



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 27, 2023

Licensee
Park View Assisted Living
613 Montrose Boulevard
Buffalo, MN 55313

RE: Project Number(s) SL30587015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 1, 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.

The MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

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.

Park View Assisted Living

July 27, 2023

Page 3

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Kelly Thorson". The signature is written in a cursive style with a horizontal line above the "y" and "t".

Kelly Thorson, Supervisor

State Evaluation Team

Email: kelly.thorson@state.mn.us

Telephone: 320-223-7336 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2023
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NAME OF PROVIDER OR SUPPLIER PARK VIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 613 MONTROSE BOULEVARD BUFFALO, MN 55313
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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
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been 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: Project SL30587015</p> <p>On May 30, 2023, through June 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 for 49 active residents receiving services under the Assisted Living/Dementia Care license.</p>	0 000		
0 470 SS=F	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans</p>	0 470		

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

Minnesota Department of Health

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0 470	<p>Continued From page 1</p> <p>on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a staffing plan to meet the scheduled and reasonably foreseeable unscheduled needs of the residents. 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 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p>	0 470		
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0 470	<p>Continued From page 2</p> <p>The licensee held an assisted living facility with dementia care license. The facility was licensed for a bed capacity of 52 residents and at the time of survey had a census of 49 residents, all of whom were receiving services.</p> <p>During the entrance conference the Licensed Assisted Living Director (LALD)-A indicated the night shift would operate with two unlicensed personnel (ULP). With one ULP designated to the memory care floor and one designated to the assisted living floors. The clinical nurse supervisor (CNS)-B indicated there were no residents on the assisted living floors that required an assist of two and no mechanical lifts in the building and furthermore that the building was a no lift assist facility.</p> <p>On June 1, 2023, at 2:50 p.m., LALD-A verified there had been nine incidents/falls in April 2023 that had occurred over all shifts that required the staff to contact 911 or the non-emergency number for a lift assist. LALD-A stated, "If a resident does fall the staff rely on the nurses to give them direction. If the residents fall and they are able to get up themselves we can give them ques to try to eliminate 911, but if they are unable to get up on their own, we are a no lift assist facility, so we need to call the non-emergency line or 911 depending on what the nurses think. I know 911 is getting a little irritated with all the 911 calls, and I know their resources are already thin, however, this is our policy to do so." The LALD-A also verified that on the overnight shift the ULP working the Assisted living floors would be able to assist the memory care ULP, though if the Assisted Living floor ULP needed assistance there would not be any other staff to assist due to the memory care floor ULP not being able to</p>	0 470		
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0 470	<p>Continued From page 3</p> <p>leave the memory care unit.</p> <p>On May 31, 2023, at 6:15 a.m., ULP-G stated, "When we [staff] have to run up to assisted [assisted living floors] on the overnight we just make sure everyone is asleep and fine down here [memory care unit] and I will run up there real quick and take care of what they need help with, it's usually very quick and then I come right back down. It only happens when its needed, it really just depends on the night. It's usually when the call lights are going crazy that I need to run up there. I just ran up there earlier this week to clear a pendant. I just made sure everyone down here was safe before I ran up there really quick. If someone falls, we call 911 because we don't have lifts here."</p> <p>On May 31, 2023, at 8:54 a.m., ULP-E stated, "Sometimes we need to go up to Assisted Living and help out, usually it is Assisted Living [staff] coming to Memory Care but sometimes they need our help to answer call lights or assist with a fall like answering their call lights while they deal with 911 and the person [resident] who fell. If the residents down here are up and about, we can't just leave the floor, but yes we do have to run up there to help if they are all asleep and safe down here."</p> <p>The licensees Direct Care Staff Plan and Daily Staff Posting policy dated March 28, 2023, indicated the licensee would provide qualified direct-care staff sufficient to meet the residents' needs 24-hours a day, seven-days a week and would have the ability to meet the residents' scheduled and reasonably unforeseeable unscheduled needs given the physical layout of the facility premises.</p>	0 470		

