



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 9, 2024

Licensee
Lifecare Medical Center
201 10th Street Southeast
Roseau, MN 56751

RE: Project Number(s) SL30496016

Dear Licensee:

On June 18, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on March 27, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the March 27, 2024 survey.

The Department of Health 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.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on March 27, 2024, found not corrected at the time of the June 18, 2024, follow-up survey and/or subject to penalty assessment are as follows:

- 0510-Infection Control Program-144g.41 Subd. 3**
- 1420-Delegation Of Assisted Living Services-144g.62 Subd. 2**
- 1640-Service Plan, Implementation And Revisions To-144g.70 Subd. 4 (a-E)**
- 1650-Service Plan, Implementation And Revisions To-144g.70 Subd. 4 - \$500.00**
- 1940-Individualized Treatment Or Therapy Managemen-144g.72 Subd. 3**

The details of the violations noted at the time of this follow-up survey completed on June 18, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. 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.

IMPOSITION OF FINES:

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.

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.

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.

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.

We urge you to review these orders carefully. If you have questions, please contact Jessie Chenze at 218-332-5175.

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

Sincerely,



Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us

Lifecare Medical Center
July 9, 2024
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Telephone: 218-332-5175 Fax: 1-866-890-9290

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30496	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/18/2024
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NAME OF PROVIDER OR SUPPLIER LIFECARE MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 10TH STREET SE ROSEAU, MN 56751
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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. 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: SL30496015-1</p> <p>On June 17, 2024, through June 18, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on March 27, 2024. At the time of the survey, there were 37 residents; 24 receiving services under the Assisted Living license. As a result of the follow-up survey, the following orders were reissued.</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>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 SUBDIVISION 1-3.</p>	
{0 510} SS=D	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and</p>	{0 510}		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{0 510}	<p>Continued From page 1</p> <p>maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure infection control standards were followed by one of two unlicensed personnel (ULP)-F while providing direct care to a resident (R4).</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-F was hired on September 1, 2022, to provide direct care services to the facility's residents.</p> <p>ULP-F's employee record indicated ULP-F had received annual competency training to include handwashing on June 26, 2023.</p>	{0 510}		
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{0 510}	<p>Continued From page 2</p> <p>On June 18, 2024, at 9:09 a.m., the surveyor observed ULP-F apply hand sanitizer and gloves. ULP-F collected a urine leg bag (short term urine collection bag) and cleaned the end of the tubing on the leg bag with an alcohol pad. ULP-F placed a basin near her and worked on removing a "panduit"(cable tie/zip tie) from R4's catheter (tube placed in the body to drain and collect urine from the bladder) urine bed bag (overnight/long term, urine collection container/bag). Once ULP-F removed the hose from R4's bed bag ULP-F attached the hose to R4's leg bag. ULP-F put the bed bag into a nearby basin. ULP-F picked up a compression stocking (TED) off the floor and applied the TED to R4's left leg. ULP-F attached a strap around R4's left leg to secure the leg bag. ULP-F then asked ULP-I to hand her "the urinal thingy" (graduate/container with measurements on the side). ULP-F opened the bottom of the leg bag and ran her gloved hand down the leg bag in attempts to remove the air from the leg bag. ULP-F applied R4's right TED. The surveyor did not observe ULP-F perform hand hygiene after performing catheter care and before applying R4's TEDs.</p> <p>On June 18, 2024, at 9:31 a.m., ULP-F stated ULP-I put R4's TEDs and sleeve on the floor, "so, I just went with it." ULP-F said that she normally puts the TEDS and arm sleeve "here," motioning to her upper arm. ULP-F stated her normal routine was to first put on the sleeve, then the TEDs and then do catheter care. ULP-F said she was not sure why she did it (cares/application) this way, adding she was nervous and training a new staff. ULP-F confirmed she should have performed hand hygiene after doing catheter care and prior to R4's TED application.</p>	{0 510}		
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{0 510}	<p>Continued From page 3</p> <p>On June 18, 2024, at 9:56 a.m., clinical nurse supervisor (CNS)-C stated her expectations were that hand hygiene/glove changing, should have been performed between dirty (catheter) and clean (TED application) tasks. CNS-C added it was ok to place R4's TEDs and arm sleeve on the floor as it was R4's floor. CNS-C added she "thought" it was ULP-I's second day working on the floor/shadowing. CNS-C confirmed it was important to train new staff in the correct methods.</p> <p>The licensee's Handwashing policy dated May 30, 2024, noted handwashing shall be performed between resident cares and whenever direct physical contact of resident takes place. Use of gloves does not replace hand washing. hands should be washed or decontaminated:</p> <ul style="list-style-type: none"> -before and after direct contact with a client (resident) -if moving from a contaminated-body site to a clean-body site during client care -after contact with environmental surfaces or equipment in the immediate vicinity of the client -after removing gloves or gowns -before eating and after using a restroom. <p>No further information provided.</p>	{0 510}		
{01420} SS=D	<p>144G.62 Subd. 2 Delegation of assisted living services</p> <p>(b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the</p>	{01420}		

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{01420}	<p>Continued From page 4</p> <p>procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide complete written instructions in the resident record for delegated tasks for one of two residents (R4) for catheter care (a tube inserted into the bladder, allowing urine to drain freely).</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>R4's diagnoses included sarcoidosis (disease involving abnormal collections of inflammatory cells that form lumps known as granulomata), age-related osteoporosis, fibromyalgia (widespread musculoskeletal pain accompanied by fatigue), weakness, obstructive sleep apnea, diabetes, and Parkinson's disease (disorder affecting movement, often including tremors.)</p>	{01420}		
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{01420}	<p>Continued From page 5</p> <p>R4's service plan dated May 1, 2024, included: AM (morning) cares assist: -empty, change, and clean catheter bag: -empty bedside/leg bag (short term urine collection) during AM/ HS (hour of sleep) cares (bags should also be emptied when half full) -if output is needed, place a clean paper towel beneath a graduate container (container with measurements) and empty contents into container being careful to not allow the outlet valve to touch the container, then measure output and record -removed the bag by disconnecting the catheter tube with a twisting motion. Do not pull on the catheter. Place on a clean paper towel -removed gloves, perform hand hygiene, and don clean gloves -clean the tip of the catheter tubing and the connections of the clean bedside/leg bag prior to connecting by rubbing with alcohol wipe for five seconds each and allow to air dry. Connect the clean bag. Never leave the Foley (catheter) unconnected beyond the time it takes to switch bags. -follow manufacturer's instructions for cleaning urinary bag outlet valve -straps will be discarded when soiled and with catheter changes.</p> <p>On June 18, 2024, at 9:09 a.m., the surveyor observed ULP-F collect a urine leg bag and clean the end of the tubing on the leg bag with an alcohol pad. ULP-F placed a basin near her and worked on removing a "panduit"(cable tie/zip tie) from R4's catheter urine bed bag (overnight/long term, urine collection container/bag). ULP-F stated a panduit was used to secure R4's catheter hose to prevent leaking. ULP-F asked ULP-I to hand her a scissors to remove the panduit attached to R4's adding "it" (panduit) was</p>	{01420}		
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{01420}	<p>Continued From page 6</p> <p>on "pretty tight." ULP-F added she tries to get the panduit off without cutting it.</p> <p>R4's record lacked evidence of specific written instructions for the ULP to follow regarding the use of a panduit during catheter care.</p> <p>On June 18, 2024, at 9:58 a.m., R4's record was reviewed with clinical nurse supervisor (CNS)-C. CNS-C stated R4's record did not include specific instructions for R4's catheter care to include the use of a "zip tie." CNS-C stated a panduit was another name for a zip tie. CNS-C added R4 stated the catheter leaks at times so R4 requested a zip tie be used.</p> <p>The licensee's undated Delegation of Nursing Tasks policy noted the RN (registered nurse) or authorized Licensed Health Professional must develop written specific instructions for each resident and document those instructions in the resident's record.</p> <p>No further information was provided.</p>	{01420}		
{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.</p> <p>(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 resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services</p>	{01640}		

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{01640}	<p>Continued From page 7</p> <p>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 service plans were revised to include provided services for one of two residents (R7).</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>R7's diagnoses included hypertension (HTN/high blood pressure.)</p> <p>R7's service plan dated April 23, 2024, indicated R7 received the following service: AM (morning) cares assist -assist with arm sleeve (skin protection) and compression stockings (TEDs). Making sure no wrinkles in garments. Please notify nurse if</p>	{01640}		
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{01640}	<p>Continued From page 8</p> <p>resident complains if the sleeves or stockings are too tight. Assist with shoes and socks as action increases shoulder pain and fatigue.</p> <p>R7's record included, service checkoff list, dated June 1, 2024, through June 14, 2024: -AM cares assist.</p> <p>R7's prescriber's order dated April 8, 2024, included: -knee brace, daily, indicated for compression.</p> <p>On June 18, 2024, at 8:21 a.m., the surveyor observed ULP-F assist R7 with arm sleeve and TEDs. ULP-F applied a knee brace to R7's right knee.</p> <p>On June 18, 2024, R7's service plan was reviewed with clinical nurse supervisor (CNS)-C. CNS-C stated "I" don't have the knee brace on R7's service plan. CNS-C added she was not aware if R7 wore the knee brace all the time, adding R7 was receiving physical therapy. CNS-C confirmed R7's service plan was not updated as required.</p> <p>The licensee's undated Contents of Service Plans policy noted all assisted living residents have an up-to date service plan identifying services to be provided based on the assessment by the RN (registered nurse) and/or other licensed health professional. Service plans were reviewed and revised as needed based upon on-going resident assessment.</p> <p>No further information was provided.</p>	{01640}		
{01650} SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to	{01650}		

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{01650}	<p>Continued From page 9</p> <p>(f) The service plan must include:</p> <p>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;</p> <p>(2) the identification of staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring assessments of the resident;</p> <p>(4) the schedule and methods of monitoring staff providing services; and</p> <p>(5) a contingency plan that includes:</p> <p>(i) the action to be taken if the scheduled service cannot be provided;</p> <p>(ii) information and a method to contact the facility;</p> <p>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</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 included the required content for one of one resident (R7).</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>	{01650}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30496	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/18/2024
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NAME OF PROVIDER OR SUPPLIER LIFECARE MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 10TH STREET SE ROSEAU, MN 56751
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{01650}	<p>Continued From page 10</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 of the residents).</p> <p>The findings include:</p> <p>R7's diagnoses included hypertension (HTN/high blood pressure.)</p> <p>R7's service plan dated April 23, 2024, indicated R7 received the following service: AM (morning) cares assist, medication setup, bathing/shower assist, nail care/foot care, vital sign monitoring, and housekeeping services.</p> <p>On June 18, 2024, at 8:21 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R7 with arm sleeve and TEDs. ULP-F applied a knee brace to R7's right knee.</p> <p>On June 18, 2024, at 9:48 a.m., the surveyor reviewed R7's service plan with clinical nurse supervisor (CNS)-C. R7's service plan included: -ULP/CNAs (certified nursing assistant) will complete all E-learning (electronic) and complete all competencies/delegated tasks during orientation. After initial education, ULP/CNS's will have yearly and as needed education and training.</p> <p>Directly after the review of R7's service plan with CNS-C, CNS-C confirmed R7's service plan did not include the required statement regarding the method and monitoring of staff providing services. CNS-C stated all of the service plans were the same, as same template was used for all residents.</p>	{01650}		

Minnesota Department of Health

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{01650}	Continued From page 11 The licensee's undated Contents of Service Plans policy noted service plans would include: schedule and methods of monitoring staff providing services. No further information was provided.	{01650}		
{01940} SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any	{01940}		

