



STATE LICENSING COMPLIANCE REPORT

Report #: HL008245580C

Date Concluded: December 7, 2022

Name, Address, and County of Facility

Investigated:

Revere Home

300 South Main Street

Revere MN, 56166

Redwood County

Facility Type: Boarding Care Home

Evaluator's Name: Erin Johnson-Crosby, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 4655. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email.

If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00824	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/01/2022
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NAME OF PROVIDER OR SUPPLIER REVERE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 300 SOUTH MAIN REVERE, MN 56166
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3 000	<p>INITIAL COMMENTS</p> <p>*****ATTENTION*****</p> <p>BOARDING CARE HOME LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On December 1, 2022, a complaint investigation was initiated to investigate complaint #HL008245580C.</p> <p>The following correction orders are issued for #HL008245580C, tag identification 0920, 1010,</p>	3 000	<p>The Minnesota Department of Health documents the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes.</p>	
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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3 000	Continued From page 1 1015, 1040, 1050, 1060, 1455, 1510, 4640, and 4645.	3 000	<p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule number out of compliance are listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the evaluators findings are the Suggested Method of Correction and 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/RULES.</p>	
3 920	<p>MN Rule 4655.5200 Subp. 6 Activities Program; Frequency</p> <p>Subp. 6. Frequency of program activities. The activities program shall be regularly scheduled at least five days each week with the program posted one week in advance.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, document review and</p>	3 920		

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3 920	<p>Continued From page 2</p> <p>interview, the facility failed to post regularly scheduled activities for five days, one week in advance. This had the potential to affect all 20 residents who reside in the facility.</p> <p>Findings include:</p> <p>During an observation on December 1, 2022, at 10:00 a.m., the activity calendar was hung in the hallway and identified five activities scheduled for the month of December.</p> <p>On December 1, 2022, at 10:20 a.m., the director of residential services (DRS)-D stated there are more activities and the calendar was not up to date.</p> <p>An email sent by the provider on December 2, 2022, identified activities were scheduled from Sunday to Thursday but for one week included four days of activities.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure activities are scheduled five days a week, one week in advance. Staff could be trained related to these procedures. The administrator or designee could monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	3 920		
31010	<p>MN Rule 4655.7000 Subp. 1A Patient or Resident Units; Comfortable bed</p> <p>Subpart 1. Requirements. The following items shall be provided for each patient or resident:</p> <p>A. A comfortable bed at least 36 inches wide,</p>	31010		

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31010	<p>Continued From page 3</p> <p>good springs, and a clean, firm, comfortable mattress and mattress pad. At least one clean, comfortable pillow with extra pillows available to meet the patient's needs. Clean, lightweight blankets and bed linen in good condition and of the proper size shall be kept on hand for use at all times. Clean sheets and pillow cases shall be furnished at least once a week. Each bed shall have a washable bedspread. A moisture-proof mattress cover or rubber or plastic sheeting shall be provided for mattresses of all bed patients and for other beds as necessary. Rollaway type beds, cots, or folding beds shall not be used.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview the facility failed to ensure 1 out of 1 resident (R1) had a comfortable and clean bed with clean bed linen.</p> <p>Findings include:</p> <p>During observation on December 1, 2022, 10:10 a.m., R1 was laying on his mattress without bed sheets. The mattress was not in good repair and unable to be cleaned. R1 was lying on his clothes that were piled up on his bed.</p> <p>On December 1, 2022, at 10:10 a.m., a picture of R1's mattress identified the mattress was dirty and was not able to be cleaned due to most of the top layer of the mattress having been rubbed off. A picture of an unaccompanied mattress in the same room identified a second mattress in the same condition as R1's.</p> <p>On December 1, 2022, at 11:45 p.m., the Director of Residents Services (DRS)-D stated in 2018 there were new mattresses ordered and since</p>	31010		

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31010	Continued From page 4 then there has been a few others ordered. DRS-D stated she was not aware of the condition of R1's mattress. SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure all residents have a clean mattress and clean linen is provided on a at least a weekly basis. The administrator or designee could review and revise related procedures. Staff could be trained related to these procedures. The administrator or designee could monitor for compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	31010		
31015	MN Rule 4655.7000 Subp. 1B Patient/ Resident Units;one comfortable chair Subpart 1. Requirements. The following items shall be provided for each patient or resident: B. At least one comfortable chair. This MN Requirement is not met as evidenced by: Based on observation and interview, the facility failed to provide one chair for each resident in the resident's room. This had the potential to affect three of three residents (R1, R2, R3) observed. Findings include: During observation on December 1, 2022, 10:10 a.m., R1, R2, and R3's shared room did not have a chair for each resident. This room was	31015		

