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

# NOTICE OF REMOVAL OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronic Delivery

April 10, 2025

Licensee
Grace Assisted Living LLC
2643 Longfellow Avenue
Minneapolis, MN  55407

RE:  Initial License Number 414373
Health Facility Identification Number (HFID) 40196
Project Number(s) SL40196015

Dear Licensee:

On March 11, 2025, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed November 15, 2024. The follow-up survey found the facility to be in substantial compliance.  Based on these findings, the condition(s) on the license were removed effective April 10, 2025.

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

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.

Furthermore, the follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the November 15, 2024, initial survey.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a), state correction orders issued pursuant to the last survey completed on November 15, 2025, found not corrected at the time of the follow-up survey follow-up survey and/or subject to a penalty assessment are as follows:

**1620-Initial Reviews, Assessments, And Monitoring-144g.70 Subd. 2 (c-E)**

The details of the violations noted at the time of this follow-up survey completed on March 11, 2025 (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, no immediate fines are assessed.

**DOCUMENTATION OF ACTION TO COMPLY**
Per 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**

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,

Rick Michals, J.D.
**Executive Regional Operations Manager**

**Minnesota Department of Health**
**Health Regulation Division**

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40196 | A. BUILDING: _____ B. WING _____ | R 03/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GRACE ASSISTED LIVING LLC | 2643 LONGFELLOW AVENUE MINNEAPOLIS, MN 55407 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| {0 000} | Initial Comments<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER FOLLOW UP SURVEY WITH RE-ISSUE OF ORDERS<br><br>INITIAL COMMENTS<br>SL40196015-1<br><br>On March 10, 2025, through March 11, 2025, 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 November 15, 2024. At the time of the survey, there were two (2) residents receiving services under the Assisted Living License. As a result of the follow-up survey, the following orders were reissued and/or new orders issued. | {0 000} | 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| {0 480} SS=F | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services | {0 480} | | |

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| {0 480} | Continued From page 1<br><br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;<br>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;<br>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;<br>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are | {0 480} | | |

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| {0 480} | Continued From page 2<br>allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced by: | {0 480} | Not reviewed during this survey. | |
| {01620} SS=D | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days 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.<br>(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.<br>(e) A facility must inform the prospective resident of the availability of and contact information for | {01620} | | |

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| {01620} | Continued From page 3<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) completed a comprehensive reassessment to include all required content identified per Minnesota Administrative Rule 4659.0150 Uniform Assessment Tool for one of one resident (R2).<br><br>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).<br><br>The findings include:<br><br>R2 was admitted to the licensee on September 26, 2024.<br><br>R2's Addendum to Contract - Waiver - MN signed September 27, 2024, indicated R2 required medication administration, activity assistance, and behavior management for agitation and anxiety.<br><br>R2's Assessment As Of Date completed on February 2, 2025, by clinical nurse supervisor/licensed assisted living director | {01620} | | |

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| {01620} | Continued From page 4<br><br>(CNS/LALD)-B indicated, "Mobility - Ambulation, Independent - walks without assistance," and "Safe Smoking, Smoking assessment is not applicable."<br><br>On March 10, 2025, at 10:10 a.m., the surveyor observed R2 use a four wheeled walker (4WW) to ambulate (walk) within the facility, out the front door, and to the backyard area of the facility to smoke a cigarette. R2 returned into the facility with the use of the 4WW.<br><br>On March 10, 2025, at 10:40 a.m., CNS/LALD-B stated R2's assessment lacked identification R2 utilized a 4WW and if R2 was able to safely use the 4WW. CNS/LALD-B stated R2 had smoked for years and was able to safely smoke but R2's assessment lacked documentation of a safe smoking assessment. CNS/LALD-B stated the licensee would need to complete an updated assessment on R2 to ensure all required areas of Minnesota Administrative Rule 4659.0150 Uniform Assessment Tool were included in each assessment.<br><br>The licensee's 6.01 Assessments, Reviews & Monitoring policy dated August 23, 2022, indicated each resident assessment would include all areas of the uniform assessment tool.<br><br>No further information was provided. | {01620} | | |

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

# NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

January 28, 2025

Licensee
Grace Assisted Living LLC
2643 Longfellow Avenue
Minneapolis, MN 55407

RE: Provisional Conditional License Number 414373
Health Facility Identification Number (HFID) 40196
Project Number(s) SL40196015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 15, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 90-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **April 28, 2025**.