Minnesota Department of Health

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{01940}	<p>Continued From page 12 changes.</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 treatment or therapy management plan to include all required content for one of two residents (R7) who had treatments managed by the facility.</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>During the initial entrance conference on March 25, 2024, at 12:05 p.m., registered nurse (RN)-B and licensed living director (LALD)-A confirmed the licensee provided treatment and therapy services to residents.</p> <p>R7's diagnoses included hypertension (HTN/high blood pressure), heart failure, and adult failure to thrive.</p> <p>R7's service plan dated April 23, 2024, indicated R7 received the following service: AM (morning) cares assist -assist with arm sleeve and compression stockings (TEDs). Making sure no wrinkles in garments. Please notify nurse if resident complains of the sleeves or stockings are too</p>	{01940}		
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{01940}	<p>Continued From page 13</p> <p>tight. Assist with shoes and socks as action increases shoulder pain and fatigue.</p> <p>R7's prescriber's order dated April 8, 2024, included: -knee brace, daily, indicated for compression.</p> <p>On June 18, 2024, at 8:21 a.m., the surveyor observed ULP-F assist R7 with arm sleeve and TEDs. ULP-F applied a knee brace to R7's right knee.</p> <p>R7's record included, service checkoff list, dated June 1, 2024, through June 14, 2024: -AM cares assist.</p> <p>On June 18, 2024, at 9:50 a.m., R7's record was reviewed with clinical nurse supervisor (CNS)-C. CNS-C stated "I" don't have the knee brace on R7's service plan and the instructions for the knee brace would have been on the service plan. CNS-C added she was not aware if R7 wore the knee brace all the time, adding R7 was receiving physical therapy. CNS-C confirmed R7's record did not contain specific instructions for all treatments as required.</p> <p>The licensee's undated Individualized Medication, Treatment & Therapy Management Plans policy noted the RN (registered nurse) would develop a treatment and therapy management plan for each resident receiving treatment and/or therapy management services. The treatment and therapy management plan included: -statement of the type of service(s) provided -documentation of specific resident instructions relating to the treatments and/or therapy administration -procedures for notifying a RN or appropriate licensed health professional when a problem</p>	{01940}		
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{01940}	<p>Continued From page 14</p> <p>arises with treatments and/or therapy services -resident-specific requirement relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment and/or therapy to prevent possible complications or adverse reactions.</p> <p>No further information was provided.</p>	{01940}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 17, 2024

Licensee
Lifecare Medical Center
201 10th Street Southeast
Roseau, MN 56751

RE: Project Number(s) SL30496016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 27, 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:

St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services = \$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 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,

A handwritten signature in black ink that reads "Jessie Chenze". The signature is written in a cursive, flowing style.

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

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30496	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2024
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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 SL30496016 On March 25, 2024, through March 27, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 35 residents; 22 receiving services under the Assisted Living license.</p> <p>An immediate correction order was identified on March 26, 2024, issued for SL30496015, tag identification 2310.</p> <p>On March 27, 2024, the immediacy of correction order 2310 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 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>	
0 250 SS=F	<p>144G.20 Subdivision 1 Conditions</p> <p>(a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a</p>	0 250		

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

Minnesota Department of Health

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0 250	<p>Continued From page 1</p> <p>result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility:</p> <p>(1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules;</p> <p>(2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services;</p> <p>(3) performs any act detrimental to the health, safety, and welfare of a resident;</p> <p>(4) obtains the license by fraud or misrepresentation;</p> <p>(5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter;</p> <p>(6) denies representatives of the department access to any part of the facility's books, records, files, or employees;</p> <p>(7) interferes with or impedes a representative of the department in contacting the facility's residents;</p> <p>(8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1;</p> <p>(9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department;</p> <p>(10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter;</p> <p>(11) refuses to initiate a background study under</p>	0 250		

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0 250	<p>Continued From page 2</p> <p>section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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>During the entrance conference on March 25, 2024, at 11:49 a.m., licensed assisted living</p>	0 250		

Minnesota Department of Health

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0 250	<p>Continued From page 3</p> <p>director (LALD)-A stated the licensee's employees in charge of the facility were familiar with the assisted living regulations and the licensee provided medication and treatment management services.</p> <p>The licensee's "Application for Assisted Living License", section titled "Official Verification of Owner or Authorized Agent", (page four and five of the application), identified, "I certify I have read and understand the following:" [a check mark was placed before each of the following]:</p> <ul style="list-style-type: none"> - I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17. - I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which 	0 250		
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Minnesota Department of Health

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0 250	<p>Continued From page 4</p> <p>may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices.</p> <p>- I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license.</p> <p>- I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract.</p> <p>- I have examined this application and all</p>	0 250		
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0 250	<p>Continued From page 5</p> <p>attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required.</p> <p>- I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable.</p> <p>Page five was electronically signed by LALD-A on September 28, 2023.</p> <p>The licensee had an assisted living license, effective November 1, 2023, with an expiration date of October 31, 2024.</p> <p>The licensee failed to ensure the following policies and procedures were developed and/or implemented:</p> <ul style="list-style-type: none"> -orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; -infection control practices -conducting and handling background studies on employees; -conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate -medication and treatment management -delegation of tasks by registered nurses or licensed health professionals 	0 250		
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0 250	<p>Continued From page 6</p> <p>-supervision of unlicensed personnel performing delegated tasks.</p> <p>On March 27, 2024, at 12:37 p.m., during an interview with LALD-A and CNS-C they confirmed the licensee provided medication management services, followed infection control practices, provided training and competency evaluations of staff, but failed to implement the corresponding policies and procedures as required.</p> <p>As a result of this survey, the following orders were issued 0510, 630, 0650, 0680, 0730, 1290, 1370, 1380, 1420, 1500, 1620, 1640, 1650, 1700, 1750, 1760, 1790, 1880, 1890, 1940, 1950, 1970, and 2310, indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 250		
0 510 SS=D	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p>	0 510		

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0 510	<p>Continued From page 7</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure infection control standards were followed by one of one unlicensed personnel (ULP)-H while providing direct care to 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 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-H was hired on August 11, 2014, to provide direct care services to the facility's residents.</p> <p>ULP-H's employee record indicated ULP-H had received annual competency training to include handwashing on June 1, 2023.</p> <p>On April 26, 2024, at 9:12 a.m., the surveyor observed ULP-H apply hand sanitizer and gloves. ULP-H combed R4's hair, dried R4's feet and in-between R4's toes. ULP-H removed the hose from catheter (tube placed in the body to drain and collect urine from the bladder) urine bed bag (overnight/long term, urine collection container/bag). ULP-H cleaned the tip of the hose of urine leg bag (short term urine collection bag) with an alcohol pad and attached the catheter</p>	0 510		
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0 510	<p>Continued From page 8</p> <p>hose to the leg bag. ULP-H put the bed bag into a nearby basin. ULP-H removed her gloves. The surveyor did not observe ULP-H perform hand hygiene. ULP-H applied right compression stocking (TED) to R4's leg and attached a band to R4's left leg to secure the leg bag. ULP-H assisted R4 onto R4's bed and applied gloves. ULP-H used wipes to clean R4's abdomen folds and applied ointment to skin. ULP-H picked up the urine bed bag from the basin and took it to the bathroom to clean it.</p> <p>On April 26, 2024, at 9:32 a.m., ULP-H stated when she is "talking" she sometimes forgets to perform hand hygiene adding she should have performed hand hygiene between cares.</p> <p>On April 26, 2024, at 10:16 a.m., registered nurse (RN)-B stated her expectations were that hand hygiene should have been performed during cares, and before glove changes, adding, "you are touching a dirty bag."</p> <p>The licensee's undated Handwashing policy noted handwashing shall be performed between resident cares and whenever direct physical contact of resident takes place. Use of gloves does not replace hand washing. hands should be washed or decontaminated: -before and after direct contact with a client (resident) -if moving from a contaminated-body site to a clean-body site during client care -after contact with environmental surfaces or equipment in the immediate vicinity of the client -after removing gloves or gowns -before eating and after using a restroom.</p> <p>No further information provided.</p>	0 510		

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0 510	Continued From page 9 TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 630 SS=F	<p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</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 observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include the required content for three of three residents (R2, R4, R5).</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>	0 630		

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0 630	<p>Continued From page 10</p> <p>R2 R2's diagnoses include moderate persistent asthma (inflammatory disease of the airways of the lung), diabetes, and PE/DVT (pulmonary embolism/deep vein thrombosis, involving the formation of a blood clot in a deep vein) of right leg, and history of CVA (cerebrovascular accident: stroke/ blood flow to a part of the brain is stopped either by a blockage or the rupture of a blood vessel.)</p> <p>R2's service plan dated January 2, 2023, indicated the resident received services which included medication administration and medication set-up.</p> <p>On March 26, 2024, at 7:28 a.m., the surveyor observed unlicensed personnel (ULP)-G enter R2's room to administer R2's morning medication.</p> <p>R2's Vulnerability/Safety Assessment dated January 4, 2024, included: -resident is considered vulnerable, but there are no signs of abuse or neglect -able to report abuse.</p> <p>R2's record did not include an individual abuse prevention plan which assessed the resident's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to the resident and other vulnerable adults.</p> <p>R4 R4's diagnoses included sarcoidosis (disease involving abnormal collections of inflammatory cells that form lumps known as granulomata), age-related osteoporosis, fibromyalgia (widespread musculoskeletal pain accompanied</p>	0 630		

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0 630	<p>Continued From page 11</p> <p>by fatigue), weakness, obstructive sleep apnea, diabetes, and Parkinson's disease (disorder affecting movement, often including tremors.)</p> <p>R4's service plan dated January 2, 2023, indicated the resident received services which included toileting assist, medication set-up, escorts, assist with morning and evening cares to include suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow) dressing and cleaning catheter bag.</p> <p>On April 26, 2024, at 9:12 a.m., the surveyor observed ULP-H apply a right compression stocking (TED) to R4's leg.</p> <p>R4's Vulnerability/Safety Assessment dated November 13, 2023, included: -resident is considered vulnerable, but there are no signs of abuse or neglect -able to report abuse.</p> <p>R4's record did not include an individual abuse prevention plan which assessed the resident's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to the resident and other vulnerable adults.</p> <p>R5 R5's was admitted on September 21, 2023, and was not receiving services.</p> <p>R5's housing contract/resident agreement was dated September 2, 2023.</p> <p>R5's Vulnerability/Safety Assessment dated September 21, 2023, included:</p>	0 630		

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0 630	<p>Continued From page 12</p> <p>-resident is considered vulnerable, but there are no signs of abuse or neglect -able to report abuse.</p> <p>R5's record did not include an individual abuse prevention plan which assessed the resident's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to the resident and other vulnerable adults.</p> <p>On March 26, 2024, at approximately 3:30 p.m., registered nurse (RN)-B stated she was not able to find on R2 or R4's assessments the resident's risk of abusing others on the assessments.</p> <p>On March 27, 2024, at 11:01 a.m., clinical nurse supervisor (CNS)-C said the template used by the licensee on the abuse assessment did not include the required information. CNS-C confirmed none of the resident's abuse assessments included the required information.</p> <p>The licensee's undated Vulnerable Adult Maltreatment policy noted each resident in the assisted living will have a written individualized abuse prevention plan by day 14 after move-in or receipt of services. The plan will be based upon an individualized review or assessment of the residents: -susceptibility to abuse by another individual, including other vulnerable adults -risk of abusing other vulnerable adults the plan would include: -resident's potential to abuse another individual/vulnerable adult -resident's risk of abusing other vulnerable adults -interventions to minimize the risk of abuse to the resident and other vulnerable adults.</p>	0 630		

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0 630	Continued From page 13 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 650 SS=D	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 observation, interview, and record review, the licensee failed to ensure employee records contained required content for one of three employees (unlicensed personnel (ULP-D)).	0 650		