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31015	<p>Continued From page 5</p> <p>partitioned off for four residents with curtains. Due to the square footage of the room there would not be enough room for a chair along with the other required items.</p> <p>On December 1, 2022, at 10:10 a.m., a picture of R1's area of the room identified there was no chair available for use. R2 and R3 were in their areas so a picture was not taken of their areas.</p> <p>On December 1, 2022, at 11:40 a.m., the director of residential services (DRS)-D stated the items required in resident rooms included a bed, night stand, dresser, garbage can, laundry basket and a side of the closet.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure all residents have a have required items in their rooms including a chair. The administrator or designee could review and revise related procedures. Staff could be trained related to these procedures. The administrator or designee could monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p>	31015		
31040	<p>MN Rule 4655.7000 Subp. 1G Patient or Resident Units; nurse call device</p> <p>Subpart 1. Requirements. The following items shall be provided for each patient or resident:</p> <p>G. A device for signaling nurses and attendants which shall be kept in working order at all times.</p>	31040		

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31040	<p>Continued From page 6</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview the facility failed to ensure emergency call lights or a device for signaling the nurse and/or attendants was kept in working order at all times for each of the occupied 12 residential rooms. This had the potential to affect all 20 residents who resided in the building.</p> <p>Findings include:</p> <p>On December 1, 2022, at 10:10 a.m., during observations of the facility environment, it was noted resident rooms failed to have available call lights in place.</p> <p>On December 1, 2022, at 11:30 a.m., director of residential services (DRS)-D stated resident rooms did not have a call system in place but "staff keep track of them pretty good."</p> <p>SUGGESTED METHOD FOR CORRECTION: The DRS or designee could develop policies and procedures to ensure multiple bed rooms had call lights available. The DRS could educate all staff to ensure the availability and could develop an audit system to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p>	31040		
31050	<p>MN Rule 4655.7000 Subp. 1I Patient or Resident Units, Bed light</p> <p>Subpart 1. Requirements. The following items shall be provided for each patient or resident:</p> <p>I. A bed light providing a minimum of 30</p>	31050		

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31050	<p>Continued From page 7</p> <p>foot-candle intensity conveniently located for reading or for doing handiwork in bed or in an adjacent chair.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview the facility failed to ensure three out of three residents (R1, R2, R3) had a bed light available for reading or completing handiwork in bed or in a chair.</p> <p>Findings include:</p> <p>During observation on December 1, 2022, at 10:10 a.m., indicated R1, R2, and R3 did not have a bedside lamp.</p> <p>On December 1, 2022, at 10:10 a.m., a picture was taken of R1's area and a lamp was not available for use. A picture of R2 and R3's area of the room was not able to be taken as the residents were in their beds.</p> <p>On December 1, 2022, at 11:40 a.m., the director of residential services (DRS)-D stated the items required in resident rooms included a bed, night stand, dresser, garbage can, laundry basket and a side of the closet.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure all residents have a bed light for reading in bed or a chair. The administrator or designee could review and revise related procedures. Staff could be trained related to these procedures. The administrator or designee could monitor for compliance.</p>	31050		

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31050	Continued From page 8 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	31050		
31060	<p>MN Rule 4655.7000 Subp. 2 Patient or Resident Units; Double Bed policy</p> <p>Subp. 2. Written policy for double beds. The nursing home and boarding care home shall develop a written policy regarding the use of double beds.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to develop a written policy for the use of double beds. This had the potential to affect all 18 residents who resided in double-bed occupancy rooms in the facility.</p> <p>Findings include:</p> <p>On December 1, 2022 at approximately 10:00 a.m. the surveyor observed the facility had several resident rooms identified as double-bed occupancy rooms. Two of the rooms were furnished for occupancy of four, containing four resident beds.</p> <p>On December 1, 2022, at 10: 10 a.m., the surveyor requested a double-bed policy. The director of residential services (DSG)-D stated she was not aware the facility had a double bed policy, but would check.</p> <p>The facility's undated, Home Guide policy and procedure document indicated room-mates are a must at this facility. There are only two single person rooms and those are occupied by</p>	31060		

