

Electronically Delivered

July 3, 2024

Licensee  
River's Edge  
513 10th Street Southeast  
Hallock, MN 56728

RE: Project Number(s) SL30589015

Dear Licensee:

On July 2, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the May 15, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,



Jessie Chenze, Supervisor  
State Evaluation Team  
Email: [Jessie.Chenze@state.mn.us](mailto:Jessie.Chenze@state.mn.us)  
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

May 30, 2024

Licensee  
River's Edge  
513 10th Street Southeast  
Hallock, MN 56728

RE: Project Number(s) SL30589015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 15, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

### **STATE CORRECTION ORDERS**

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

### **IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH also may impose a

fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

**1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

**CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

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

**REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the

correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

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

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. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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

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

If you have any questions, please contact me.

Sincerely,



Jessie Chenze, Supervisor  
State Evaluation Team  
Email: [jessie.chenze@state.mn.us](mailto:jessie.chenze@state.mn.us)  
Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30589</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/15/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVER'S EDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>513 10TH STREET SE HALLOCK, MN 56728</b>
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0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></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><b>INITIAL COMMENTS:</b></p> <p><b>SL30589015</b></p> <p>On May 13, 2024, through May 15, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were nine residents; seven receiving services under the provider's Assisted Living license.</p> <p>On May 14, 2024, at 4:08 p.m., the immediacy of correction order 1290 was removed, however, non-compliance remained at a scope and level of I.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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 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 evaluators' findings is the Time Period for Correction.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</b></p>	

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

Minnesota Department of Health

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0 485	Continued From page 1	0 485		
0 485 SS=C	<p><b>144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements</b></p> <p>(13) offer to provide or make available at least the following services to residents:            (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:            (A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and            (C) the facility cannot require a resident to include and pay for meals in their contract;            (ii) weekly housekeeping;            (iii) weekly laundry service;</p> <p>This MN Requirement is not met as evidenced by:            Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living contract for two of two residents (R4, R5). This had the potential to affect all residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p>	0 485		

Minnesota Department of Health

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0 485	<p>Continued From page 2</p> <p>The findings include:</p> <p>During the entrance conference on May 13, 2024, at 10:48 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided residents at least two meals per day and the meal plan for two or three meals per day was offered as an addendum to the contract.</p> <p>The licensee's Meal Plan Contract listed the following options: -two meals per day option with snacks for a monthly cost; and -three meals a day with snacks for a monthly cost.</p> <p>R4 and R5's Meal Plan Contracts were both signed and dated July 29, 2021.</p> <p>R4 and R5's Meal Plan Contracts lacked an option for residents to select one meal per day for a monthly cost or opt out of all meals.</p> <p>On May 14, 2024, at 4:13 p.m., LALD/CNS-A stated the licensee wanted to ensure residents were getting at least two meals per day and no resident had ever wanted less than two meals per day offered. LALD/CNS-A further stated the licensee did not offer additional options for residents to choose one meal per day or opt out of all meals.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 485		

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0 630	Continued From page 3	0 630		
0 630 SS=F	<p><b>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</b></p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for two of two residents (R2, 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 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>During the entrance conference on May 13, 2024, at 10:39 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current</p>	0 630		



Minnesota Department of Health

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0 630	<p>Continued From page 4</p> <p>minimum assisted living requirements.</p> <p><b>R2</b> R2 was admitted to the assisted living facility under independent living (R2 did not receive assisted living services from the provider) on February 21, 2024.</p> <p>R2's record contained a Nursing Assessment Form Vulnerability and Safety Assessment dated February 21, 2024. Under the date of February 21, 2024, was a note which read, "Filled out 5/13/24". The form was signed by LALD/CNS-A.</p> <p><b>R3</b> R3 was admitted to the assisted living facility under independent living (R3 did not receive assisted living services from the provider) on February 21, 2024.</p> <p>R3's record contained a Nursing Assessment Form Vulnerability and Safety Assessment dated February 21, 2024. Under the date of February 21, 2024, was a note which read, "Filled out 5/13/24". The form was signed by LALD/CNS-A.</p> <p>R2 and R3's record lacked documentation of a developed IAPP prior to the survey entrance.</p> <p>On May 14, 2024, at 4:12 p.m., LALD/CNS-A stated they completed R2 and R3's IAPPs yesterday after the surveyor requested to review the IAPPs. LALD/CNS-A stated the licensee typically only completed IAPPs for residents that received services, and they were not aware an IAPP was required for residents who did not receive services.</p> <p>The licensee's Content of Client (resident) records policy dated May 5, 2022, indicated the</p>	0 630		