**STATE CORRECTION ORDERS**
The enclosed State Form documents the state correction orders. MDH documents state 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $3,000.00. **MDH is not imposing these fines against your provisional license at this time.**

**St - 0 - 1730 - 144g.71 Subd. 5 - Individualized Medication Management Plan - $3,000.00**

**DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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**

**CONDITIONAL LICENSE ISSUED:**

MDH will issue Grace Assisted Living LLC a conditional provisional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Grace Assisted Living LLC is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional provisional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the provisional license.

b. **No new admissions:** Grace Assisted Living LLC will not admit any new residents under its conditional provisional assisted living facility license until MDH removes the "no new admissions" condition. Grace Assisted Living LLC must provide the Department:

    i. A list of the names and birthdates of any individuals Grace Assisted Living LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current residents including:
        1. Name and birthdate of each resident
        2. Current payment source for services
        3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
        4. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative

c. **Consultant:** Grace Assisted Living LLC will contract with an RN to provide consultation concerning all resident(s) to whom Grace Assisted Living LLC provides provisional licensed assisted living services under the conditional license. <u>The consultant must have access to all resident(s) receiving services from Grace Assisted Living LLC. The consultant will conduct initial and ongoing evaluations of the provider. Direct resident observation may be required based on the consultant's judgement or at the discretion of MDH</u>. The RN must not have any affiliation with Grace Assisted Living LLC and MDH must review the RN's credentials and approve the selection. Grace Assisted Living LLC is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Grace Assisted Living LLC in an effort to help Grace Assisted Living LLC align their practices with the requirements of Minn. Stat. §§ 144G.01 – 144G.9999 and to provide oral and written reports to MDH noting progress toward substantial compliance and/or concerns about observations. Grace Assisted Living LLC will develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided by the consultant to ensure ongoing monitoring and substantial compliance with statutory requirements.

d. **Reports:** The RN consultant will provide MDH with regular reports at intervals specified by MDH. Reports will begin on a weekly basis until MDH notifies Grace Assisted Living LLC and the RN consultant about a change. Each report will be

electronically submitted to Brandon Mueller, , State Evaluation Team, Health Regulation Division, at Brandon.W.Mueller@state.mn.us . Brandon Mueller can be reached at 651-247-2064 (office) with questions about reports. The content of the reports will include information such as:

i. Progress towards correction of orders;
ii. Observations of staff delivering assisted living services and the level of competency observed;
iii. Conversations with residents and family members about satisfaction with assisted living services;
iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
v. Overall impressions about the quality of the assisted living services delivered;
vi. Overall impressions about the dignity with which the residents and their family members are treated;
vii. Concerns; and
viii. Any other information requested by the Department or considered important by the RN consultant(s).

e. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Grace Assisted Living LLC to correct the violations cited during the survey as well as to determine the overall practice of Grace Assisted Living LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.

f. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

g. **Corrective Action Plan:** Grace Assisted Living LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
    i. A statement of the concern
    ii. A description of what will happen to correct the concern
    iii. A target date for when each correction will be complete
    iv. Who is responsible to make sure it happens
    v. Current status of correction work
    vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

**RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:**
MDH will determine if Grace Assisted Living LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional provisional license period. If MDH determines Grace Assisted Living LLC is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Grace Assisted Living LLC. If MDH determines Grace Assisted Living LLC is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

**REQUEST FOR RECONSIDERATION:**
Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:
**https://forms.web.health.state.mn.us/form/HRDAppealsForm**

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 Casey DeVries directly at: 651-201-5917.