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0 470	Continued From page 4 No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 470		
0 650 SS=F	144G.42 Subd. 8 Employee records (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, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (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 (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for two of two employees (unlicensed personnel ULP-E, and ULP-J) with employee records reviewed.	0 650		

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0 650	<p>Continued From page 5</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-E ULP-E started employment on August 24, 2017, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>ULP-E's employee record contained an annual performance review dated August 25, 2020. ULP-E's employee record lacked annual performance reviews for other years of employment with the licensee until the one completed while survey was in process on May 30, 2023.</p> <p>ULP-J ULP-J started employment on October 1, 2014, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>ULP-J's employee record contained an annual performance review dated October 12, 2018. ULP-J's employee record lacked annual performance reviews for other years of employment with the licensee until the one completed while survey was in process on May 30, 2023.</p>	0 650		
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0 650	<p>Continued From page 6</p> <p>On June 1, 2023, at approximately 12:17 p.m., CNS-B stated they were working on annual performance reviews and "Some of the annual appraisals are missing because of Covid. We were not doing them during Covid. We honestly probably still have quite a bit left to do and go through in order to finish up everyone."</p> <p>The licensee's supervision of unlicensed staff and licensed staff- AL policy revised March 23, 2023, indicated the supervisor is responsible for completing a performance review of each assisted living staff person, based on the documentation of the supervisor's observations and other relevant information. Performance evaluations are conducted annually at a minimum.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 650		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <ul style="list-style-type: none"> (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story 	0 780		

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0 780	<p>Continued From page 7</p> <p>within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the smoke alarms inside resident units and provide the interconnection of smoke alarms inside the one-bedroom resident unit #112. This has the potential to directly affect residents receiving services. This has the potential to directly affect all residents and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On June 1, 2023, approximately from 11:00 a.m. to 1:05 p.m., survey staff toured the facility with the director of maintenance (DM)-C, the licensed assisted living director (LALD)-A, and the</p>	0 780		
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0 780	<p>Continued From page 8</p> <p>administrator (A)-L. During the tour, survey staff observed the following:</p> <ul style="list-style-type: none"> - The two required smoke alarms located in the one-bedroom resident unit #112 were not interconnected. The finding was evident when the DM-C tested the smoke alarms in the one-bedroom unit by activating each smoke alarm and both smoke alarms sounded local. - The smoke alarms inside resident living units were not maintained as required to ensure smoke alarms did not exceed 10 years from the date of manufacture. Survey staff observed two brands of smoke alarms inside resident living units throughout the facility. The LALD-A and the DM-C stated that some smoke alarms have been replaced. The findings were evident as the DM-C loosened the smoke alarms in resident room #204 and the labels on both alarms had a manufactured date stamped with the year 2008. Survey staff explained the older smoke alarms exceed the 10 years from the date of manufacture. The A-L, LALD-A, and DM-C agreed that they will go through all the resident units to ensure the smoke alarms did not exceed 10 years. <p>The findings were verified physically and/or verbally by the DM-C, LALD-A, and A-L accompanying the facility tour.</p> <p>On June 1, 2023, at approximately 2:30 p.m., during the exit interview, the DM-C, the A-L, and the LALD-A acknowledged the above findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 780		

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0 800	Continued From page 9	0 800		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents, visitors, and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On June 1, 2023, approximately from 11:00 a.m. to 1:05 p.m., survey staff toured the facility with the director of maintenance (DM)-C, the licensed assisted living director (LALD)-A, and the administrator (A)-L. During the tour, survey staff observed the following:</p> <p>1. The 90-minute fire-rated door to the chapel link</p>	0 800		