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0 630	<p>Continued From page 5</p> <p>resident record would include the assessment of the client's (resident's) vulnerabilities and whether the client (resident) poses a risk to other vulnerable adults and the client's (resident's) abuse prevention plan which identified the intervention(s) to be implemented to address any of the client's (resident's) vulnerabilities [sic].</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 630		
01290 SS=I	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current employee records contained all the required content to include a background study clearance letter for one of five employees (unlicensed</p>	01290		

Minnesota Department of Health

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01290	<p>Continued From page 6</p> <p>personnel (ULP)-D). In addition, the licensee failed to ensure background studies were affiliated with the correct health facility identification (HFID) for two of five employees. This had the potential to affect all residents living within the facility.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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>This resulted in an immediate correction order on May 14, 2024.</p> <p>On May 13, 2024, at 11:01 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was aware of required contents in an employee record.</p> <p><b>BACKGROUND STUDY CLEARANCE</b></p> <p><b>ULP-D</b> ULP-D was hired on September 1, 2022, to provide direct care services to the residents at the assisted living facility.</p> <p>On May 14, 2024, at 8:24 a.m., the surveyor observed ULP-D provide scheduled morning medication administration to R5. ULP-D was not under direct supervision.</p> <p>ULP-D's employee record lacked a cleared</p>	01290		

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01290	<p>Continued From page 7</p> <p>background study.</p> <p><b>BACKGROUND AFFILIATION</b></p> <p><b>ULP-B</b> ULP-B was hired on August 1, 2022, to provide direct care services to the residents at the assisted living facility.</p> <p>ULP-B's record contained a cleared background study notice issued by the Minnesota Department of Human Services dated September 15, 2016. The background study was affiliated to the assisted living campus hospital with the HFID 312.</p> <p>ULP-B's record lacked documentation of a cleared background study affiliated with the facility's correct HFID.</p> <p><b>REGISTERED NURSE (RN)-C</b> RN-C was licensed as a RN by the Minnesota State Board of Nursing effective June 23, 1998.</p> <p>RN-C was hired on August 1, 2021, under the assisted living license to provide direct care to residents at the facility as an on-call fill-in basis.</p> <p>RN-C's record contained a cleared background study notice issued by the Minnesota Department of Human Services dated July 26, 2019. The background study was affiliated to the assisted living campus hospital with the HFID 312.</p> <p>On May 14, 2024, at 12:55 p.m., the surveyor reviewed the NETStudy 2.0 website and rosters with LALD/CNS-A and human resources (HR)-F. HR-F completed a search for ULP-D on the NETStudy 2.0 website and the results indicated no matching criteria. LALD/CNS-A stated the</p>	01290		

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01290	<p>Continued From page 8</p> <p>licensee had also searched two other active employees for the assisted living with no results found. LALD/CNS-A further stated ULP-B and RN-C's background studies were affiliated with the campus and not the assisted living HFID.</p> <p>On May 14, 2024, at 12:58 p.m., LALD/CNS-A stated the licensee had recalled completing a background study on ULP-D, however, was unable to locate. LALD/CNS-A stated ULP-D was working the day shift alone and ULP-D was not under direct supervision. LALD/CNS-A stated the licensee would not be contacted if ULP-D were to become ineligible to work for other reasons determined by NETStudy 2.0 since ULP-D was not listed. LALD/CNS-A stated the campus HR department was in charge of completing employee background studies.</p> <p>The licensee's Personnel Records policy dated October 1, 2014, indicated personnel record for all non-contracted people would include documentation of a completed criminal background study.</p> <p>Continuous Direct Supervision defined in NETStudy 2.0 System User Manual Updated July 7, 2023, page 7: Continuous, Direct Supervision - An individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program. Direct Contact Services - Providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the entity.</p> <p>Supervision defined in, NETStudy 2.0 System User Manual Updated July 7, 2023, page 53:</p>	01290		