Sincerely,

Rick Michals

Rick Michals, J.D.
**Executive Regional Operations Manager**
**Minnesota Department of Health**
**Health Regulation Division**

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 40196 | A. BUILDING: _____ B. WING _____ | 11/15/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GRACE ASSISTED LIVING LLC | 2643 LONGFELLOW AVENUE MINNEAPOLIS, MN 55407 |

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| 0 000 | Initial Comments<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL40196015-0<br><br>On November 12, 2024, through November 15, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were two residents; two receiving services under the provisional Assisted Living Facility license.<br><br>An immediate correction order was identified on November 14, 2024, issued for SL40196015-0, tag identification 1730.<br><br>During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged. | 0 000 | 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
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| 0 480 | Continued From page 1<br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;<br>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;<br>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;<br>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are | 0 480 | | |

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| 0 480 | Continued From page 2<br><br>allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>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).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 12, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer | 0 480 | | |

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| 0 480 | Continued From page 3<br>to the FBEIR for any compliance dates. | 0 480 | | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(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;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(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.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z and failed to post the emergency plan prominently. This had the potential to affect all residents, staff, | 0 680 | | |

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| 0 680 | Continued From page 4<br>and visitors.<br><br>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).<br><br>The findings include:<br><br>On November 12, 2024, at 10:35 a.m., the surveyor retrieved the licensee's Emergency preparedness plan binder from the facility's basement office.<br><br>The licensee's undated emergency disaster preparedness plan lacked evidence of the following required content:<br>- establishment of the emergency preparedness plan;<br>- page three of the licensee's EPP contained a blank signature page which was intended to be used as a record for establishement and annual review;<br>- policies and procedures for tracking staff and patients;<br>- policies and procedures addressing the development of arrangements with other facilities;<br>- policies and procedures on providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the incident command center, or designee.<br><br>On November 14, 2024, at 1:22 p.m., house manager (HM)-C stated the EPP was typically | 0 680 | | |

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| 0 680 | Continued From page 5<br><br>stored in the basement office behind a locked door. HM-C stated they were not aware the EPP needed to be stored in a manner that made the document accessible.<br><br>On November 14, 2024, at 1:52 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated they were responsible for the development of the EPP. CNS/LALD-B stated going forward, they would ensure the document was stored in accessible location and would contain all required content.<br><br>The licensee's Emergency Preparedness policy dated July 21, 2022, indicated the licensee would have plan in place to ensure the safety and wellbeing of residents and staff during periods of emergency or disaster that disrupts services.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 680 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique | 0 810 | | |

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| 0 810 | Continued From page 6<br><br>or unusual resident needs for movement or evacuation.<br>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content. This had the potential to directly affect all residents, staff, and visitors.<br><br>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 potential to affect a large portion or all of the residents).<br><br>The findings include: | 0 810 | | |

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| 0 810 | Continued From page 7<br><br>On Novemeber 12, 2024, house manager (HM)-C provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.<br><br>FIRE SAFETY AND EVACUATION PLAN:<br>The licensee's FSEP, titled "Fire Safety", dated April 19, 2023, failed to include the following:<br><br>The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The provided FSEP was from a third-party provider and had not been updated to the specific facility.<br><br>The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency.<br><br>The FSEP included standard resident evacuation procedures but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate residents but did not include any procedures for assisting residents during evacuation nor did it include instructions for staff to follow in case of relocation.<br><br>On November 12, 2024, at 12:00 p.m., HM-C stated they didn't understand that the third-party policy they were using was not correct. HM-C stated they would work on bringing them into compliance. The policy reviewed was an unedited | 0 810 | | |

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| 0 810 | Continued From page 8<br>policy from a third-party provider that was not specific to the facility.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 810 | | |
| 01620 SS=D | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days 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.<br>(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.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the RN conducted ongoing resident assessment and reassessment, | 01620 | | |