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0 650	<p>Continued From page 14</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-D was hired on October 16, 2023, to provide direct care services to the facility's residents.</p> <p>On March 26, 2024, at approximately 6:30 a.m., the surveyor observed ULP-D talking to ULP-G and ULP-H.</p> <p>On March 26, 2024, at 6:45 a.m., the surveyor observed ULP-D clock out for the shift and exit the facility.</p> <p>R2's medication administration record dated March 15, 2024, through March 17, 2024, indicated ULP-D gave R2 her 8:00 p.m., medication and checked R2's blood glucose level (used a lancet (small needle used to poke the skin [usually on a finger] to get a small drop of blood). The blood sample is put onto a blood glucose testing strip which had been inserted into the blood glucose meter (device that will test blood sample to determine blood glucose level).</p> <p>ULP-D's employee record included New Employee Orientation Checklist dated October 16, 2023, authenticated by licensed assisted living director (LALD)-A. The form included employee signature and RN (registered nurse) signature lines which were both blank. In addition,</p>	0 650		
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0 650	<p>Continued From page 15</p> <p>the form included the following topic lines: Nursing/Aide Orientation: -resident's service plans -on-call RN -emergency procedures (911) -documentation (observing, reporting client (resident) status and care of services provided) -staff and resident communication -maintaining clean, safe, and healthy environment -basic elements of body functioning and changes that must be reported -physical, emotional, and developmental needs of clients, and ways to work with clients and their families -copy of any license (s) Which were all blank.</p> <p>On April 26, 2024, at approximately 4:30 p.m., LALD-A stated ULP-D's record should have been completed and LALD-A confirmed the form was not authenticated by a RN.</p> <p>On April 27, 2024, at 10:14 a.m., clinical nurse supervisor (CNS)-C stated ULP-D's New Employee Orientation Checklist was completed and was not authenticated as required. CNS-C said ULP-D completed the required training with ULP-D.</p> <p>The licensee's undated Training Documentation policy noted a record of staff training and competency would be maintained. Each competency evaluation, training, retraining, and orientation topic would have the following: -instructor's signature -evaluator statement attesting the employee successfully completed the training and competency evaluation -staff person's signature.</p>	0 650		
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0 650	Continued From page 16 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have a written emergency preparedness plan (EPP) posted in a</p>	0 680		

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0 680	<p>Continued From page 17</p> <p>prominent area and developed with all the required content. This had the potential to affect all residents, staff and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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 March 25, 2024, at 12:25 p.m., during a tour of the facility with licensed assisted living director (LALD)-A, the surveyor observed an emergency binder in the entry of the facility.</p> <p>On March 25, 2024, at 3:01 p.m., the emergency binder located in the entry way was reviewed with EPP Coordinator (EPPC)-F. EPPC-F confirmed the binder contained information for fire and tornado emergencies only.</p> <p>On March 25, 2024, at 3:29 p.m., LALD-A stated the facility has the "start of it" (EPP) LALD-A added she had been working on the EPP in her office.</p> <p>The licensee's EPP last reviewed November 22, 2023, failed to include the following:</p> <ul style="list-style-type: none"> - a missing resident plan that was reviewed quarterly - a description of the population served by the licensee. <p>On March 25, 2024, at 3:37 p.m., EPPC-F</p>	0 680		
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0 680	<p>Continued From page 18</p> <p>confirmed the facility's EPP did not contain all the required information. EPPC-F said she was not aware of the requirement the missing person policy was to be reviewed quarterly.</p> <p>On March 25, 2024, at 3:45 p.m., EPPC-F stated there were three or four other binders that contained parts of the facilities EPP. EPPC-F added they would consolidate the binders. In addition, EPPC-F stated the licensee would work on updating their EPP policies.</p> <p>The licensee's undated Emergency Operations Plan policy noted the Director of Emergency Medical Services (Emergency Preparedness Coordinator) and the Emergency Preparedness Committee were responsible for developing, implementing and monitoring all aspects of the Emergency Operations Program at LifeCare Medical Center, including mitigating, preparedness, response and recovery.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		
0 730 SS=D	<p>144G.43 Subd. 3 Contents of resident record</p> <p>Contents of a resident record include the following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service</p>	0 730		

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0 730	<p>Continued From page 19</p> <p>providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	0 730		
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0 730	<p>Continued From page 20</p> <p>licensee failed to ensure the resident record included the required content for one of three residents (R1).</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>R1's diagnosis included sleep apnea, coronary atherosclerosis of unspecified type of vessel (narrowing of the arteries close to the heart), gastro-esophageal reflux disease (GERD- where stomach content persistently and regularly flows up into the esophagus, obesity, hypertension (HTN/high blood pressure), and diabetes.</p> <p>R1's Modifications to The Service Agreement form dated November 16, 2023, included: -three and four medication administrations and medication set up, (TID) three times daily and as needed (PRN).</p> <p>R1's Medication Sheet dated November 14, 2023, through November 30, 2023, included the following medication as set-up: -prilosec (GERD) OTC (over the counter) 20 milligrams (mg) daily -senna-s (constipation) 8.6-50 mg twice daily -lomotil (loose stools) 2.50-0.25 mg daily -metformin (diabetes) 1000 mg daily -multi vitamin (supplement) daily -naproxen (pain) 500 mg daily</p>	0 730		
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0 730	<p>Continued From page 21</p> <ul style="list-style-type: none"> -provastation sodium (cholesterol) 20 mg daily -gabapentin (nerve pain) 100 mg daily -iron (supplement) 325 mg daily -lasix (edema/heart) 20 mg daily -aspirin (heart health) 81 mg daily -coreg (HTN) 12.5 mg daily -cozaar (HTN) 50 mg daily. <p>R1's prescriber's order dated November 17, 2023, included the above medications.</p> <p>R1's Medication Disposition/Disposal Record dated November 16, 2023, included:</p> <ul style="list-style-type: none"> -isosorbide 30, quantity 17 -losarten 100 mg, quantity 6 -gabapentin 300 mg, quantity 14 -carvedilol, quantity 56. <p>R1's record lacked to include a complete medication disposition/disposal record.</p> <p>On March 26, 2024, at 10:21 a.m., clinical nurse supervisor (CNS)-C stated she could not remember for sure. "I know I counted all her (R1's) medications when she (R1) left and destroyed them (medication.) CNS-C added R1 had only been at the facility for two weeks and it "was a whirl wind." The surveyor and registered nurse (RN)-B reviewed R1's medication set-up sheet for November 14, 2023, through November 30, 2023, RN-B stated "for some reason" all the medications that had been set up for R1 were not on the destroyed list.</p> <p>On March 27, 2024, at 11:09 a.m., CNS-C stated she knows she went through each of R1's medication and wrote them in R1's record. CNS-C added she should have stapled the two pages together. CNS-C confirmed R1's record was missing required documentation.</p>	0 730		
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0 730	<p>Continued From page 22</p> <p>The licensee's undated Disposition or Disposal of Medication policy noted staff would document in the client's (resident's) record the name of the person to whom the medications were given, the person to whom the medication were given, the time and date, the name of each medication and the amount of medication remaining.</p> <p>The licensee's Content of Client (resident) Records policy dated June 1, 2026, noted the resident's record was a legal document. Information would not be removed or destroyed prior to the required retention date. Original entries would not be covered or deleted.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 730		
01290 SS=E	<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>	01290		

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01290	<p>Continued From page 23</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was affiliated with the assisted living license for two of five employees, (clinical nurse supervisor (CNS)-C, unlicensed personnel (ULP)-D).</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 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>CNS-C CNS-C obtained her RN license on July 27, 2015. CNS-C was hired by the licensee on August 11, 2014, to provide supervision of staff and direct care services to the residents.</p> <p>On March 25, 2024, during the entrance conference at 11:50 a.m., licensed assisted living director (LALD)-A identified CNS-C as the CNS for the facility.</p> <p>CNS-C's record lacked documentation of a background study affiliated with the facility's license. CNS-C's record included a background study for another license, 579, which is under the same ownership.</p>	01290		
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01290	<p>Continued From page 24</p> <p>ULP-D ULP-D was hired on October 16, 2023, to provide direct care services to the facility's residents.</p> <p>On March 26, 2024, at approximately 6:30 a.m., the surveyor observed ULP-D talking to ULP-G and ULP-H.</p> <p>On March 26, 2024, at 6:45 a.m., the surveyor observed ULP-D clock out for the shift and exit the facility.</p> <p>R2's medication administration record dated March 15, 2024, through March 17, 2024, indicated ULP-D gave R2 her 8:00 p.m., medication and checked R2's blood glucose level (used a lancet (small needle used to poke the skin [usually on a finger] to get a small drop of blood). The blood sample is put onto a blood glucose testing strip which had been inserted into the blood glucose meter (device that will test blood sample to determine blood glucose level).</p> <p>ULP-D's record lacked documentation of a background study affiliated with the facility's license. ULP-D's record included a background study for another license, 579, which is under the same ownership.</p> <p>On March 27, 2024, at 9:06 a.m., the surveyor reviewed employee's background studies with licensed assisted living director (LALD)-A. LALD-A stated the licensee missed two background studies "for this site." LALD-A confirmed CNS-C and ULP-D's background studies were not affiliated with HFID 30496.</p> <p>The licensee's Background Screening/Fingerprinting/Reference Checks policy dated July 2012, noted background studies</p>	01290		

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01290	<p>Continued From page 25</p> <p>would be conducted on all employees of LifeCare Medical Center. All job offers and continued employment are contingent upon successful completion of the pre-employment screening process and individuals would not be allowed to begin work or volunteer service until the background check process had been successfully completed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290		
01370 SS=F	<p>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</p> <p>(a) Training and competency evaluations for all unlicensed personnel must include the following:</p> <ul style="list-style-type: none"> (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; 	01370		

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01370	<p>Continued From page 26</p> <p>(9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure competency evaluations were completed as required prior to providing direct care to residents for one of one unlicensed personnel (ULP)-D).</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 March 25, 2024, at 12:09 p.m., licensed assisted living director (LALD)-A and registered nurse (RN)-B</p>	01370		
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01370	<p>Continued From page 27</p> <p>stated new employees were required to take all required training through Relias (online education courses) and skills were completed within 30 days. LALD-A and RN-B stated newly hired staff shadow other ULPs and the nurse (clinical nurse supervisor (CNS)-C) "catches them before they (new ULP) are "let go on their own."</p> <p>ULP-D had a hire date of October 16, 2023, to provide direct care services to the facility's residents.</p> <p>On March 26, 2024, at 6:45 a.m., the surveyor observed ULP-D clock out for the shift and exit the facility.</p> <p>R2's medication administration record dated March 15, 2024, through March 17, 2024, indicated ULP-D gave R2 her 8:00 p.m., medication and checked R2's blood glucose level (used a lancet (small needle used to poke the skin [usually on a finger] to get a small drop of blood). The blood sample is put onto a blood glucose testing strip which had been inserted into the blood glucose meter (device that will test blood sample to determine blood glucose level).</p> <p>On March 27, 2024, at 10:22 a.m., CNS-C said new staff are hired and after Relias training was completed, the new staff shadow with another ULP. CNS-C said newly hired staff first watch and then are able to participate with cares and skills with other ULPs as they are comfortable. CNS-C added, "I" (CNS-C) try to do them (supervise/competencies) as soon as possible and then yearly go through the skills with ULPs. CNS-C stated newly hired ULPs "never do" (complete) cares alone as there is another ULP working with them during their first 30 days. CNS-C stated she meets with them and goes</p>	01370		

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01370	<p>Continued From page 28</p> <p>through other "skills" with newly hired ULPs prior to newly hired ULPs working alone at the facility.</p> <p>Directly after the above interview with CNS-C, ULP-D's training record was reviewed with CNS-C. CNS-C stated skills ULP-D completed prior to RN competency evaluation included:</p> <ul style="list-style-type: none"> -hair care and bathing -care of teeth, gums, and oral prosthetic devices -dressing and assisting with toileting -care and use of hearing aids <p>standby assistance techniques and how to perform them.</p> <p>CNS-C stated she was not aware ULP competencies needed to be completed prior to first providing the service.</p> <p>The licensee's undated Assisted Living Orientation-ULP Staff policy noted newly hired unlicensed personnel would receive orientation and training on topics required by Minnesota statues and rules for assisted living organizations. Training and competency evaluations of unlicensed personnel providing assisted living services would be completed by a registered nurse. Another instructor may provide training in conjunction with a registered nurse. ULP's who are not a registered nursing assistant would receive additional training on the following topics with a written or competency test, to include:</p> <ul style="list-style-type: none"> -hair care -bathing -care of teeth, gums, and oral prosthetic devices -dressing and assisting with toileting -care and use of hearing aids -assisting with toileting -standby assistance techniques. <p>No further information was provided.</p>	01370		

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01370	Continued From page 29 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=F	<p>144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn</p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p> <ol style="list-style-type: none"> (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure competency evaluations were completed as required prior to providing direct care to residents for one of one unlicensed personnel (ULP)-D).</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</p>	01380		