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31060	<p>Continued From page 9</p> <p>residents who have seniority. Most new admits will start off in our four person room and move in to a two person room as they become available. The facility will choose the resident's roommate.</p> <p>No other documents were provided regarding a written double-bed policy.</p> <p>SUGGESTED METHOD OF CORRECTION: The facility could develop a policy related to the use of double beds for residents and educate staff on this policy.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days.</p>	31060		
31455	<p>MN Rule 4655.9000 Subp. 1 Housekeeping; General Requirements</p> <p>Subpart 1. General requirements. The entire facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings shall be maintained in a clean, sanitary, and orderly condition throughout and shall be kept free from offensive odors, dust, rubbish, and safety hazards. Accumulation of combustible material or waste in unassigned areas is prohibited.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview the facility failed to maintain a clean, sanitary, and orderly environment. This had the potential to affect all 20 residents residing in the facility.</p> <p>Findings include: During an observation on December 1, 2022, at</p>	31455		

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31455	<p>Continued From page 10</p> <p>9:50 a.m., the surveyor identified the following:</p> <ul style="list-style-type: none"> - Multiple cracked ceilings in the hallway and dining room which included holes in the ceiling and signs of water damage. The exercise room had exercise equipment which was duct taped. -The cushions of the couch in the living room were sunken in. -The living room had multiple areas of peeling paint. -The front patio attached to the home had plastic wrap around the area. -There were eight coffee cans filled with cigarette butts in the front porch area and a smoldering cigarette in the metal coffee can was approximately one foot away from the facility wall. -The covers of the lights in the dining room and exercise room included multiple dead bugs. -The women's bathroom also had cracks in the ceiling that appeared to be from water damage. <p>During an observation on December 1, 2022, at 10:10 a.m. of R1, R2 and R3's room, a shower curtain was hung for R2 instead of a divider curtain. R1's mattress was worn and was not a cleanable surface as the vinyl covering had been worn off.</p> <p>During an observation and interview on December 1, 2022, at 11:50 p.m., with the director of residential services (DRS)-D, they stated the ceilings had leaked, causing the cracks and holes in the ceiling. They indicated the roof was fixed this summer but the ceiling had not been fixed. DRS-D verified the exercise equipment was taped up and would be removed. DRS-D also verified there were multiple areas of paint missing. DRS-D confirmed the metal can near the facility contained a smoldering cigarette butt. DRS-D stated there was not routine maintenance completed on the building, but the</p>	31455		

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31455	<p>Continued From page 11</p> <p>DRS-D completed rounds and would follow up with maintenance concerns as needed.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator and house manager could work with maintenance to implement needed repairs. The administrator and house manager could develop a system for routine assessment of repair needs within the facility.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	31455		
31510	<p>MN Rule 4655.9060 Screens</p> <p>Outside openings such as doors, operable windows, or louvers shall be protected with screens to prevent the entrance of flies, mosquitoes, and other insects with screening material no larger than 16 mesh per square inch. Screen doors shall open in the direction of exit traffic and be equipped with self-closing devices. Screen doors are not required on main entrances to facilities, unless such doors are kept open. Outside open drain outlets shall be screened to prevent the entrance of rodents.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the facility failed to provide screens for windows for 14 out of 20 residents that resided at the facility.</p> <p>Findings include: On December 1, 2022 during an initial tour of the facility, the survey observed several resident</p>	31510		