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| 01620 | Continued From page 9<br><br>not to exceed 14 calendar days from the last date of the admission assessment for one of two residents (R2).<br><br>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).<br><br>The findings include:<br><br>R2 was admitted to the licensee on September 27, 2024, to receive assisted living services.<br><br>R2's diagnosis included acute tracheitis with obstruction (upper infection and airway obstruction), malignant neoplasm of larynx (cancer of the voice box), dysphagia (difficulty swallowing), chronic pain, anemia, hypothyroidism, bipolar disorder, essential hypertension, hyperlipidemia, gastroesophageal reflux disease without esophagitis, insomnia, low back pain, generalized anxiety disorder, moderate protein-calorie malnutrition, chronic obstructive pulmonary disease (COPD), muscle weakness, other abnormalities of gait and mobility, and acquired absence of larynx.<br><br>R2's Addendum to Contract - Waiver - MN dated September 27, 2024, indicated R2 received assistance with activities, appointment reminders and assistance, equipment care - respiratory, finance management, housekeeping - heavy, laundry, linen change, behavior management, meal assistance, medication administration, | 01620 | | |

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| 01620 | Continued From page 10<br><br>safety checks, shopping assistance, and socialization.<br><br>R2's record contained a preadmission assessment that occurred on September 26, 2024, an admission assessment that occurred on September 27, 2024, and a 14-day assessment that occurred on October 15, 2024, eighteen days after the admission assessment. The late 14-day assessment completed by clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B contained the following note: "Note: RN out of town at - In AR at grandpa's 94th bday".<br><br>On October 14, 2024, CNS/LALD-B stated they were aware the assessment needed to be completed within the first 14 days. CNS/LALD-B stated they did not remember if they were sick or out of town. The surveyor asked CNS/LALD-B if they had entered the note information. CNS/LALD-B stated, "yeah". CNS/LALD-B stated moving forward, they would ensure that assessments were completed prior to leaving.<br><br>The licensee's Assessment and Reassessment policy dated July 21, 2022, indicated the RN would provide a reassessment visit to update the evaluation of the resident and services no more than 14 days after the initiation of services.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01620 | | |
| 01730 SS=G | 144G.71 Subd. 5 Individualized medication management plan | 01730 | | |

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| 01730 | Continued From page 11<br>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:<br>(1) a statement describing the medication management services that will be provided;<br>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br>(3) documentation of specific resident instructions relating to the administration of medications;<br>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;<br>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.<br>(b) The medication management record must be current and updated when there are any changes.<br>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing | 01730 | | |

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| 01730 | Continued From page 12<br>medication management.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to update the medication management record when there are any changes and perform a medication reconciliation to verify medications were administered as prescribed for one of one resident (R2) receiving medication management services.<br><br>This practice resulted in a level three violation (a violation that harmed a client'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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>R2 was admitted to the licensee on September 27, 2024, to receive assisted living services.<br><br>R2's diagnosis included acute tracheitis with obstruction (upper infection and airway obstruction), malignant neoplasm of larynx (cancer of the voice box), dysphagia (difficulty swallowing), chronic pain, anemia, hypothyroidism, bipolar disorder, essential hypertension, hyperlipidemia, gastroesophageal reflux disease without esophagitis, insomnia, low back pain, generalized anxiety disorder, moderate protein-calorie malnutrition, chronic obstructive pulmonary disease (COPD), muscle weakness, other abnormalities of gait and | 01730 | During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged. | |

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| 01730 | Continued From page 13<br>mobility, and acquired absence of larynx.<br><br>R2's Addendum to Contract - Waiver - MN dated September 27, 2024, indicated R2 received assistance with activities, appointment reminders and assistance, equipment care - respiratory, finance management, housekeeping - heavy, laundry, linen change, behavior management, meal assistance, medication administration, safety checks, shopping assistance, and socialization.<br><br>R2's admission assessment dated September 27, 2024, indicated R2 needed full medication management and setup. Additionally, the admission assessment indicated R2 required registered nurse (RN) consultation to clarify instruction changes from medical providers, and the RN was responsible for monitoring medication supplies and reordering as needed.<br><br>R2's admission provider's orders dated September 23, 2024, indicated the following orders were not reconciled or entered into R2's medical record:<br>- acetaminophen oral tablet, give 650 milligram (mg) by mouth every 4 hours as needed for mild pain;<br>- albuterol sulfate inhalation nebulization solution 2.5 mg/3 milliliter (ml), inhale orally every 4 hours as needed for wheezing and shortness of breath;<br>- calcium carbonate antacid oral tablet chewable 500 mg, give 2 tablets by mouth as needed for gastro esophageal reflux disorder (GERD);<br>- guaifenesin oral liquid 100 mg/5 ml, give 10 ml by mouth every 4 hours as needed for cough sputum;<br>- lidocaine 4 % patch, apply to painful area every 24 hours as needed for pain. 1 patch topically to painful area once daily as needed, on for 12 | 01730 | | |