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01380	<p>Continued From page 30</p> <p>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 March 25, 2024, at 12:09 p.m., licensed assisted living director (LALD)-A and registered nurse (RN)-B stated new employees were required to take all required training through Relias (online education courses) and skills were completed within 30 days. LALD-A and RN-B stated newly hired staff shadow other ULPs and the nurse (clinical nurse supervisor (CNS)-C) "catches them before they (new ULP) are "let go on their own."</p> <p>ULP-D had a hire date of October 16, 2023, to provide direct care services to the facility's residents.</p> <p>On March 26, 2024, at 6:45 a.m., the surveyor observed ULP-D clock out for the shift and exit the facility.</p> <p>R2's medication administration record dated March 15, 2024, through March 17, 2024, indicated ULP-D gave R2 her 8:00 p.m., medication and checked R2's blood glucose level (used a lancet (small needle used to poke the skin [usually on a finger] to get a small drop of blood). The blood sample is put onto a blood glucose testing strip which had been inserted into the blood glucose meter (device that will test blood sample to determine blood glucose level).</p> <p>On March 27, 2024, at 10:22 a.m., CNS-C said new staff are hired and after Relias training was completed the new staff shadow with another ULP. CNS-C said newly hired staff first watch and then are able to participate with cares and skills</p>	01380		
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01380	<p>Continued From page 31</p> <p>with other ULPs as they are comfortable. CNS-C added, "I" (CNS-C) try to do them (supervise/competencies) as soon as possible and then yearly go through the skills with ULPs. CNS-C stated newly hired ULPs "never do" (complete) cares alone as there is another ULP working with them during their first 30 days. CNS-C stated she meets with them and goes through other "skills" with newly hired ULPs prior to newly hired ULPs working alone at the facility.</p> <p>Directly after the above interview ULP-D's training record was reviewed with CNS-C. CNS-C stated skills ULP-D completed prior to evaluation included:</p> <ul style="list-style-type: none"> -reading and recording temperature, pulse, and reparations of the resident -safe transfer techniques and ambulation -range of motion and positioning -TEDs (compression stocking) application -blood glucose monitoring -geri sleeves (used to protect skin). <p>CNS-C stated she was not aware ULP competencies needed to be completed prior to first providing the service.</p> <p>The licensee's Delegation of Nursing Tasks dated August 1, 2021, policy noted before delegating or assigning a task to unlicensed personnel, the RN or Licensed Health Professional must determine that each staff member who would perform the task was trained and competent to perform the task and had been instructed in the proper procedures for performing the procedures with respect to the specific client (resident.)</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01380		
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01420 SS=F	<p>144G.62 Subd. 2 Delegation of assisted living services</p> <p>(b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) ensured training and competency demonstration was completed for one of one unlicensed personnel (ULP-D) performing delegated tasks, and additionally, the licensee failed to provide written instructions in the resident record for delegated tasks for one of one resident (R4) for catheter care (a tube inserted into the bladder, allowing urine to drain freely).</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</p>	01420		
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01420	<p>Continued From page 33</p> <p>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>COMPETENCY DEMONSTRATION During the entrance conference on March 25, 2024, at 12:09 p.m., licensed assisted living director (LALD)-A and registered nurse (RN)-B stated new employees were required to take all required training through Relias (online education courses) and skills were completed within 30 days. LALD-A and RN-B stated newly hired staff shadow other ULPs and the nurse (clinical nurse supervisor (CNS)-C) "catches them before they (new ULP) are "let go on their own."</p> <p>ULP-D had a hire date of October 16, 2023, to provide direct care services to the facility's residents.</p> <p>On March 26, 2024, at 6:45 a.m., the surveyor observed ULP-D clock out for the shift and exit the facility.</p> <p>R2's medication administration record dated March 15, 2024, through March 17, 2024, indicated ULP-D gave R2 her 8:00 p.m., medication and checked R2's blood glucose level (used a lancet (small needle used to poke the skin [usually on a finger] to get a small drop of blood). The blood sample is put onto a blood glucose testing strip which had been inserted into the blood glucose meter (device that will test blood sample to determine blood glucose level).</p> <p>On March 27, 2024, at 10:22 a.m., CNS-C said new staff are hired and after Relias training was completed the new staff shadow with another</p>	01420		
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01420	<p>Continued From page 34</p> <p>ULP. CNS-C said newly hired staff first watch and then are able to participate with cares and skills with other ULPs as they are comfortable. CNS-C added, "I" (CNS-C) try to do them (supervise/competencies) as soon as possible and then yearly go through the skills with ULPs. CNS-C stated newly hired ULPs "never do" (complete) cares alone as there is another ULP working with them during their first 30 days. CNS-C stated she meets with them and goes through other "skills" with newly hired ULPs prior to newly hired ULPs working alone at the facility.</p> <p>Directly after the above interview ULP-D's training record was reviewed with CNS-C. CNS-C stated skills ULP-D completed prior to evaluation included: -catheter care. CNS-C stated she was not aware ULP competencies needed to be completed prior to first providing the service.</p> <p>WRITTEN INSTRUCTION R4's record contained: Service Type, AM (morning) Cares Assist, effective December 10, 2022: - Clean around suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow) and pat dry -apply Calmoseptine cream with Qtip -cut 4x4 into Y, place around tube. Service Type, Toileting Assist, effective December 12, 2022: -empty Foley bag. Use clean technique -empty bag into graduate and clean with alcohol swab -place tape back together -use clean technique and empty Foley bag into</p>	01420		
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01420	<p>Continued From page 35</p> <p>graduate. Cleaning spout of catheter with alcohol swab after emptying -to change catheter bags. Disconnect bag from catheter clean tip of drainage bag with alcohol before reconnecting. Service Type, PM (evening) Cares Assist, effective December 10, 2022: -clean and dress suprapubic catheter; empty, change and clean catheter bag; and assist in PM cares.</p> <p>On March 26, 2024, at 9:25 a.m., the surveyor observed ULP-H assist R4 with catheter care. ULP-H took R4's catheter bed (overnight/long term urine storage container) bag to the bathroom and emptied the bag into the toilet. ULP-H clamped the bag and used a syringe to insert vinegar and water into the bag. ULP-H stated some (ULPs) empty the vinegar/water mixture and some leave the vinegar mixture in the catheter bag. ULP-H said, "we" (ULPs) have been told we can do it both ways. ULP-H added, "I don't know which way is right." ULP-G said sometimes R4's urine is very bad, and "we" (ULPs) call the nurse on call. ULP-G and ULP-H said there was no directions in R4's record for cleaning the catheter bag and when and what to report to nursing.</p> <p>R4's record lacked evidence of specific written instructions for the ULP to follow regarding R4's catheter care.</p> <p>On March 26, 2024, at 3:05 p.m., R4's record was reviewed with RN-B. RN-B confirmed R4's record did not include specific instructions for R4's catheter.</p> <p>The licensee's Delegation of Nursing Tasks dated August 1, 2021, policy noted before delegating or</p>	01420		

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01420	Continued From page 36 assigning a task to unlicensed personnel, the RN or Licensed Health Professional must determine that each staff member who would perform the task was trained and competent to perform the task and had been instructed in the proper procedures for performing the procedures with respect to the specific client (resident.) In addition, the RN or authorized Licensed Health Professional must develop written specific instructions for each resident and document those instructions in the resident's record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01420		
01500 SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment;	01500		

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01500	<p>Continued From page 37</p> <p>disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees</p>	01500		
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01500	<p>Continued From page 38</p> <p>received all required content of annual training for each 12 months of employment for three of three employees, (clinical nurse supervisor (CNS)-C, unlicensed personnel, (ULP)-G, ULP-H).</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>CNS-C CNS-C was hired by the licensee on August 11, 2014, to provide supervision of staff and direct care services to the residents.</p> <p>On March 25, 2024, during the entrance conference at 11:50 a.m., licensed assisted living director (LALD)-A identified CNS-C as the CNS for the facility.</p> <p>CNS-C's employee record lacked evidence CNS-C successfully completed annual training as required to include: -a review of Bill of Rights for Assisted Living -a review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures -reporting maltreatment of vulnerable adults or minors.</p> <p>On March 27, 2024, at 9:56 a.m., CNS-C reviewed her training record with the surveyor.</p>	01500		
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01500	<p>Continued From page 39</p> <p>CNS-C confirmed the above training had not been completed as required.</p> <p>ULP-G ULP-G was hired on August 10, 2014, to provide direct care services to the facility's residents.</p> <p>On March 26, 2024, at 9:12 a.m., the surveyor observed ULP-G applied a compression stocking (TED) to R4's left leg.</p> <p>ULP-G's employee record lacked evidence ULP-G successfully completed annual training as required to include: -the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person -a review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures</p> <p>ULP-H ULP-H was hired on August 11, 2014, to provide direct care services to the facility's residents.</p> <p>On March 26, 2024, at 9:12 a.m., the surveyor observed ULP-H apply TED to R4's right leg.</p> <p>ULP-H's employee record lacked evidence ULP-H successfully completed annual training as required to include: -the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person -a review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures.</p>	01500		

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01500	<p>Continued From page 40</p> <p>On March 27, 2024, at approximately 10:40 a.m., CNS-C confirmed ULP-H and ULP-G's records lacked the required information. CNS-C confirmed a review of the facility's policies and procedures would be missing for all ULPs.</p> <p>The licensee's undated Assisted Living Annual Training policy noted all assisted living employees would complete annual education on the following topics:</p> <ul style="list-style-type: none"> -reporting of maltreatment of vulnerable adults under section 626.557 -assisted living bill of rights -staff responsibility related to ensuring the exercise and protection of the assisted living bill of rights -infection control techniques used in the home and implementation of infection control standards -effective approaches for problem solving when working with challenging behaviors -review of policies and procedures relating to the provision of assisted living services and how to implement them -principles of person-centered planning and service delivery applies to direct support services provided by staff. <p>Annual training would be documented in accordance with the documentation policy.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01500		
01620 SS=E	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days</p>	01620		

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01620	<p>Continued From page 41</p> <p>after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) completed ongoing resident reassessments that did not exceed 14 days for one of three resident (R2) and did not exceed 90 days for one of three residents (R7).</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the</p>	01620		

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01620	<p>Continued From page 42</p> <p>situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R2 R2 began receiving services on January 1, 2023.</p> <p>R2's diagnoses included moderate persistent asthma (inflammatory disease of the airways of the lung), diabetes, and PE/DVT (pulmonary embolism/deep vein thrombosis, involving the formation of a blood clot in a deep vein) of right leg, and history of CVA (cerebrovascular accident: stroke/ blood flow to a part of the brain is stopped either by a blockage or the rupture of a blood vessel.)</p> <p>R2's service plan dated January 2, 2023, indicated R2 received the following services: medication set up and administration.</p> <p>On March 26, 2024, at 7:28 a.m. the surveyor observed unlicensed personnel (ULP)-G administer R2's morning medication.</p> <p>R2's record included a Move-In Assessment completed on January 1, 2023.</p> <p>R2's record did not include a 14-day assessment.</p> <p>R2's 90-day assessment was completed on March 23, 2023.</p> <p>On March 25, 2024, at 2:09 p.m., the surveyor reviewed R2's record with registered nurse (RN)-B. RN-B stated R2's record did not have a 14-day assessment as required.</p> <p>R7</p>	01620		

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01620	<p>Continued From page 43</p> <p>R7 began receiving services March 7, 2021.</p> <p>R7's diagnoses included hypertension (HTN/high blood pressure.)</p> <p>R7's service plan dated March 16, 2021, indicated R7 received the following services: medication setup, assist with morning cares, bathing/showering assist, nailcare/footcare, laundry, and housekeeping services.</p> <p>On March 26, 2024, at 8:16 a.m., the surveyor observed ULP-G apply an arm sleeve (skin protection) to R7's left arm and a hand sleeve to R7's left hand. ULP-G applied compression stockings (TEDs) to R7's legs.</p> <p>On March 26, 2024, at 2:12 p.m., R7's record was reviewed with RN-B. R7's record contained a 90-day assessment completed on March 30, 2023, and 90 day assessment completed on April 14, 2023. The next assessment completed for R7 was dated December 23, 2023, (253 days between assessments.) RN-B stated R7's assessment was completed "way past 90 days." RN-B confirmed assessments had not been completed for R7 as required.</p> <p>The licensee's Nursing Assessment of Clients (residents) policy dated June 1, 2006, noted the RN would complete an individualized nursing assessment no later than 14 days after the initiation of services. Attached to the above-mentioned policy was form dated April 2016, titled Monitoring and Reassessment. The monitoring and reassessment form included check boxes at the top of the form to indicate 14-day or 90-day visit.</p> <p>No further information was provided.</p>	01620		