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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
01290	<p>Continued From page 9</p> <p>Supervision Status Study subjects must be under continuous, direct supervision until the study subject is determined eligible or until the entity is notified by DHS that the study subject may provide unsupervised services while the background study is being completed. The supervision status is shown in the "Supervision Required" column for convenience. However, programs are instructed to rely on background study notices for supervision status and other background study determination information.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>Immediacy is removed as confirmed by surveyor supervisor on May 14, 2024, at 4:08 p.m., however, non-compliance remains at a scope and level of three, widespread (I).</p>	01290		
01460 SS=F	<p>144G.63 Subdivision 1 Orientation of staff and supervisors</p> <p>All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide staff orientation to</p>	01460		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30589</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/15/2024</b>
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01460	<p>Continued From page 10</p> <p>assisted living licensing requirements and regulations for one of one employee (registered nurse (RN)-C). This had the potential to affect all nine 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> <p>During the entrance conference on May 13, 2024, at 11:01 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was aware of required contents for an employee record.</p> <p>The licensee had an approved variance issued by the Minnesota Department of Health to allow employees of the connected skilled nursing facility to answer call lights and resident needs from 8:00 p.m. until 6:00 a.m.</p> <p>RN-C was employed at the skilled nursing facility since July 26, 2019, and was a RN available to answer call lights for the residents at the assisted living facility under the licensee's variance.</p> <p>RN-C's employee record lacked documentation to indicate RN-C completed orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents.</p>	01460		

Minnesota Department of Health

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01460	<p>Continued From page 11</p> <p>On May 14, 2024, at 11:47 a.m., LALD/CNS-A stated no employees from the skilled nursing facility had completed orientation to assisted living since the employees only went over to the assisted living if a resident put on their call light. LALD/CNS-A stated the licensee was not aware orientation to assisted living requirements would apply to the skilled nursing facility employees who answered call lights at the assisted living on occasion.</p> <p>The licensee's Assisted Living Orientation policy dated July 16, 2021, indicated all assisted living employees, including those who provide direct care, who provide supervision of direct care, or who provide management services, must complete their (employee) orientation to assisted living requirements before providing assisted living services to clients (residents).</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01460		
01910 SS=D	<p>144G.71 Subd. 22 Disposition of medications</p> <p>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.</p> <p>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state</p>	01910		



Minnesota Department of Health

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01910	<p>Continued From page 12</p> <p>and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of all medications as required for one of one resident (R1) upon discharge.</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 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>During the entrance conference on May 13, 2024, at 10:46 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management services to the residents at the facility.</p> <p>The licensee's undated Discharged or Deceased Resident Roster indicated R1 was admitted to the facility on February 17, 2023, and discharged on December 31, 2023, to a skilled nursing facility.</p>	01910		

Minnesota Department of Health

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01910	<p>Continued From page 13</p> <p>R1's diagnoses included congestive heart failure (CHF) and overactive bladder.</p> <p>R1's service plan dated August 31, 2023, indicated R1 received medication administration services.</p> <p>R1's Medication Administration Record (MAR) dated November 2023, indicated R1 received the following medications:                      -furosemide (for CHF) 40 milligrams (mg) daily                      -metoprolol succinate (for CHF) 50 mg daily                      -Myrbetriq (for overactive bladder) 25 mg daily                      -pantoprazole (for acid reflux) 20 mg daily                      -potassium CL (supplement) 20 milliequivalent (mEq) daily                      -sertraline (for depression) 100 mg daily                      -Eliquis (blood thinner) 5 mg twice daily                      -pregabalin (for nerve pain) 50 mg twice daily                      -Mirapex (for restless leg syndrome) 0.25 mg three times daily                      -Ambien (for insomnia-difficulty falling asleep) 5 mg daily                      -senna plus (for constipation) 50-8.6 mg daily                      -calcium carbonate with vitamin D3 (supplement) 600-400 mg twice daily                      -timolol (for glaucoma) 0.25% one drop in left eye twice daily                      -latanoprost (for glaucoma) 0.005% 1 drop in right eye daily                      -refresh celluvisc (for dry eyes) 1% one drop in each eye four times daily                      -refresh PM ointment (for dry eyes) to both eyes daily</p> <p>R1's prescriber orders dated May 8, 2023, included the above noted medications.</p> <p>R1's record contained a Visit Report dated</p>	01910		