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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 |
|---|---|---|---|---|
| 01730 | Continued From page 14<br><br>hours off for 12 hours;<br>- melatonin oral tablet, give 3-5 mg by mouth at bedtime for sleep;<br>- polyethylene glycol 17 gram (gm) dose, give one time a day for constipation;<br>- revefenacin inhalation solution 175 mcg/3 ml, inhale one time a day for respiratory failure;<br>- silver sulfadiazine external cream 1 percent (%) apply topically two times a day for pain;<br>- sodium chloride inhalation solution 0.9 %/5 ml, inhale orally via nebulizer as needed for chronic respiratory failure two times per day as needed;<br>- sodium chloride inhalation solution 0.9%/5 ml, inhale orally via nebulizer as needed three times a day; and<br>- Zofran oral tablet 8 mg, give 1 tablet by mouth every 8 hours as needed.<br><br>R2's provider order dated October 17, 2024, indicted the following physician orders were not reconciled or entered into the resident's electronic medical record:<br>- nicotine 21 mg/24 hour (HR) 24-hour patch for tobacco dependence;<br>- nicotine polacrilex 4 mg gum, take 1 piece by mouth every hour as needed;<br><br>R2's after visit summary (AVS) dated November 1, 2024, indicated the following list of current medications was not reconciled:<br>- buprenorphine (Schedule III controlled substance) 20 microgram (mcg)/HR weekly patch; and<br>- ipratropium 0.02 % nebulizer solution, take 2.5 ml (0.5 mg) by nebulization 3 times daily for COPD<br><br>On November 14, 2024, at 2:06 p.m., while discussing physician orders received upon admission, clinical nurse supervisor/licensed | 01730 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40196 | A. BUILDING: _____ B. WING _____ | 11/15/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| 01730 | Continued From page 15<br><br>assisted living director (CNS/LALD)-B, stated "we had the signed order, but that's not going to get you a bottle of pills."<br><br>On November 14, 2024, at 2:26 p.m., CNS/LALD-B stated they were responsible for ensuring that residents receive medications as prescribed by the physician. CNS/LALD-B stated the only medications entered into the electronic medication administration record (EMAR) for R2 were medications that transferred with R2 from their discharging facility. CNS/LALD-B stated, "If they didn't send it, I didn't put it in the EMAR because we could not give the medications", and "when they come, they usually come with meds", and "I didn't realize they were prescribed all of this stuff".<br><br>The licensee's prescriber's orders policy dated July 21, 2022, indicated written orders from an authorized prescriber will be obtained for all medications and treatments with which the assisted living facility assists residents, including over the counter medications. Additionally, the RN is responsible for implementing medication and treatment orders or for delegating the orders to the appropriate paraprofessional.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Immediate | 01730 | | |
| 01760 SS=D | 144G.71 Subd. 8 Documentation of administration of medication<br><br>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 | 01760 | | |

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| 01760 | Continued From page 16<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure that a physician order was transcribed accurately for one of two residents (R2).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).<br><br>The findings include:<br><br>R2 was admitted to the licensee on September 27, 2024, to receive assisted living services.<br><br>R2's diagnosis included acute tracheitis with obstruction (upper infection and airway obstruction), malignant neoplasm of larynx (cancer of the voice box), dysphagia (difficulty swallowing), chronic pain, anemia, hypothyroidism, bipolar disorder, essential hypertension, hyperlipidemia, gastroesophageal reflux disease without esophagitis, insomnia, low | 01760 | | |