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01620	Continued From page 44	01620		
01640 SS=F	<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.</p> <p>(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 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 service plans were revised to include provided services for two of two residents (R2, R7).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	01640		

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01640	<p>Continued From page 45</p> <p>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>R2 R2's diagnoses include diabetes, moderate persistent asthma (inflammatory disease of the airways of the lung), diabetes, and PE/DVT (pulmonary embolism/deep vein thrombosis, involving the formation of a blood clot in a deep vein) of right leg, and history of CVA (cerebrovascular accident: stroke/ blood flow to a part of the brain is stopped either by a blockage or the rupture of a blood vessel.)</p> <p>R2's authenticated service plan dated January 2, 2023, indicated R2 received the following services: medication administration and medication set-up, however lacked blood glucose monitoring.</p> <p>R2's medication administration record (MAR) dated March 1, 2024, through March 24, 2024, included: -blood glucose (sugar) monitoring, check in morning before meals and at bedtime.</p> <p>On March 26, 2024, at 7:28 a.m., the surveyor observed unlicensed personnel (ULP)-G check R2's blood sugar using correct technique.</p> <p>R7 R7's diagnoses included hypertension (HTN/high blood pressure.)</p>	01640		

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01640	<p>Continued From page 46</p> <p>R7's authenticated service plan dated March 16, 2021, indicated R7 received the following services: morning cares to include, assist with shoes and socks as action increases shoulder pain and fatigue, bathing/shower assist, and medication set-up.</p> <p>R7's record included directions for staff effective date August 27, 2021, which included: -assist with arm sleeve (skin protection) and compression stockings. Assist with shoes and socks as action increases shoulder pain and fatigue.</p> <p>On March 26, 2024, at 8:16 a.m., the surveyor observed ULP-G apply an arm sleeve and a hand sleeve to R7's left arm/hand.</p> <p>On March 26, 2024, at 10:41 a.m., registered nurse (RN)-B stated R2 and R7's service plans had not been updated.</p> <p>On March 27, 2024, at 10:47 a.m., clinical nurse supervisor (CNS)-C stated she was not aware service plans needed to be updated when changes occurred. CNS-C added she has staff sign service plans when changes are made but residents service plans were not updated.</p> <p>The licensee's undated Development of the Service Plan and Service Plan Agreement policy noted a RN worked with the client (resident) and/or the client's designated representative to develop a service plan agreement based on the RN's nursing assessment of the client's needs. In addition, the service plan agreement must always be completed and signed by the RN and the client or the client's designated representative before any nursing or delegated nursing services are</p>	01640		

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01640	Continued From page 47 provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.	01650		

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01650	<p>Continued From page 48</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 included the required content for one of one resident (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) 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>R2's diagnoses included diabetes, moderate persistent asthma (inflammatory disease of the airways of the lung), diabetes, and PE/DVT (pulmonary embolism/deep vein thrombosis, involving the formation of a blood clot in a deep vein) of right leg, and history of CVA (cerebrovascular accident: stroke/ blood flow to a part of the brain is stopped either by a blockage or the rupture of a blood vessel.)</p> <p>R2's authenticated service plan dated January 2, 2023, indicated R2 received the following services: medication administration and medication set-up.</p> <p>On March 26, 2024, at 7:28 a.m., the surveyor observed unlicensed personnel (ULP)-G check R2's blood sugar using correct technique.</p> <p>R2's service plan lacked: -the schedule and methods of monitoring staff providing services.</p>	01650		

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01650	<p>Continued From page 49</p> <p>On March 27, 2024, at 11:03 a.m., clinical nurse supervisor (CNS)-C reviewed the licensee's service plan template with the surveyor and confirmed the service plans used did not include the required information noted above.</p> <p>The licensee's undated Development of the Service Plan and Service Plan Agreement policy indicated all assisted living residents must have a Service Plan. The policy did not include verbiage regarding the service plan content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01650		
01700 SS=D	<p>144G.71 Subd. 2 Provision of medication management services</p> <p>(a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must identify interventions needed in management of medications to prevent</p>	01700		

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01700	<p>Continued From page 50</p> <p>diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to assess residents for ability to self-administer scheduled medications for one of one resident (R2) who self-administered some medications.</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's diagnoses include diabetes, moderate persistent asthma (inflammatory disease of the airways of the lungs.)</p> <p>R2's authenticated service plan dated January 2, 2023, indicated R2 received the following services: medication administration and medication set-up.</p> <p>On March 26, 2024, at 7:36 a.m., the surveyor</p>	01700		
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01700	<p>Continued From page 51</p> <p>observed unlicensed personnel (ULP)-G administer R2's morning medications. The surveyor observed albuterol nebulizer vials (asthma) on a side table near a recliner chair in R2's room. ULP-G stated "we" ULPs don't administer R2's "nebs."</p> <p>R2's Medication Treatment Therapy Management Plan dated January 4, 2024, noted: -services being provided includes: medication set-ups, administration of medication -medications will be: stored in the client's unit -located: on fridge in locked medi (medication) set -secure: yes -secure medications can be accessible by: provider staff.</p> <p>R2's Master Assessment dated February 22, 2024, noted: -assist breathing treatment as needed -can resident correctly administer inhaled medications safely, if applicable? no -based on the above evaluation, can resident safely self-administer medications without assistance? no Self-Medication Evaluation: -self-medication evaluation: nurse to set up and aide (ULP) to pass medications -can resident read instructions from the medication container or know to ask for assistance from outside provider? no -can resident demonstrate secure storage for medications in the apartment (all medications must be in a locked drawer or cupboard)? no -can resident state when the medications are to be taken? no -can resident remove the correct dose of medication from the container or pre-poured med set? blank.</p>	01700		
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01700	<p>Continued From page 52</p> <p>R2's medication administration record (MAR) dated March 1, 2024, through March 24, 2024, included:</p> <ul style="list-style-type: none"> -albuterol sulfate 2.5 milligrams/0.5 ml nebulized take three ml by nebulization four times daily PRN (as desired or as needed) -albuterol sulfate HFA 108 (90 base) micrograms (mcg inhale two puffs into the lungs every six hours PRN for wheezing or shortness of breath, resident taken on her own. <p>R2's prescriber's order dated March 25, 2024, included:</p> <ul style="list-style-type: none"> -albuterol 0.083% nebulizer solution, take three milliliters (ml) by nebulization four times daily for 360 day -albuterol 108 (90 base) mcg inhaler, inhale two puffs into the lungs every six hours as needed for wheezing. <p>On March 26, 2027, at 2:56 p.m., clinical nurse supervisor (CNS)-C stated R2 wanted to keep the inhalers and nebulizer's herself, adding it (information) might be in a note.</p> <p>On March 26, 2024, at approximately 3:00 p.m., registered nurse (RN)-B reviewed R2's medication plan, master assessment and current MAR. RN-B said R2's medication assessment had not been updated as required.</p> <p>The licensee's undated Initial Individualized Medication Management Plan policy noted medication management plan would be reviewed periodically and modified as needed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	01700		

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01700	Continued From page 53 days	01700		
01750 SS=D	<p>144G.71 Subd. 7 Delegation of medication administration</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <ul style="list-style-type: none"> (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide complete specific resident instructions relating to the administration of medications for one of three residents (R2) with injectable medications.</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's diagnoses include diabetes.</p>	01750		

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01750	<p>Continued From page 54</p> <p>R2's service plan dated January 2, 2023, indicated R2 received the following services: medication set up and administration.</p> <p>On March 26, 2024, at 7:28 a.m., the surveyor observed unlicensed personnel (ULP)-G administer R2's morning medication.</p> <p>R2's March 1, 2024, through March 24, 2024, medication record included:</p> <ul style="list-style-type: none"> -Lantus 100 unit/ml (milliliters) solution, inject 62 units into stomach tissue in the morning. Please take blood sugar before insulin. Nurse will dial up pen and leave in fridge cups saying AM or PM. Please double check amount before administering. Do not draw up own insulin. Rotate injection sites. Do not use the same spot repeatedly. 8:00 a.m. (with a single box to document staff's initials) -Lantus 100 unit/ml solution, inject 46 units into stomach tissue in the morning. Please take blood sugar before insulin. Nurse will dial up pen and leave in fridge cups saying AM or PM. Please double check amount before administering. Do not draw up own insulin. Rotate injection sites. Do not use the same spot repeatedly. 8:00 p.m. (with a single box to document staff's initials) -Trulicity 0.75 mg/0.5 ml solution. Inject 0.75 mg into abdominal tissue weekly. Turn dial to unlock green. Remove the end, inject belly, and discard afterward. Rotate injection sites. Do not inject in the same area repeatedly. 8:00 a.m. (with a single box to document staff's initials) <p>R2's prescriber's orders dated March 25, 2024, included:</p> <ul style="list-style-type: none"> -Trulicity 0.75 mg/0.5 ml weekly, every Monday, inject 0.75 mg into abdominal tissue weekly. Turn dial to unlock green, remove the end. Inject belly 	01750		

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01750	<p>Continued From page 55</p> <p>and discard afterwards, 8:00 a.m. -Lantus 100 unit/ml solution, daily 62 units, subcutaneous (SC,) inject 62 units into stomach tissue in the morning, please take blood sugar before insulin. Nurse will dial up pen and leave in fridge cups saying AM or PM. Please double check amount before administering, do not draw up own insulin, 8:00 a.m. -Lantus 100 unit/ml solution, daily 46 units, SC, inject 46 units into stomach tissue in the evening, please take blood sugar before insulin. Nurse will dial up pen and leave in fridge cups saying AM or PM. Please double check amount before administering, do not draw up own insulin, 8:00 p.m.</p> <p>On March 26, 2024, at 2:07 p.m., ULP-G stated R2's MAR noted to rotate sites, adding there was no place to record the location. ULP-G said she was not aware of the need to rotate Lantus sites, adding she had not seen it on the MAR, and stated there was nowhere to document location. ULP-G stated she tried to remember from one week to the next where she injected R2's Trulicity solution. ULP-G confirmed that if she was not the one to administer Trulicity weekly, another ULP would not know where it was last administered.</p> <p>On March 26, 2024, at 3:00 p.m., R2's MAR was reviewed with registered nurse (RN)-B. RN-B stated there was no place for ULPs to follow the written directions, as to where document the site where Trulicity or Lantus was injected. RN-B confirmed location inject site was not being documented. RN-B added R2 use to have insulin pens but currently nursing pre-filled insulin syringes for R2.</p> <p>The manufacturer's instructions for Trulicity dated November 2022, noted change (rotate) your</p>	01750		

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01750	<p>Continued From page 56</p> <p>injection site each week. You may use the same area the body but be sure to choose a different injections site in that area. You may inject the medication into the stomach (abdomen) or thigh.</p> <p>The instructions for Lantus dated April 11, 2022, noted it is important to rotate injection sites to avoid lipohypertrophy, or an abnormal fat deposit under the skin. It's a common complication with daily insulin injections.</p> <p>The licensee's undated Initial Individualized Medication Management Plan policy noted the medication management plan would include any resident specific requirements relating to medication administration.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01750		
01760 SS=E	<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>	01760		