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31510	<p>Continued From page 12</p> <p>rooms did not have screens on them.</p> <p>On December 1, 2022, during an outside tour of the facility, pictures were taken and identified eight rooms did not have screens on the window.</p> <p>On December 1, 2022, director of residential services (DRS)-D stated she was not aware screens were required on resident windows and stated the facility can do that if needed.</p> <p>SUGGESTED METHOD FOR CORRECTION: The DRS or designee could develop policies and procedures to ensure screens are put on all resident rooms.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p>	31510		
34640	<p>MN Rule 4660.7800 Subp. 1 Plant Operation & Maint. Existing/New Constr</p> <p>Subpart 1. General requirements. The physical plant shall be kept in a continuous state of good repair and operation with regard to the health, comfort, safety and well-being of the occupants in accordance with an established routine maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to have an established routine maintenance and repair program. This had the potential to affect all 20 residents who resided in the facility.</p> <p>Findings include:</p>	34640		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00824	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/01/2022
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NAME OF PROVIDER OR SUPPLIER REVERE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 300 SOUTH MAIN REVERE, MN 56166
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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
34640	<p>Continued From page 13</p> <p>During an observation on December 1, 2022, at 9:50 a.m., the surveyor identified the following:</p> <ul style="list-style-type: none"> - Multiple cracked ceilings in the hallway and dining room which included holes in the ceiling and signs of water damage. The exercise room had exercise equipment which was duct taped. -The cushions of the couch in the living room were sunken in. -The living room had multiple areas of peeling paint. -The front patio attached to the home had plastic wrap around the area. -There were eight coffee cans filled with cigarette butts in the front porch area and a smoldering cigarette in the metal coffee can was approximately one foot away from the facility wall. -The covers of the lights in the dining room and exercise room included multiple dead bugs. -The women's bathroom also had cracks in the ceiling that appeared to be from water damage. <p>During observation and interview on December 1, 2022, at 11:50 p.m., with the director of residential services (DRS)-D stated the ceilings had leaked causing the cracks and holes in the ceiling. The roof was fixed this summer but the ceiling had not been fixed. DRS-D verified the exercise equipment was taped up and would be removed. DRS-D also verified there were multiple areas of paint missing. DRS-D confirmed the metal can near the facility had a smoldering cigarette butt. DRS-D stated there did not provide routine maintenance in the building but the DRS-D completed rounds and would follow up with maintenance concerns as needed.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator and house manager could work</p>	34640		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00824	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/01/2022
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NAME OF PROVIDER OR SUPPLIER REVERE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 300 SOUTH MAIN REVERE, MN 56166
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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
34640	Continued From page 14 with maintenance to implement needed repairs. The administrator and house manager could develop a system for routine assessment of repair needs within the facility. The DSG or designee could purchase a container for cigarette butts and place the container away from the facility. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	34640		
34645	MN Rule 4660.7800 Subp. 2 Plant Operation & Maint. Existing/New Constr Subp. 2. Walls, floors, and ceilings. Walls, floors, and ceilings shall be kept in good and acceptable repair at all times. They shall be of a type or finish to permit good maintenance including frequent washing, cleaning, or painting. This MN Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure ceilings, equipment, walls, remained in good repair. The facility also failed to identify a potential fire hazard. This had the potential to affect all 20 residents who resided in the facility. Findings include: During an observation on December 1, 2022, at 9:50 a.m., the surveyor identified the following: - Multiple cracked ceilings in the hallway and dining room which included holes in the ceiling and signs of water damage. The exercise room had exercise equipment which was duct taped.	34645		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00824	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/01/2022
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NAME OF PROVIDER OR SUPPLIER REVERE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 300 SOUTH MAIN REVERE, MN 56166
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34645	<p>Continued From page 15</p> <ul style="list-style-type: none"> -The cushions of the couch in the living room were sunken in. -The living room had multiple areas of peeling paint. -The front patio attached to the home had plastic wrap around the area. -There were eight coffee cans filled with cigarette butts in the front porch area and a smoldering cigarette in the metal coffee can was approximately one foot away from the facility wall. -The covers of the lights in the dining room and exercise room included multiple dead bugs. -The women's bathroom also had cracks in the ceiling that appeared to be from water damage. <p>During an observation and interview on December 1, 2022, at 11:50 p.m., with the director of residential services (DRS)-D stated the ceilings had leaked causing the cracks and holes in the ceiling but the roof was fixed this summer and the ceiling had not been fixed. DRS-D verified the exercise equipment was taped up and would be removed. DRS-D also verified there were multiple areas of paint missing. DRS-D also confirmed the metal butt can near the facility had a smoldering cigarette butt. DRS-D stated there was not someone routinely that came in the building for regular maintenance but the DRS-D completed rounds and would follow up with maintenance concerns as needed.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator and house manager could work with maintenance to implement needed repairs. The administrator and house manager could develop a system for routine assessment of repair needs within the facility. The DSG or designee could purchase a container for cigarette butts and place the container away from the facility wall.</p>	34645		

Minnesota Department of Health

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34645	Continued From page 16 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	34645		