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| 01760 | Continued From page 17<br><br>back pain, generalized anxiety disorder, moderate protein-calorie malnutrition, chronic obstructive pulmonary disease (COPD), muscle weakness, other abnormalities of gait and mobility, and acquired absence of larynx.<br><br>R2's Addendum to Contract - Waiver - MN dated September 27, 2024, indicated R2 received assistance with activities, appointment reminders and assistance, equipment care - respiratory, finance management, housekeeping - heavy, laundry, linen change, behavior management, meal assistance, medication administration, safety checks, shopping assistance, and socialization.<br><br>R2's signed physician orders dated September 23, 2024, indicated that R2 contained the following order:<br>- levothyroxine sodium oral tablet, give 112 mcg by mouth one time a day for hypothyroidism. Give AM on empty stomach.<br><br>R2's medication card, provided from a pharmacy contained the following written instructions:<br>- levothyroxine 112mcg tab; Take 1 tablet by mouth every morning on an empty stomach for hypothyroidism (separate from other meds).<br><br>R2's current medication list indicated the following written administration instructions:<br>- levothyroxine sodium 112mg by mouth daily, AM.<br><br>R2's Medication administration record (MAR) lacked documentation instructing to administer medications on an empty stomach.<br><br>On November 14, 2024, at 1:57 p.m., clinical nurse supervisor/ licensed assisted living director | 01760 | | |

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| 01760 | Continued From page 18<br><br>(CNS/LALD)-B stated the medication should be administered one hour before R2 eats, which should have been indicated in the administration note. CNS/LALD-B stated the information was excluded from R2's record due to a transcription error.<br><br>The licensee's Medications Orders policy dated July 21, 2022, indicated the licensee will administer medications as prescribed by the authorized prescriber and in accordance with all the rights defined in the Assisted living Bill of Rights and in the Health Insurance Portability and Accountability Act.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01760 | | |
| 01880 SS=D | 144G.71 Subd. 19 Storage of medications<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to store all medications in a securely locked location for one of two residents (R2).<br><br>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 | 01880 | | |

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| 01880 | Continued From page 19<br><br>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).<br><br>The findings include:<br><br>R2 was admitted to the licensee on September 27, 2024, to receive assisted living services.<br><br>R2's diagnosis included acute tracheitis with obstruction (upper infection and airway obstruction), malignant neoplasm of larynx (cancer of the voice box), dysphagia (difficulty swallowing), chronic pain, anemia, hypothyroidism, bipolar disorder, essential hypertension, hyperlipidemia, gastroesophageal reflux disease without esophagitis, insomnia, low back pain, generalized anxiety disorder, moderate protein-calorie malnutrition, chronic obstructive pulmonary disease (COPD), muscle weakness, other abnormalities of gait and mobility, and acquired absence of larynx.<br><br>R2's Addendum to Contract - Waiver - MN dated September 27, 2024, indicated R2 received assistance with activities, appointment reminders and assistance, equipment care - respiratory, finance management, housekeeping - heavy, laundry, linen change, behavior management, meal assistance, medication administration, safety checks, shopping assistance, and socialization.<br><br>R2's medication management plan dated October 15, 2024, indicated that all medications were to be stored in a locked cabinet.<br><br>On November 12, 2024, at 11:43 a.m., the | 01880 | | |

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| 01880 | Continued From page 20<br><br>surveyor observed 1% silver sulfadiazine cream in the upstairs bathroom of the facility belonging to R2.<br><br>On November 13, 2024, at 11:13 a.m., the surveyor observed the following medications in the room of R2:<br>- nicotine gum, 4mg;<br>- lidocaine pain relief patch 4%; and<br>- polyethylene glycol 3350.<br><br>On November 14, 2024, at 2:09 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-B stated they need to update R2's medication management plan. CNS/LALD-B stated they forgot to update the medication management plan when R2 received these medications.<br><br>The licensee's Storage/Control of Medications policy, dated July 21, 2022, indicated the following:<br>- Medications are stored in a secured medication cabinet. Only authorized nursing personnel have access to the locked cabinet.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01880 | | |

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *05/29/24*
Time: 12:00:00
Report: 1005241112

# Food and Beverage Establishment Inspection Report



**Location:**
Grace Assisted Living LLC
824 Pleasant Avenue
St Paul Park, MN55071
Washington County, 82

**Establishment Info:**
ID #: 0041115
Risk:
Announced Inspection: No

**License Categories:**

Expires on: 12/31/23

**Operator:**

Phone #:
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.

