



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 22, 2023

Licensee
Callista Court
1455 West Broadway Street
Winona, MN 55987

RE: Project Number(s) SL20549015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 18, 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

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20549	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2023
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NAME OF PROVIDER OR SUPPLIER CALLISTA COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 1455 WEST BROADWAY STREET WINONA, MN 55987
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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#20549015</p> <p>On May 15, 2023, through May 18, 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 84 active residents; 55 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>	
01890 SS=E	<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</p>	01890		

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

Minnesota Department of Health

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01890	<p>Continued From page 1</p> <p>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 monitor for expired medications for two of two residents (R6, R7) and failed to ensure medications (insulin pen and eye drops) bore a proper label for one of one resident (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) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>On May 16, 2023, at 10:55 a.m. the surveyor reviewed the locked medication storage on the facility's third floor memory care unit, with licensed practical nurse (LPN)-D. LPN-D observed and confirmed the following: -R6's opened tube of Biofreeze 4% gel (used on the skin for muscle pain) expired January 2023; and -R7's opened bottle of Miralax 17 grams (gm) (used for constipation) expired August 2021.</p> <p>LPN-D stated the licensee was working to train the TMA (trained medication assistant) to assist</p>	01890		

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01890	<p>Continued From page 2</p> <p>with medication room/medication cart reviews to regularly audit for medication labels/expiration dates/open dates.</p> <p>On May 16, 2023, at 12:50 p.m. clinical nurse supervisor (CNS)-B stated R7 was a recent admission to the memory care unit; R7's Miralax was only used as needed and must have been brought in by family, but the licensee had not caught the past due expiration date. She stated the Miralax had not been administered since R7's admission.</p> <p>R3 R3's diagnoses included diabetes and macular degeneration.</p> <p>R3's Service Plan With Schedule dated February 10, 2023, included medication administration.</p> <p>R3's Physician Order Report, signed March 1, 2023, included an order for dorzolamide-timolol drops, 2-0.5% - one drop each eye twice daily for macular degeneration.</p> <p>R3's physician order dated April 6, 2023, included to start Lantus (insulin) 24 units SQ (subcutaneous/under the skin) BID (twice a day).</p> <p>On May 16, 2023, at 7:50 a.m. LPN-E was observed preparing R3's medications for administration. The label on R3's dorzolamide-timolol eye drops indicated, one drop in the affected eye(s) twice daily. The surveyor asked LPN-E which eye the drop was to be applied. LPN-E stated R3 received one drop in each eye per the order in the electronic medication record. LPN-E reviewed the dorzolamide-timolol eye drop label and stated it was confusing and would contact the pharmacy</p>	01890		

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01890	<p>Continued From page 3</p> <p>for a new label. When preparing R3's Lantus insulin pen, the surveyor noted there was not a prescription label on the pen, though did indicate R3's name and date opened. LPN-E stated the box the Lantus pen was obtained from had a prescription label, although the pen did not. LPN-E confirmed the box the Lantus pen came from remained in the medication refrigerator.</p> <p>On May 16, 2023, at 1:34 p.m., CNS-B stated they have been requesting R3's pharmacy provide labels for each insulin pen, but they don't always do that; they send them in the box and put the label on the box only. CNS-B confirmed the label on R3's dorzolamide-timolol eye drops was not specific to which eye or eyes the eye drops should be administered in and would reach out to the pharmacy for a new label.</p> <p>The licensee's Storage of Medications policy revised March 3, 2022, indicated: 2. b. Until the medication is set up for immediate or later administration by a nurse, a legend drug must be kept in its original container bearing the original prescription label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration date of time-dated drug, directions for use, client's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		

Type: Full
Date: 05/17/23
Time: 10:01:42
Report: 1009231086

Food and Beverage Establishment Inspection Report

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Location:

Callista Court
1455 West Broadway Street
Winona, MN55987
Winona County, 85

Establishment Info:

ID #: 0038440
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5074570280
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

Ecolab DDBSA/Lactic Acid: = 272/704 at Degrees Fahrenheit
Location: DDBSA/Lactic Acid, thermometer sanitizer
Violation Issued: No

Ecolab DDBSA/Lactic Acid: = 272/704 at Degrees Fahrenheit
Location: DBBSA/Lactic Acid sanitizer bottle
Violation Issued: No

