personnel (ULP)-C was observed to set up two tablets of acetaminophen 500 mg into a paper medication cup. The surveyor questioned the dose placed into the cup because the Electronic Medication Administration Record (EMAR) read one tablet. ULP-C stated she was told by someone a long time ago to go by what was on the bottle. R2's bottle read, "take two tablets by mouth twice a day as needed for hip/joint pain. Maximum dose is 4000 mg per day."</p> <p>On March 28, 2023, at 8:36 a.m. clinical nursing supervisor (CNS)-B stated transcription of medication orders should match labels and the MAR.</p> <p>The licensee's Medication or physician orders-implementation policy dated September 25, 2019, indicated the licensed nurse is responsible for assuring that current, authorized prescriber prescriptions for medications, including over-the-counter medications and dietary supplements, to be managed by our staff are kept in the client's record and that changes in orders are addressed in the client's medical record and are communicated on a timely basis to all appropriate staff. All changes to the order will be notated on the label as needed.</p> <p>No further information was provided.</p>	01760		

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01760	Continued From page 11 TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01890 SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medication was labeled correctly for one of three residents (R1) and failed to ensure medication was not expired for one of three residents (R3).</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>MEDICATION LABEL R1's physician orders dated March 24, 2023, included an order for Ferrous Sulfate 324 (65 FE) milligrams (mg) - one tablet by mouth daily for dietary supplement.</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2023
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NAME OF PROVIDER OR SUPPLIER BROOKSIDE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 804 BENSON ROAD MONTEVIDEO, MN 56265
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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
01890	<p>Continued From page 12</p> <p>R1's medication administration record (MAR) dated March 2023, included the same order for Ferrous Sulfate 324 (65 FE) milligrams (mg) - one tablet by mouth daily for dietary supplement.</p> <p>On March 28, 2023, at 8:17 a.m. unlicensed personnel (ULP)-C prepared morning medication to be administered to R1. ULP-C removed the medication bottle out of the medication cart and compared it to the MAR. The surveyor examined the medication bottle and noted the bottle did not have a label on it. ULP-C stated it did have a label, but it doesn't look like it has one anymore.</p> <p>On March 28, 2023, at 8:37 a.m. clinical nurse supervisor (CNS)-B confirmed all medications should be labeled.</p> <p>EXPIRED MEDICATION R3's service plan dated May 20, 2022, indicated R3 received services to include medication management.</p> <p>On March 28, 2023, at 9:04 a.m. a review of R3's medication storage was completed. R3's Melatonin 3 milligrams (mg) for insomnia expired March 21, 2023. ULP-C confirmed the bottle was expired and notified CNS-B. CNS-B confirmed Melatonin was expired and was going to order a new bottle.</p> <p>The licensee's Medication storage policy dated December 18, 2019, included drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals.</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2023
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NAME OF PROVIDER OR SUPPLIER BROOKSIDE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 804 BENSON ROAD MONTEVIDEO, MN 56265
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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
01890	Continued From page 13 No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01890		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of one resident (R6) receiving treatments. 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). The findings include: During the entrance conference on March 27, 2023, at 11:44 a.m., licensed assisted living director (LALD)-A and clinical nursing supervisor	01970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2023
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NAME OF PROVIDER OR SUPPLIER BROOKSIDE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 804 BENSON ROAD MONTEVIDEO, MN 56265
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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
01970	<p>Continued From page 14</p> <p>(CNS)-B confirmed the licensee provided treatment services to the licensee's residents.</p> <p>R6's record contained a written order dated March 7, 2019, for colostomy and urostomy bag change as needed, and to change the bag Monday and Friday between 7:00 a.m. - 3:00 p.m., and Wednesday between 3:00 p.m. - 11:00 p.m.</p> <p>R3's Service Plan Agreement dated August 18, 2021, noted services included colostomy and urostomy cares.</p> <p>R3's March 2023, Service Checkoff List included the order for colostomy and urostomy care as noted above, times to administer, and staff initials to indicate the treatment was provided.</p> <p>On March 28, 2023, at 1:56 p.m. director of clinical services (DCS)-E confirmed the licensee had not obtained an up-to-date signed order for the colostomy and urostomy cares as required.</p> <p>The licensee's Medication & Treatment Orders policy reviewed August 2021, indicated the RN or LPN will assure that the prescriber renews a medication prescription at least every 12 months, or more frequently if determined necessary based on the nursing assessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01970		

Type: Full
Date: 03/27/23
Time: 11:15:06
Report: 1008231003

Food and Beverage Establishment Inspection Report

Page 1

Location:

Brookside Senior Living
804 Benson Road
Montevideo, MN56265
Chippewa County, 12

Establishment Info:

ID #: 0038216
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3202696506
ID #:

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

The following orders were issued during this inspection.

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

3-305.11A

MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

BOXES OF FOOD WERE BEING STORED ON FLOOR WITHIN THE WALK-IN AND THE DRY STORAGE ROOMS. RELOCATE THESE ITEMS AT LEAST 6 INCHES ABOVE THE FLOOR.