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01760	<p>Continued From page 57</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 ordered for two of three residents (R2, R4) who received medication management services.</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 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>R2 R2's diagnoses include moderate persistent asthma (inflammatory disease of the airways of the lung), anemia (low red blood cells in the body which carry oxygen), dizziness, and diabetes.</p> <p>R2's service plan dated January 2, 2023, indicated R2 received the following services: medication set up and administration.</p> <p>On March 26, 2024, at 7:28 a.m. the surveyor observed unlicensed personnel (ULP)-G administer R2's morning medication.</p> <p>R2's March 1, 2024, though March 24, 2024, medication record included: -glipizide 5 milligrams (mg) (diabetes) take with meals AM (morning) 8:00 a.m., and PM (evening)</p>	01760		
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01760	<p>Continued From page 58</p> <p>8:00 p.m. -iron 325 mg (supplement) take daily, 8:00 a.m. -Tramadol 50 mg (chronic pain) tablets take one tablet by mouth every six hours for pain.</p> <p>R2's March 15, 2024, prescriber's orders included: -glipizide 5 mg twice daily, (before meals) -ferosul 325 mg, take one tablet by mouth once daily with food for iron replacement -Tramadol 50 mg every four hours as needed for pain</p> <p>On March 25, 2024, at 4:07 p.m., R2's prescriber's orders and MAR was reviewed with registered nurse (RN)-B. RN-B stated R2's prescriber's orders for glipizide and ferosul were not followed and these medications were not administered as written, with food/meals.</p> <p>R2's March 25, 2024, prescriber's orders included: -Tramadol decrease to TID (three times) PRN (as needed or desired) for pain.</p> <p>On March 26, 2024, at 11:08 a.m., R2's MAR was reviewed with RN-B. RN-B stated prescriber's orders should be put into place immediately.</p> <p>On March 27, 2024, at 11:26 a.m., the surveyor reviewed R2's Tramadol order with clinical nurse supervisor (CNS)-C. CNS-C stated, "we" (licensee) will get that (Tramadol) order processed and onto R2's MAR. CNS-C confirmed R2's Tramadol order was not updated as required.</p> <p>The manufacturer's instructions for glipizide dated October 15, 2027, noted the tablet is usually taken one or more times a day, 30 minutes</p>	01760		

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01760	<p>Continued From page 59</p> <p>before breakfast or meals.</p> <p>The manufacturer's instructions for iron dated April 1, 2024, noted to lessen the possibility of stomach upset, iron may be taken with food or immediately after meals.</p> <p>R4 R4's diagnoses included sarcoidosis (disease involving abnormal collections of inflammatory cells that form lumps known as granulomata), age-related osteoporosis, fibromyalgia (widespread musculoskeletal pain accompanied by fatigue), weakness, obstructive sleep apnea, diabetes, and Parkinson's disease (disorder affecting movement, often including tremors.)</p> <p>R4's service plan dated January 2, 2023, indicated R4 received the following services: medication set up.</p> <p>R4's medication Services to be Provided included monitor medication supplies, order refills and deliveries, handle changes to prescriptions, medication set-up.</p> <p>On March 26, 2024, at 9:12 a.m., the surveyor observed ULP-H apply compression stocking (TEDs) to R4's legs.</p> <p>R4's prescriber's order dated December 29, 27 (sic), noted "done" January 2, 2024, included: -cranberry 500 mg tablets, take one tablet by mouth two times daily for urinary acidification to prevent sediment.</p> <p>On March 27, 2024, at 10:29 a.m., CNS-C stated R4 asked her to hold the cranberry pill. R4 told CNS-C it was or could have been causing cancer sores. CNS-C removed the cranberry pill from</p>	01760		
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01760	<p>Continued From page 60</p> <p>R4's MAR but she did not update R4's prescriber as required to get an order to discontinue the medication. In addition, R2's MAR was reviewed with CNS-C. CNS-C confirmed R2's MAR did not have specific instructions for R2's iron or diabetic medications.</p> <p>The licensee's undated Initial Individualized Medication Management Plan policy noted the medication management plan would include any resident specific requirements relating to medication administration.</p> <p>The licensee's undated Initial Individualized Medication Management Plan policy noted the medication management plan would include any resident specific requirements relating to medication administration, verifications that all medications were administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. The MAR would be current and updated when there were any changes.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01790 SS=F	<p>144G.71 Subd. 10 Medication management for residents who will</p> <p>(2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days;</p> <p>(3) the resident must be provided written</p>	01790		

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01790	<p>Continued From page 61</p> <p>information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:</p> <p>(1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and</p> <p>(2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:</p> <p>(i) the type of container or containers to be used for the medications appropriate to the provider's medication system;</p> <p>(ii) how the container or containers must be labeled;</p> <p>(iii) written information about the medications to be provided;</p> <p>(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;</p> <p>(v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before</p>	01790		

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01790	<p>Continued From page 62</p> <p>the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one unlicensed personnel (ULP-G) was trained by registered nurse (RN) and had demonstrated competency to prepare and give medications for residents having unplanned time away.</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 March 26, 2024, at 7:36 a.m., the surveyor observed ULP-G administer R2's morning medications.</p> <p>ULP-G's employee record lacked evidence to indicate she had demonstrated competency to provide medications to residents for unplanned</p>	01790		

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01790	<p>Continued From page 63</p> <p>times away from home.</p> <p>On March 27, 2023, at 11:19 a.m., clinical nurse supervisor (CNS)-C stated she had not done any unplanned medication training with any ULP since she started at the facility as she was not aware of the requirement.</p> <p>The licensee's undated Medications For A Client Who Will Be Away From Home When Medications Are Scheduled policy noted the RN had trained and competency tested the unlicensed staff on procedures to follow when giving medications to residents who will be away from home when medications are scheduled.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01790		
01880 SS=F	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one medication refrigerator maintained an acceptable temperature to ensure the medications were stored according to manufacturer's recommendations. In addition, the licensee failed to ensure medications were secure and permitted access to only authorized personnel for one of</p>	01880		

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01880	<p>Continued From page 64</p> <p>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) 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>MEDICATION STORED ACCORDING TO MANUFACTURER'S RECOMMENDATIONS On March 25, 2024, at 12:25 p.m., the surveyor and registered nurse (RN)-B toured the facility. RN-B stated R2 was the only resident whose medication required refrigeration, adding R2's medications were kept in R2's refrigerator. The survey asked RN-B what the current temperature of R2's refrigerator was. RN-B looked in R2's refrigerator and she was not able to locate a thermometer. RN-B was not able to locate a refrigerator temperature log for R2's refrigerator.</p> <p>The content of R2's refrigerator was reviewed with RN-B and RN-B confirmed the following:</p> <ul style="list-style-type: none"> -one used Trulicity (to lower blood sugar) pen -one unopened Trulicity pen -one unused bottle of Lantus (long acting) 100 units/milliliters (ml) insulin -approximately one half of a bottle of Lantus insulin -two syringes containing Lantus insulin. <p>Directly after the above observation RN-B confirmed R2's refrigerator temperature was not monitored as recommended.</p>	01880		
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01880	<p>Continued From page 65</p> <p>R2's Medication Treatment Therapy Management Plan dated January 4, 2024, noted: medications with special manufacturer's instructions (including refrigeration): -insulin in fridge.</p> <p>The manufacturer's instructions for Trulicity dated November 2022, noted store pen in the refrigerator between 36 to 46 degrees Fahrenheit (F), you may store pen at room temperature below 86 degrees for up to a total of 14 days.</p> <p>The manufacturer's instructions for Lantus insulin vials dated April 2, 2024, directed to store unopened Lantus insulin vials in the refrigerator (36 to 46 degrees F.)</p> <p>SECURE MEDICATION STORAGE R2's diagnoses include moderate persistent asthma (inflammatory disease of the airways of the lung), and diabetes.</p> <p>R2's service plan dated January 2, 2023, indicated R2 received the following services: medication set up and administration.</p> <p>On March 26, 2024, at 7:36 a.m., the surveyor observed ULP-G administer R2's morning medications. The surveyor observed an open container of Tums (heart burn), and sore throat spray on a side table near a recliner chair in R2's room.</p> <p>R2's Medication Treatment Therapy Management Plan dated January 4, 2024, noted: -medication would be stored in the client unit, on (sp) fridge in locked medi (medication) set -secure? yes -secure medications can be accessed by: provider staff.</p>	01880		

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01880	<p>Continued From page 66</p> <p>On March 25, 2024, at 12:33 p.m., the surveyor and RN-B observed two plastic cups in the door of R2's refrigerator; in each cup was one syringe drawn up. RN-B stated the syringes contained R2's Lantus (long-acting insulin). In addition, there was one full bottle and one-half bottle of Lantus in the refrigerator door. Further there was one opened Trulicity pen and one unopened Trulicity pen in the refrigerator door.</p> <p>On March 25, 2023, at 12:51 p.m., RN-B stated the medication in R2's refrigerator was not secure. RN-B stated she was not sure if R2 locked her door. RN-B said "everyone" had access to R2's refrigerator medication.</p> <p>On March 26, 2024, at 11:28 a.m., the surveyor and RN-B were in R2's room. RN-B stated she saw the Tums and the sore throat spray on R2's side table and added those medications should have been secured.</p> <p>The licensee's undated Storage of Medications policy noted the RN must conduct a nursing assessment of a client's need for medication management services, including the appropriate method to store the client's (resident's) medication and whether secured storage was appropriate given the client's functional and cognitive status, concerns about potential for drug diversion or other considerations. The RN would provide education on proper storage of medications including the need to be refrigerated, or stored in a cool, dry area, and according to manufacturer's recommendations.</p> <p>The licensee's undated Initial Individualized Medication Management Plan policy noted when the licensee stored any resident medication, the</p>	01880		

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01880	<p>Continued From page 67</p> <p>medication would be stored at the temperature recommended by the manufacturer and kept in a substantially constructed and in a locked storage compartment with access allowed only by identified agency staff.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		
01890 SS=F	<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 medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications for two of two medication carts (main floor/upstairs) and in one of one refrigerator. In addition, the licensee failed to ensure medication included all the required prescription information for one of one resident's insulin (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) and was issued at a widespread scope (when problems are pervasive</p>	01890		

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01890	<p>Continued From page 68</p> <p>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 March 25, 2024, at 12:25 p.m., the surveyor and registered nurse (RN)-B toured the facility including a review of the locked medication carts: main floor and upstairs medication carts. RN-B observed and confirmed the following:</p> <p>MAIN FLOOR MEDICATION CART -one opened Refresh Reliea eye solution for R2, lacking open and expiration dates.</p> <p>The manufacturer's instructions for Refresh Reliea dated April 7, 2022, indicated the eye solution should be discarded 90 days after opening.</p> <p>On March 25, 2024, at 1:02 p.m., the surveyor reviewed with RN-B the manufacturer's instruction for Refresh Reliea. RN-B confirmed the Refresh solution should have been dated.</p> <p>UPSTAIRS MEDICATION CART -one opened latanoprost 0.005% eye solution (high eye pressure) for R3, lacking open and expiration dates.</p> <p>The manufacturer's instructions latanoprost dated August 15, 2023, indicated once opened the bottle could be kept at room temperature for six weeks.</p> <p>REFRIGERATOR On March 25, 2024, at 12:33 p.m., the surveyor and RN-B observed approximately one half of a bottle of Lantus insulin, undated, in R2's</p>	01890		

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01890	<p>Continued From page 69</p> <p>refrigerator.</p> <p>The manufacturer's instructions for Lantus insulin vials dated April 2, 2024, directed to discard the insulin after 28 days.</p> <p>On March 25, 2024, at 12:33 p.m., RN-B confirmed R2's opened Lantus insulin was not dated as required.</p> <p>REQUIRED PRESCRIPTION INFORMATION-R2 R2's diagnoses include moderate persistent asthma (inflammatory disease of the airways of the lung), and diabetes.</p> <p>R2's service plan dated January 2, 2023, indicated R2 received the following services: medication set up and administration.</p> <p>On March 26, 2024, at 7:28 a.m., the surveyor observed unlicensed personnel (ULP)-G administer R2's morning medication.</p> <p>R2's Medication Treatment Therapy Management Plan dated January 4, 2024, noted: medications with special manufacturer's instructions (including refrigeration): -insulin in fridge.</p> <p>On March 25, 2024, at 12:25 p.m., the surveyor and registered nurse (RN)-B reviewed the contents of R2's refrigerator. In the door of R2's refrigerator was: -a plastic cup with "46" written on it in black marker which contained one drawn up syringe -a plastic cup with "62" written on it in black marker which contained one drawn up syringe RN-B stated the syringe's contained R2's Lantus (long-acting insulin) and confirmed the syringes were not labeled.</p>	01890		
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01890	<p>Continued From page 70</p> <p>Directly after the above observation RN-B confirmed the two pre-draw Lantus syringes did not have any information written the syringes (resident's name, medication, dosage, route, instructions on how often to administer) as required. RN-B stated she had not thought about labeling the insulin with the required information.</p> <p>The licensee's undated Storage of Medications policy noted 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 (resident's) name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the mediations.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		
01940 SS=E	<p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p>	01940		