Hot Water: = 172.8 at Degrees Fahrenheit
Location: Dishmachine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Walk-In Cooler
Temperature: 38 Degrees Fahrenheit - Location: Crown Tonka, egg salad, milk
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 37 Degrees Fahrenheit - Location: New Bev. Air top, egg salad
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 38 Degrees Fahrenheit - Location: New Bev. Air top drawer, chicken breast-cooked
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 40 Degrees Fahrenheit - Location: New Bev. Air bottom drawer, beef patty-raw
Violation Issued: No

Type: Full
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Food and Beverage Establishment Inspection Report

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: Turbo Air, sour cream, cream cheese
Violation Issued: No

Process/Item: Receiving
Temperature: 205 Degrees Fahrenheit - Location: From St. Anne's, Cambro, ribs
Violation Issued: No

Process/Item: Receiving
Temperature: 170 Degrees Fahrenheit - Location: From St. Anne's, Cambro, potatoes
Violation Issued: No

Process/Item: Receiving
Temperature: 168 Degrees Fahrenheit - Location: From St. Anne's, Cambro, Soup 1
Violation Issued: No

Process/Item: Receiving
Temperature: 182 Degrees Fahrenheit - Location: From St. Anne's, Cambro, Soup 2
Violation Issued: No

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

DISCUSSION:

Today I was accompanied by Mary Mlynczak and Nolan Henderson. Both Mary and Nolan hold the Certified Food Protection Manager (CFPM) certification.

Mary Mlynczak, FM23872, Exp. 2/27/26
Nolan Henderson, FM109798, Exp. 2/27/25

Due to staffing shortages, foods are cooked at St. Anne's kitchen and brought over in Cambros, temperatures measured and recorded, and immediately placed in the preheated steam table and soup warmers for immediate service.

The kitchen floor has been resurfaced with the same product that was installed in the warewashing room (Eco Grip or ProtectAll).

Please be aware that Norovirus, often thought to be the "stomach flu" continues to be the leading cause of foodborne illness outbreaks. A person who has contracted Norovirus continues to be contagious at least three days after symptoms have subsided. Because of this, it is important to report and record any illnesses, even if staff did not report to work while ill.

Also, to further reduce the risk of transmitting Norovirus and other pathogens that may cause illness, continue to closely monitor handwashing, proper cleaning and sanitizing of equipment and surfaces, and do not allow bare-hand contact with ready-to-eat foods.

Illnesses are reported and recorded. No illnesses have been reported recently. Staff illness records are filed with Infection Control.

I observed excellent handwashing practices and glove use today.

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Food and Beverage Establishment Inspection Report

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Foods come from approved sources. They are checked at receiving for condition and temperatures.

Cooler and freezer temperatures are monitored and logged, as are food cook temperatures. I recommend measuring a food product temperature in the coolers with your calibrated food thermometer as it is difficult to know when an ambient air thermometer loses accuracy.

There are few leftovers, and they are discarded at the end of service. No cooling and reheating for reservice takes place.

Thawing is done in the walk-in cooler. No vacuum packaged fish is currently used in this facility. If vacuum packaged fish is used in the future, please be sure to open the package during thawing to introduce oxygen in order to prevent the possibility of the growth of *Clostridium botulinum*.

I observed excellent date marking practices today.

Foods are properly stored so as to prevent cross-contamination between raw animal foods and ready to eat foods.

Shell eggs are pasteurized.

Staff demonstrate excellent knowledge of safe food handling practices.

Chemicals are stored separate and away from foods and equipment

Plunkett's services the facility for pest management. No signs of pests were seen today.

The facility was found to be very clean and well maintained.

FM109798 Nolan Ryan Henderson 02/27/2022 02/27/2025
FM23872 Mary Luella Mlynczak 09/27/2023 09/27/2026

email to mary.mlynczak@bhshealth.org,

Type: Full
Date: 05/17/23
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Callista Court

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 1009231086 of 05/17/23.

Certified Food Protection Manager: Nolan Henderson

Certification Number: FM109798 Expires: 02/27/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Mary Mlynczak

Signed: Lesli Haines

Lesli Haines, RS/REHS
Public Health Sanitarian III
Rochester District Office
507-206-2745
lesli.haines@state.mn.us