Comply By: 03/31/23

4-200 Equipment Design and Construction

4-201.11GMN

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

DOMESTIC KITCHEN. KITCHEN IS BEING USED AS A SERVICE KITCHEN ONLY. THE DOMESTIC COOLER IS CURRENTLY HOLDING TCS FOODS. TCS FOODS CAN BE HELD FOR NO MORE THAN 24 HOURS WITHIN THE DOMESTIC COOLER.

Comply By: 03/28/23

4-200 Equipment Design and Construction

4-204.112A

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.

NO THERMOMETER WAS OBSERVED WITHIN THE UNDERCOUNTER EGG AND BUTTER COOLER AND THE COOLER WITHIN THE DOMESTIC SERVING KITCHEN. ADD

Type: Full
Date: 03/27/23
Time: 11:15:06
Report: 1008231003
Brookside Senior Living

Food and Beverage Establishment Inspection Report

THERMOMETER TO BOTH OF THESE COOLERS.

Comply By: 04/03/23

4-900 Protecting Clean Items

4-903.12A

MN Rule 4626.0960A Discontinue storage of food, clean equipment, linens, utensils, or single-service and single-use articles in locker rooms; toilet rooms; garbage rooms; mechanical rooms; under unshielded sewer lines; under leaking water lines or sources of condensation or moisture; under open stairwells; or under other sources of contamination.

RAW POTATOES ARE BEING STORED UNDER PLUMBING LINES UNDER PREP SINK. RELOCATE POTATOES.

Comply By: 03/31/23

Surface and Equipment Sanitizers

Hot Water: = at 182 Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 37 Degrees Fahrenheit - Location: BUTTER UNDERCOUNTER COOLER

Violation Issued: No

Process/Item: Upright Cooler - 2 Door

Temperature: 40 Degrees Fahrenheit - Location: COTTAGE CHEESE - MANITOWOC KOOLAIRE

Violation Issued: No

Process/Item: Upright Cooler - 2 Door

Temperature: 37 Degrees Fahrenheit - Location: STRAWBERRIES - NEXT TO WALK-IN

Violation Issued: No

Process/Item: Prep Cooler - Top

Temperature: 41 Degrees Fahrenheit - Location: CHICKEN SALAD

Violation Issued: No

Process/Item: Prep Cooler - Bottom

Temperature: 38 Degrees Fahrenheit - Location: HARD BOILED EGG

Violation Issued: No

Process/Item: Steam Table

Temperature: 200 Degrees Fahrenheit - Location: BEEF TIPS

Violation Issued: No

Process/Item: Steam Table

Temperature: 178 Degrees Fahrenheit - Location: VEGETABLES

Violation Issued: No

Process/Item: Hot Holding

Temperature: 185 Degrees Fahrenheit - Location: SOUP - STOVE TOP

Violation Issued: No

Type: Full
Date: 03/27/23
Time: 11:15:06
Report: 1008231003
Brookside Senior Living

Food and Beverage Establishment Inspection Report

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		0	0	4

THINGS TO REMEMBER:

1 THE CERTIFIED FOOD PROTECTION MANAGER SHOULD BE ROUTINELY CONDUCTING SELF INSPECTIONS TO ENSURE THAT EMPLOYEES ARE FOLLOWING PROPER FOOD HANDLING PRACTICE.

2 EDUCATE EMPLOYEES ON THE IMPORTANCE OF REPORTING TO MANAGEMENT ANY ILLNESS THEY HAVE OR HAVE HAD RECENTLY. MANAGEMENT SHOULD EXCLUDE ANY WORKERS ILL WITH VOMITING OR DIARRHEA FROM HANDLING FOOD, AND THEY SHOULD KEEP AN UP TO DATE EMPLOYEE ILLNESS LOG.

3 THERE SHOULD BE A PERSON IN CHARGE A THE ESTABLISHMENT DURING ALL HOURS OF OPERATION. THIS PERSON SHOULD ENSURE THAT EMPLOYEES ARE PRACTICING GOOD HAND WASHING PROCEDURES, INCLUDING BEING KNOWLEDGEABLE ABOUT WHEN HAND WASHING SHOULD BE DONE AND HOW TO PROPERLY WASH HANDS.

4. EMPLOYEES SHOULD USE SPATULA, TONGS, DELI TISSUE, GLOVES OR SOME OTHER APPROVED MEANS TO PREVENT ANY DIRECT BARE HAND CONTACT WITH READY TO EAT FOODS.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1008231003 of 03/27/23.

Certified Food Protection Manager Gina L. Tarter

Certification Number: FM108237 Expires: 09/23/24

Signed: mailed to HRD
Establishment Representative

Signed: Inspector ID# 1008
Public Health Sanitarian 3
Fergus Falls District Office
651-201-4500
health.foodlodging@state.mn.us