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0 800	<p>Continued From page 10</p> <p>(next to the care center) failed to latch when closed for proper horizontal fire protection.</p> <p>2. The fire-rated door for the trash/recycling room on the 2nd floor failed to latch when closed for hazardous area protection.</p> <p>3. The fire-rated door for the laundry room on the main level (or 1st) floor was in the open position with sliding hardware installed at the top of the door frame. Survey staff and the A-L attempted to close the door but the door was stuck in the open position. Survey staff explained that the laundry rooms are considered a hazardous area room and all fire-rated doors must be closed or function to close for hazardous area protection during a fire.</p> <p>4. Unlabeled extension cords and/or multi-plug adapters were used in resident units 112 and 113. The use of unlisted and unlabeled extension cords poses a potential electrical fire hazard from overloading the electrical circuits and is a safety concern to residents. Extension cords must be listed and labeled to UL 817. Multi-plug adapters must be listed to UL 498A.</p> <p>The findings were verified physically and/or verbally by the DM-C, LALD-A, and A-L accompanying the facility tour.</p> <p>On June 1, 2023, at approximately 2:30 p.m., during the exit interview, the DM-C, the A-L, and the LALD-A acknowledged the above findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 800		
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Type: Full
Date: 05/30/23
Time: 11:00:27
Report: 1041231007

Food and Beverage Establishment Inspection Report

Page 1

Location:

Park View Assisted Living
613 Montrose Boulevard
Buffalo, MN55313
Wright County, 86

Establishment Info:

ID #: 0038808
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7636844866
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Chlorine: = 100 PPM at Degrees Fahrenheit
Location: DISHWASHER FINAL RINSE CYCLE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 164 Degrees Fahrenheit - Location: MASHED POTATOES
Violation Issued: No

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: MILK-TWO DOOR UPRIGHT
Violation Issued: No

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

Type: Full
Date: 05/30/23
Time: 11:00:27
Report: 1041231007
Park View Assisted Living

Food and Beverage Establishment Inspection Report

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 1041231007 of 05/30/23.

Certified Food Protection Manager: KENNETH MINDER

Certification Number: 58488 Expires: 04/22/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: Linda Heinen
Linda Heinen
Public Health Sanitarian
St. Cloud
320-223-7306
Linda.Heinen@state.mn.us

Report #: 1041231007

Food Establishment Inspection Report



**Minnesota Department of Health
Environmental Health Division
3333 W. Division #212
St. Cloud**

No. of RF/PHI Categories Out	0	Date	05/30/23
No. of Repeat RF/PHI Categories Out	0	Time In	11:00:27
Legal Authority MN Rules Chapter 4626		Time Out	

Park View Assisted Living	Address 613 Montrose Boulevard	City/State Buffalo, MN	Zip Code 55313	Telephone 7636844866
License/Permit # 0038808	Permit Holder	Purpose of Inspection Full	Est Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS=corrected on-site during inspection R= repeat violation

Compliance Status	COS	R	Compliance Status	COS	R
Supervision			Time/Temperature Control for Safety		
1	<input checked="" type="radio"/>		18	<input checked="" type="radio"/>	
IN OUT PIC knowledgeable; duties & oversight			IN OUT N/A N/O Proper cooking time & temperature		
2	<input checked="" type="radio"/>		19	<input checked="" type="radio"/>	
IN OUT N/A Certified food protection manager, duties			IN OUT N/A N/O Proper reheating procedures for hot holding		
Employee Health			Consumer Advisory		
3	<input checked="" type="radio"/>		20	<input checked="" type="radio"/>	
IN OUT Mgmt/Staff;knowledge,responsibilities&reporting			IN OUT N/A N/O Proper cooling time & temperature		
4	<input checked="" type="radio"/>		21	<input checked="" type="radio"/>	
IN OUT Proper use of reporting, restriction & exclusion			IN OUT N/A N/O Proper hot holding temperatures		
5	<input checked="" type="radio"/>		22	<input checked="" type="radio"/>	
IN OUT Procedures for responding to vomiting & diarrheal events			IN OUT N/A Proper cold holding temperatures		
Good Hygienic Practices			Highly Susceptible Populations		
6	<input checked="" type="radio"/>		23	<input checked="" type="radio"/>	
IN OUT N/O Proper eating, tasting, drinking, or tobacco use			IN OUT N/A N/O Proper date marking & disposition		
7	<input checked="" type="radio"/>		24	<input checked="" type="radio"/>	
IN OUT N/O No discharge from eyes, nose, & mouth			IN OUT N/A N/O Time as a public health control: procedures & records		
Preventing Contamination by Hands			Food and Color Additives and Toxic Substances		
8	<input checked="" type="radio"/>		25	<input checked="" type="radio"/>	
IN OUT N/O Hands clean & properly washed			IN OUT N/A Consumer advisory provided for raw/undercooked food		
9	<input checked="" type="radio"/>		Conformance with Approved Procedures		
IN OUT N/A N/O No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			IN OUT N/A Compliance with variance/specialized process/HACCP		
10	<input checked="" type="radio"/>		<div style="border: 1px solid black; padding: 5px;"> <p>Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.</p> </div>		
IN OUT Adequate handwashing sinks supplied/accessibile					
Approved Source					
11	<input checked="" type="radio"/>				
IN OUT Food obtained from approved source					
12	<input checked="" type="radio"/>				
IN OUT N/A N/O Food received at proper temperature					
13	<input checked="" type="radio"/>				
IN OUT Food in good condition, safe, & unadulterated					
14	<input checked="" type="radio"/>				
IN OUT N/A N/O Required records available; shellstock tags, parasite destruction					
Protection from Contamination					
15	<input checked="" type="radio"/>				
IN OUT N/A N/O Food separated and protected					
16	<input checked="" type="radio"/>				
IN OUT N/A Food contact surfaces: cleaned & sanitized					
17	<input checked="" type="radio"/>				
IN OUT Proper disposition of returned, previously served, reconditioned, & unsafe food					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R= repeat violation