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01940	<p>Continued From page 71</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</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 treatment or therapy management plan to include all required content for three of four residents (R4, R2, R7) who had treatments managed by the facility.</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 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>	01940		
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01940	<p>Continued From page 72</p> <p>The findings include:</p> <p>During the entrance conference on March 25, 2024, at 12:05 p.m., registered nurse (RN)-B and licensed living director (LALD)-A confirmed the licensee provided treatment and therapy services to residents.</p> <p>R4 R4's diagnoses included sarcoidosis (disease involving abnormal collections of inflammatory cells that form lumps known as granulomata), age-related osteoporosis, fibromyalgia (widespread musculoskeletal pain accompanied by fatigue), weakness, obstructive sleep apnea, diabetes, and Parkinson's disease (disorder affecting movement, often including tremors.)</p> <p>R4's service plan dated January 2, 2023, indicated R4 received the following services: dressing and grooming, put on TED hose and arm brace for her.</p> <p>R4's record contained: Service Type, Dressing and Grooming effective December 10, 2022: -put on TED hose and arm brace for her.</p> <p>On March 26, 2024, at 9:12 a.m., the surveyor observed unlicensed personnel (ULP)-H apply a compression stocking (TED) to R4's right leg. ULP-G applied a TED to R4's left leg. ULP-G applied a flexible cone type of tool to R4's left arm and then applied a folded arm sleeve (protects sensitive thin skin from tares and abrasions) to R4's left arm. Once the sleeve was in place ULP-G made sure there were no wrinkles on the arm sleeve. ULP-G removed the tool used for the arm sleeve application. ULP-G applied "It Stays" (a glue-like substance/roller ball application) to</p>	01940		
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01940	<p>Continued From page 73</p> <p>R4's left wrist.</p> <p>On March 26, 2024, at 10:42 a.m., RN-B stated R4's record did not contain any specific instructions for R4's TEDs or arm "brace"/sleeve as required.</p> <p>R2 R2's diagnoses include diabetes, moderate persistent asthma (inflammatory disease of the airways of the lung), diabetes, and PE/DVT (pulmonary embolism/deep vein thrombosis, involving the formation of a blood clot in a deep vein) of right leg, and history of CVA (cerebrovascular accident: stroke/ blood flow to a part of the brain is stopped either by a blockage or the rupture of a blood vessel.)</p> <p>R2's authenticated service plan dated January 2, 2023, indicated R2 received the following services: medication administration and medication set-up.</p> <p>On March 26, 2024, at 7:28 a.m., the surveyor observed ULP-G check R2's blood sugar using correct technique.</p> <p>BLOOD GLUCOSE MONITORING R2's Medication Sheet dated March 1, 2024, through March 25, 2024, included: -Blood Glucose Monitoring, check in AM (morning) before meal and at bedtime.</p> <p>R2's prescriber's order dated March 25, 2024, included: -Lantus 100 unit/milliliter (ml) (long-acting insulin) daily, 62 units into stomach tissue daily in morning, please take blood sugar (glucose) before administering insulin -Lantus 100 unit/milliliter (ml) (long-acting insulin)</p>	01940		

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01940	<p>Continued From page 74</p> <p>daily, 46 unites into stomach tissue daily in evening, please take blood sugar before administering insulin.</p> <p>TUBIGRIPS R2's record contained: Service Type, PM Cares Assist, effective January 25, 2023, -removed tubigrip (brown ribbed stockings with minimal compression) to bilateral legs.</p> <p>On March 26, 2024, at 10:41 a.m., RN-B stated R2's record did not contain specific instructions for ULPs for what or when to report to nursing regarding R2's blood glucose readings. In addition, RN-B stated R2's record did not contain any instructions for ULPs to put tubigrips on in the am, only an entry to removed tubigrips.</p> <p>On March 27, 2024, at 10:13 a.m., R2's record was reviewed with clinical nurse supervisor (CNS)-C. CNS-C stated R2's record did not contain specific instructions for blood glucose testing. In addition, CNS-C stated R2 did not wear tubi grips, adding she forgot to remove tubi grips from R2's record.</p> <p>R7 R7's diagnoses included hypertension (HTN/high blood pressure), heart failure, and adult failure to thrive.</p> <p>R7's service plan dated March 16, 2021, indicated R7 received the following services: morning cares, assist with shoes and socks as action increases shoulder pain and fatigue, bathing/shower assist, and mediation setup.</p> <p>R7's record contained: Service Type, AM Cares Assist, effective August 27, 2021: -assist with arm sleeve and compression</p>	01940		

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01940	<p>Continued From page 75</p> <p>stockings. Assist with shoes and socks as action increases shoulder pain and fatigue. Service Type, vitals/weight, 9:00 a.m.: -check R7's blood pressure twice a week one hour after taking her AM pills, BP---- , Pulse---- -call RN if BP Top number greater than 195 or less then 90, bottom number greater than 100 or less than 50. Pulse is greater than 120 or less than 60.</p> <p>On March 26, 2024, at 8:16 a.m., the surveyor observed ULP-G apply an arm sleeve and hand sleeve to R7's left arm/hand. ULP-G and ULP-H apply a right knee brace and compression hoses to R7's legs. ULP-G commented R7's foot was "swollen still" adding "I don't know what to do about it." ULP-G asked R7 when she was going to see the doctor. ULP-G used a shoehorn to get R7's left shoe on. ULP-G stated "we need to check your blood pressure today." Using correct technique ULP-G took R7's blood pressure, result was 161/92. ULP-G commented R7's blood pressure is "always high." ULP-G asked R7 if R7 took her weight and R7 replied she did, and R7's weight was 161 pounds.</p> <p>On March 26, 2024, at 8:27 a.m., ULP-G told ULP-H R7's weight needed to be taken per "doctor's order. ULP-G and ULP-H both said there were no directions in R7's record of when and what to report to nursing. ULP-H added she was not aware R7's weight was required. ULP-G stated she was told R7 needed her weight recorded, verbally. ULP-G looked at R7's record and pointed out to ULP-H and the surveyor where it stated Service Type, vitals and "weight" near the top of the computer screen.</p> <p>On March 26, 2024, at 11:03 a.m., RN-B stated R7's record did not include specific instructions</p>	01940		

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01940	<p>Continued From page 76</p> <p>for ULPs and did not contain when and when to report to nursing for R7's sleeves, TEDs or weights.</p> <p>On March 27, 2024, at approximately 11:10 a.m., CNS-C stated resident records did not contain specific instructions for all treatments as required.</p> <p>The licensee's undated Individualized Treatment and Therapy Management Plan policy noted the treatment and therapy management plan would include:</p> <ul style="list-style-type: none"> -documentation of specific resident instructions relating to the treatments or therapy administration would be recorded in the TAR (treatment administration record) -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arose with treatments or therapy services -any resident' specific requirements relating to documentation of treatments and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record would be current with specific resident instructions and updated when there were any changes. <p>The licensee's undated Individualized Treatment and Therapy Management Plan noted the treatment plan would include the type of services that would be provided and recorded in the TAR (treatment administration record.)</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01940		

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01950 SS=F	<p>144G.72 Subd. 4 Administration of treatments and therapy</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prior to delegating nursing tasks, the registered nurse (RN) trained unlicensed personnel (ULP) and had ULP demonstrate the ability to follow the procedure to perform the tasks for one of one resident (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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect</p>	01950		
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01950	<p>Continued From page 78</p> <p>a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on March 25, 2024, at 12:05 p.m., RN-B and licensed living director (LALD)-A confirmed the licensee provided treatment and therapy services to residents.</p> <p>On March 25, 2024, during the entrance conference at 12:09 p.m., RN-B and LALD-A stated newly hired ULPs complete on-line training and then shadow with a scheduled ULP. They (new ULPs) first watch scheduled ULPs and then participate in tasks. Within the first 30 days the RN/clinical nurse supervisor (CNS)-C meets with newly hired ULP and "touches base with them (ULPs) before the new ULPs are "let go on their own" (work independently.) LALD-A and RN-B said this is the procedure with "everything" (all delegated tasks) with the exception of medications.</p> <p>ULP-D was hired on October 16, 2023, to provide direct care services to the facility's residents.</p> <p>On March 26, 2024, at approximately 6:30 a.m., the surveyor observed ULP-D talking to ULP-G and ULP-H.</p> <p>On March 26, 2024, at 6:45 a.m., the surveyor observed ULP-D clock out for the shift and exit the facility.</p> <p>R2's medication administration record (MAR) dated March 15, 2024 through March 17, 2024, indicated ULP-D gave R2 her 8:00 p.m. medication and checked R2's blood glucose level.</p>	01950		
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Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER LIFECARE MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 10TH STREET SE ROSEAU, MN 56751
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01950	<p>Continued From page 79</p> <p>R2's diagnoses include diabetes, moderate persistent asthma (inflammatory disease of the airways of the lung), diabetes, and PE/DVT (pulmonary embolism/deep vein thrombosis, involving the formation of a blood clot in a deep vein) of right leg, and history of CVA (cerebrovascular accident: stroke/ blood flow to a part of the brain is stopped either by a blockage or the rupture of a blood vessel.)</p> <p>R2's authenticated service plan dated January 2, 2023, indicated R2 received the following services: medication administration and medication set-up.</p> <p>On March 26, 2024, at 6:19 a.m., ULP-D stated after on-line learning he shadowed with other ULPs and did tasks when/as he felt comfortable. ULP-D said the RN met with him before he worked independently.</p> <p>On March 27, 2024, at 10:07 a.m., CNS-C stated she reviewed Farow wraps (adjustable compression devices) on skills day, adding there was no documentation of competencies in ULP's records.</p> <p>On March 27, 2024, at 10:08 a.m., CNS-C stated competencies for ULPs were not completed for sleeves (skin protection).</p> <p>On March 27, 2024, at 10:22 a.m., CNS-C stated "I try to do them (skills) as soon as possible and then yearly. CNS-C stated ULPs shadow, and participate with tasks, naming blood glucose checks, catheters (a tube placed in the body to drain and collect urine from the bladder), TED's (compression socks), and sleeves, adding she met with new ULPs within the first 30 days of hire.</p>	01950		

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01950	<p>Continued From page 80</p> <p>On March 27, 2024, at 10:24 a.m., CNS-C stated newly hired ULPs "never" do tasks by themselves prior to her meeting with them, as they are working with another ULP. CNS-C said she does meet with new ULPs and completes medication training and competencies prior to ULPs providing that service.</p> <p>The licensee's Delegation of Nursing Tasks policy dated August 1, 2021, noted treatments or therapy tasks may be delegated or assigned by a licensed health professional to unlicensed personnel according to the Licensed Health Professional's applicable licensing practice standards. When a treatment or therapy is delegated or assigned to unlicensed personnel, the RN or authorized licensed Health Professional must:</p> <ul style="list-style-type: none"> -instruct the unlicensed personnel in the proper methods to provide the treatment or perform the task with respect to each resident and determine that the unlicensed personnel have demonstrated the ability to competently follow the procedures. <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01950		
01970 SS=F	<p>144G.72 Subd. 6 Treatment and therapy orders</p> <p>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</p>	01970		

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01970	<p>Continued From page 81</p> <p>therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for two of two residents (R4, R7) who received treatments managed by the provider.</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 March 25, 2024, at approximately 12:05 p.m., licensed assisted living director (LALD)-A and registered nurse (RN)-B stated the licensee provided treatment/therapy management services to the residents at the facility.</p> <p>R4 R4's diagnoses included sarcoidosis (disease involving abnormal collections of inflammatory cells that form lumps known as granulomata), age-related osteoporosis, fibromyalgia (widespread musculoskeletal pain accompanied by fatigue), weakness, obstructive sleep apnea, diabetes, and Parkinson's disease (disorder affecting movement, often including tremors.)</p>	01970		