Minnesota Department of Health

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01910	<p>Continued From page 14</p> <p>November 14, 2023, that indicated registered nurse (RN)-F went to the assisted living to grab R1's medications for the hospital to administer.</p> <p>R1's record lacked documentation for the disposition of the following medications to include the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition: -pregabalin 50 mg; and -Ambien 5 mg.</p> <p>On May 15, 2024, at 1:06 p.m., LALD/CNS-A stated R1's pregabalin and Ambien were brought to the hospital for R1 to take. LALD/CNS-A further stated the two medications were not documented on a medication disposition form and both medications should have been.</p> <p>The licensee's Disposition or Disposal of Medication policy dated May 10, 2022, indicated client's (resident's) current medications that are secured or stored by our (licensee) agency will be given to the client (resident) or the client's (resident's) representative when the client's (resident's) medication management services are terminated. Staff will document in the client's (resident's) record (using form 5-605) the rx (prescription) number, drug name, strength, quantity, date given, and the name of the person to whom the medications were given.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01910		



Minnesota Department of Health  
 Food, Pools and Lodging Services  
 PO Box 64975  
 St. Paul, MN 55164-0975  
 651-201-4500

Type: Full  
 Date: 05/14/24  
 Time: 10:45:22  
 Report: 1002241057

# Food and Beverage Establishment Inspection Report

**Location:**

River'S Edge  
 513 10th Street Se  
 Hallock, MN56728  
 Kittson County, 35

**Establishment Info:**

ID #: 0038600  
 Risk:  
 Announced Inspection: Yes

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 2188433662  
 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**

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit  
 Location: SANITIZING WIPES  
 Violation Issued: No

Utensil Surface Temp: = at 160 Degrees Fahrenheit  
 Location: THERMOLABEL - HOBART LXe DISH MACHINE  
 Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: Upright Cooler  
 Temperature: 34 Degrees Fahrenheit - Location: MILK - WHIRLPOOL COOLER  
 Violation Issued: No

Process/Item: Upright Freezer  
 Temperature: 0 Degrees Fahrenheit - Location: AMBIENT TEMP - WHIRLPOOL FREEZER  
 Violation Issued: No

Process/Item: Receiving  
 Temperature: 135 Degrees Fahrenheit - Location: MEATBALLS - FROM MAIN KITCHEN  
 Violation Issued: No

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

This assisted living receives three meals a day from the main campus kitchen and the meals are served to residents at approximately 7:15 am, 11:45 am and 4:45 pm. The meals are plated, covered with an insulated lid and transported in an insulated cambro. The food preparation on site is very limited (toast, snacks, etc.). If a resident cannot be present at a meal time, their plate may be stored in the refrigerator for a short time but is discarded if not consumed within a few hours or by the next meal service.

Type: Full  
Date: 05/14/24  
Time: 10:45:22  
Report: 1002241057  
River'S Edge

# Food and Beverage Establishment Inspection Report

Discussion:

Handwashing

Employee illness

Safe cleaning, sanitizing and warewashing

Thermometer use & calibration

**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 1002241057 of 05/14/24.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Jodee Sugden  
Director

Signed: \_\_\_\_\_



Cassandra Hua  
Public Health Sanitarian III  
218-308-2142  
Cassandra.Hua@state.mn.us