Compliance Status	COS	R	Compliance Status	COS	R
Safe Food and Water			Proper Use of Utensils		
30	<input checked="" type="radio"/>		43	<input checked="" type="radio"/>	
IN OUT N/A Pasteurized eggs used where required			In-use utensils: properly stored		
31	<input checked="" type="radio"/>		44	<input checked="" type="radio"/>	
IN OUT Water & ice obtained from an approved source			Utensils, equipment & linens: properly stored, dried, & handled		
32	<input checked="" type="radio"/>		45	<input checked="" type="radio"/>	
IN OUT N/A Variance obtained for specialized processing methods			Single-use/single service articles: properly stored & used		
Food Temperature Control			Utensil Equipment and Vending		
33	<input checked="" type="radio"/>		46	<input checked="" type="radio"/>	
IN OUT Proper cooling methods used; adequate equipment for temperature control			Gloves used properly		
34	<input checked="" type="radio"/>		Physical Facilities		
IN OUT N/A N/O Plant food properly cooked for hot holding			50	<input checked="" type="radio"/>	
35	<input checked="" type="radio"/>		Hot & cold water available; adequate pressure		
IN OUT N/A N/O Approved thawing methods used			51	<input checked="" type="radio"/>	
36	<input checked="" type="radio"/>		Plumbing installed; proper backflow devices		
IN OUT Thermometers provided & accurate			52	<input checked="" type="radio"/>	
Food Identification			Sewage & waste water properly disposed		
37	<input checked="" type="radio"/>		53	<input checked="" type="radio"/>	
IN OUT Food properly labeled; original container			Toilet facilities: properly constructed, supplied, & cleaned		
Prevention of Food Contamination			54	<input checked="" type="radio"/>	
38	<input checked="" type="radio"/>		Garbage & refuse properly disposed; facilities maintained		
IN OUT Insects, rodents, & animals not present			55	<input checked="" type="radio"/>	
39	<input checked="" type="radio"/>		Physical facilities installed, maintained, & clean		
IN OUT Contamination prevented during food prep, storage & display			56	<input checked="" type="radio"/>	
40	<input checked="" type="radio"/>		Adequate ventilation & lighting; designated areas used		
IN OUT Personal cleanliness			57	<input checked="" type="radio"/>	
41	<input checked="" type="radio"/>		Compliance with MCIAA		
IN OUT Wiping cloths: properly used & stored			58	<input checked="" type="radio"/>	
42	<input checked="" type="radio"/>		Compliance with licensing & plan review		
IN OUT Washing fruits & vegetables					

Food Recalls:

Person in Charge (Signature)

Date: 05/30/23

Inspector (Signature)

Linda Zinen