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01970	<p>Continued From page 82</p> <p>R4's service plan dated January 2, 2023, indicated R4 received the following services: dressing and grooming, put on TED hose and arm brace for her (R4).</p> <p>R4's record included directions for staff effective date December 1, 2022, which included: -put on TED hose and arm brace for her.</p> <p>On March 26, 2024, at 9:12 a.m., the surveyor observed unlicensed personnel (ULP)-H apply a compression stocking (TED) to R4's right leg. ULP-G applied a TED to R4's left leg. ULP-G applied a flexible cone type of tool to R4's left arm and then applied a folded arm sleeve (protects sensitive thin skin from tares and abrasions) to R4's left arm. Once the sleeve was in place ULP-G made sure there were no wrinkles on the arm sleeve. ULP-G removed the tool used for the arm sleeve application. ULP-G applied "It Stays" (a glue-like substance/roller ball application) to R4's left wrist.</p> <p>R4's record did not include prescriber's order for TEDs or arm sleeve.</p> <p>R7 R7's diagnoses included hypertension (HTN/high blood pressure.)</p> <p>R7's service plan dated March 16, 2021, indicated R7 received the following services: assist with shoes and socks as action increases shoulder pain and fatigue.</p> <p>R7's record included directions for staff effective date August 27, 2021, which included: -assist with arm sleeve and compression stockings. Assist with shoes and socks as action increases shoulder pain and fatigue.</p>	01970		

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01970	<p>Continued From page 83</p> <p>On March 26, 2024, at 8:16 a.m., the surveyor observed ULP-G apply an arm sleeve to R7's left arm and a hand sleeve to R7's left hand. ULP-G applied TEDs to R7's legs.</p> <p>R7's record did not include prescriber's order for TEDs or sleeves.</p> <p>On March 27, 2024, at 10:08 a.m., clinical nurse supervisor (CNS)-C stated TEDs and sleeves both require prescriber's order. CNS-C said the licensee did not have orders for TEDs and sleeves for R4, R7.</p> <p>The licensee's Receiving Medication and Treatment Orders policy dated June 1, 2006, noted all medication and treatment orders must be received by an RN (registered nurse) or person qualified to receive orders from an authorized prescriber.</p> <p>The licensee's undated Individualized Treatment and Therapy Management Plan policy noted "our" (licensee's) staff would provide ordered or prescribed treatment and therapy services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01970		
02310 SS=I	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care</p>	02310		

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02310	<p>Continued From page 84</p> <p>standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure care and services were provided according to acceptable health care and medical, or nursing standards with an assistive device (consumer bed rail), for four of four residents (R2, R4, R7, R8).</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>This resulted in an immediate correction order on March 26, 2024.</p> <p>The findings include:</p> <p>R2 R2's diagnoses include moderate persistent asthma (inflammatory disease of the airways of the lung), diabetes, and PE/DVT (pulmonary embolism/deep vein thrombosis, involving the formation of a blood clot in a deep vein) of right leg, and history of CVA (cerebrovascular accident: stroke/ blood flow to a part of the brain is stopped either by a blockage or the rupture of a blood vessel.)</p> <p>R2's Master Assessment dated February 22, 2024, noted: -indicate assistive equipment used by resident:</p>	02310		
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02310	<p>Continued From page 85</p> <p>walker, wheeled -indicated level of assistance needed for getting in and out of bed: independent -indicated the supporting resources for resident to get in and out of bed: N/A</p> <p>On March 26, 2024, at 7:28 a.m. the surveyor observed unlicensed personnel (ULP)-G enter R2's room to administer R2's morning medication. R2 was positioned in a recliner chair and stated she slept in the chair. The surveyor observed a consumer bedrail on R2's bed. R2 stated she sleeps in her bed, "once and a while" and she used the bedrail when in bed.</p> <p>On March 26, 2024, at approximately 11:20 a.m., the surveyor reviewed R2's record with registered nurse (RN)-B. RN-B was not able to find a bedrail assessment for R2. R2's master assessment was reviewed with RN-B which did not note a bedrail was used.</p> <p>On March 26, 2024, at 11:28 a.m., the surveyor observed RN-B and licensed assisted living director (LALD)-A enter R2's room to look and see if there was a bedrail on R2's bed. RN-B and LALD-A observed a consumer bedrail on R2's bed. R2 stated she had the bedrail for about six to nine months "something like that." R2 stated she used the bedrail daily and asked that it not be taken away.</p> <p>Directly after the above observation RN-B stated the licensee was not aware of R2's bedrail. RN-B confirmed the bedrail was securely attached to R2's bed.</p> <p>R2's record lacked a comprehensive assessment for the use of an assistive device (bedrail,) including installation and use of the device</p>	02310		

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02310	<p>Continued From page 86</p> <p>according to manufacturer's guidelines, lacked evidence of physical inspection of the bedrail and mattress for areas of entrapment, stability, correct installation of the device, and lacked evidence the licensee referred to the Consumer Product Safety Commission (CSPC) for bedrail recall information. R2's record also lacked evidence of an individualized risk and benefit discussion with the resident or the resident's representative.</p> <p>R4 R4's diagnoses included sarcoidosis (disease involving abnormal collections of inflammatory cells that form lumps known as granulomata), age-related osteoporosis, fibromyalgia (widespread musculoskeletal pain accompanied by fatigue), weakness, obstructive sleep apnea, diabetes, and Parkinson's disease (disorder affecting movement, often including tremors.)</p> <p>R4's Side Rail (bedrail) Use Assessment Form dated November 13, 2023, noted: -right bedrail indicated, to promote independence -bed rail form, risks verse benefits was reviewed by RN and education was done with family.</p> <p>On March 26, 2024, at 7:24 a.m., R4 used her call pendent to summons staff to her room. The surveyor observed R4 holding onto a consumer bedrail with one hand. R4's body was partly on the bed and partly out of the bed. In addition, R4's mattress had partially moved off the bed frame. The surveyor observed ULP-G and ULP-H assist R4 into a chair. R4 commented she was holding onto the bedrail for "dear life."</p> <p>On March 26, 2024, at 9:24 a.m., ULP-H stated she "fixed" R4's bed. ULP-H stated R4's mattress had slid over, as had the bedrail. ULP-H added the bedrail was loose and ready to fall off. R4</p>	02310		

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02310	<p>Continued From page 87</p> <p>stated she and the bedrail would have hit the dresser positioned next to the bed if the staff had not responded to her call for assistance.</p> <p>R4's record lacked a comprehensive assessment for the use of an assistive device (bedrail,) including installation and use of the device according to manufacturer's guidelines, lacked evidence of physical inspection of the bedrail and mattress for areas of entrapment, stability, correct installation of the device, and lacked evidence the licensee referred to the CSPC for bedrail recall information.</p> <p>R7 R7's diagnoses included hypertension (HTN/high blood pressure), heart failure, and adult failure to thrive.</p> <p>R7's Side Rail (bedrail) Use Assessment Form dated March 19, 2024, noted: -left bedrail indicated, to promote independence -bedrail form, risks verse benefits was reviewed by RN and education was done with R7.</p> <p>On March 26, 2024, at 8:16 a.m., the surveyor observed ULP-G apply a right knee brace and compression hose (TEDs) to R7's legs while R7 was seated in a chair. The surveyor observed a consumer bedrail on one side of R7's bed. R7 stated "oh yes, I use the bedrail all of the time."</p> <p>R7's record lacked a comprehensive assessment for the use of an assistive device (bedrail), including installation and use of the device according to manufacturer's guidelines, lacked evidence of physical inspection of the bedrail and mattress for areas of entrapment, stability, correct installation of the device, and lacked evidence the licensee referred to the CSPC for bedrail recall</p>	02310		

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02310	<p>Continued From page 88</p> <p>information.</p> <p>R8 R8's diagnoses included chronic pain, Parkinson's disease, and generalized anxiety disorder.</p> <p>R8's Side Rail (bedrail) Use Assessment Form dated March 1, 2024, noted: -left bedrail indicated, to promote independence -bed rail form, risks verse benefits was reviewed and educated by RN.</p> <p>On March 26, 2024, at 8:30 a.m., the surveyor observed ULP-G administer R8's morning medication. The surveyor observed a consumer bedrail on one side of R8's bed. R8 stated she used the bedrail.</p> <p>R8's record lacked a comprehensive assessment for the use of an assistive device (bedrail), including installation and use of the device according to manufacturer's guidelines, lacked evidence of physical inspection of the bedrail and mattress for areas of entrapment, stability, correct installation of the device, and lacked evidence the licensee referred to the CSPC for bedrail recall information.</p> <p>On March 26, 2024, at 11:18 a.m., clinical nurse supervisor (CNS)-C stated there is a handout given to residents about bedrails, measurements are taken every 12 weeks, and the ULPs check side rails daily to check if sturdy. CNS-C said the family's install the side rails, "we" (licensee) does not. CNS-C added "we" just make sure there is not a huge gap or that the bedrail's were not loose. CNS-C stated she did not know of a requirement to check the bedrail's for recall, and there were no manufacturer's instructions in</p>	02310		

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02310	<p>Continued From page 89</p> <p>resident records.</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs), last updated February 20, 2024, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none"> - Purpose and intention of the bed rail - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail - The resident's bed rail use/need assessment - Risk vs. benefits discussion (individualized to each resident's risks) - The resident's preferences - Installation and use according to manufacturer's guidelines - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p>	02310		

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02310	Continued From page 90 Immediacy is removed as confirmed by evaluation supervisor review on March 27, 2024, however non-compliance remains at a scope and level of three, widesrpead (l).	02310		



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

Type: Full
Date: 03/26/24
Time: 11:00:44
Report: 1002241024

Food and Beverage Establishment Inspection Report

Page 1

Location:

Oak Crest Senior Housing
201 10th Street Se
Roseau, MN56751
Roseau County, 68

Establishment Info:

ID #: 0037741
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2184632006
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

Utensil Surface Temp: = at 168 Degrees Fahrenheit
Location: LOLLIPOP - DISH MACHINE
Violation Issued: No

Acid: = 1875 PPM at Degrees Fahrenheit
Location: SINK & SURFACE - SANITIZER BUCKETS/DISPENSER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Line
Temperature: 41 Degrees Fahrenheit - Location: COTTAGE CHEESE - SALAD BAR
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: BUTTER - BEV AIR LOWBOY COOLER
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 37 Degrees Fahrenheit - Location: MASHED POTATOES - TRAULSEN COOLER
Violation Issued: No

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

Process/Item: Re-Heating
Temperature: 189 Degrees Fahrenheit - Location: SOUP - OVEN
Violation Issued: No

Type: Full
Date: 03/26/24
Time: 11:00:44
Report: 1002241024
Oak Crest Senior Housing

Food and Beverage Establishment Inspection Report

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

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

Discussion:

Handwashing

Employee illness

Safe cleaning and sanitizing

Date marking and disposition

Safe cooling practices

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 1002241024 of 03/26/24.


Certified Food Protection Manager: Nicole H. Wilt

Certification Number: FM110623 Expires: 04/19/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Nicole Wilt
Kitchen Manager

Signed:  _____

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

Report #: 1002241024

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out 0

Date 03/26/24

No. of Repeat RF/PHI Categories Out 0

Time In 11:00:44

Legal Authority MN Rules Chapter 4626

Time Out

Oak Crest Senior Housing	Address 201 10th Street Se	City/State Roseau, MN	Zip Code 56751	Telephone 2184632006
License/Permit # 0037741	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
Supervision			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Employee Health			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Good Hygienic Practices			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Approved Source			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
14	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Protection from Contamination			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Consumer Advisory			
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Highly Susceptible Populations			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food and Color Additives and Toxic Substances			
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Conformance with Approved Procedures			
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		

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.

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
Safe Food and Water			
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Food Temperature Control			
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food Identification			
37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Prevention of Food Contamination			
38	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
39	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		

Compliance Status		COS	R
Proper Use of Utensils			
43	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
44	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
45	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
46	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Utensil Equipment and Vending			
47	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
48	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
49	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Physical Facilities			
50	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
51	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
52	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
53	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
54	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
55	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
56	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
57	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
58	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		

Food Recalls:

Person in Charge (Signature)

Date: 03/26/24

Inspector (Signature)