The following orders were issued during this inspection.

**4-700 Sanitizing Equipment and Utensils**

***4-703.11B*** ***** Priority 1 *****

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

AFTER INSPECTION, OPERATOR SENT INSPECTOR A PICTURE OF A THERMOLABEL THAT THEY RAN THROUGH THEIR DISHWASHER THAT REACHED A TEMPERATURE OF ONLY 150 DEGREES F. ADJUST, REPAIR, OR REPLACE DISHWASHER.

*Comply By: 05/29/24*

**3-500C Microbial Control: date marking**

***3-501.17B*** ***** Priority 2 *****

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

OPENED TCS FOODS, INCLUDING MILK AND DELI MEAT, WERE NOT DATE MARKED. MARK THE DATES THAT TCS FOODS ARE OPENED TO ENSURE THEY ARE USED OR DISCARDED WITHIN 7 DAYS. FACT SHEET EMAILED WITH REPORT.

*Comply By: 05/29/24*

Type: Full
Date: *05/29/24*
Time: 12:00:00
Report: 1005241112
Grace Assisted Living LLC

# Food and Beverage Establishment Inspection Report

**4-300 Equipment Numbers and Capacities**

***4-302.12B*** ***** Priority 2 *****

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

NO FOOD THERMOMETER ON SITE.

*Comply By: 06/05/24*

**4-300 Equipment Numbers and Capacities**

***4-302.13B*** ***** Priority 2 *****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

THERE IS NO DEVICE ON SITE TO MEASURE THE UTENSIL SURFACE TEMPERATURE IN THE DISHWASHER. PROVIDE TEMPERATURE STRIPS OR A MAXIMUM REGISTERING THERMOMETER TO VERIFY THAT THE UTENSIL SURFACE TEMPERATURE IS 160 DEGREES F OR ABOVE.

*Comply By: 06/05/24*

**Surface and Equipment Sanitizers**

Utensil Surface Temp.: = at 150 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: Yes

**Food and Equipment Temperatures**

Process/Item: Cold Hold/MILK
Temperature: 38 Degrees Fahrenheit - Location: KITCHEN REFRIGERATOR
Violation Issued: No

Process/Item: Cold Hold/CHEESE
Temperature: 38 Degrees Fahrenheit - Location: KITCHEN REFRIGERATOR
Violation Issued: No

Process/Item: Cold Hold/HAM
Temperature: 37 Degrees Fahrenheit - Location: KITCHEN REFRIGERATOR
Violation Issued: No

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

INSPECTION COMPLETED WITH FOOD MANAGER AND REVIEWED WITH HRD NURSE EVALUATOR, WENDY BUCKHOLZ.

DISCUSSED DATE MARKING, GLOVE USE, COOKING TEMPERATURES, CROSS-CONTAMINATION, AND EMPLOYEE ILLNESS.

THERMOLABELS WERE LEFT ON SITE AND OPERATOR LATER SENT A PICTURE OF THE LABEL THAT WAS RUN THROUGH THE DISHWASHER, WHICH ACHIEVED A UTENSIL SURFACE TEMPERATURE OF ONLY 150 DEGREES F. DISHES MUST BE SANITIZED IN A CHEMICAL SANITIZER (50-100 PPM CHLORINE, FOR EXAMPLE) UNTIL DISHWASHER IS

PROVIDING A UTENSIL SURFACE TEMPERATURE OF 160 DEGREES F OR ABOVE.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE.

FLOORING IS WOOD, CABINETS ARE WOOD WITH HOLLOW BASE, AND COUNTERS ARE LAMINATE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

**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 1005241112 of 05/29/24.

Certified Food Protection Manager: LESLIE A. HUNA

Certification Number: FM108954 Expires: 12/22/24

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

Signed: _____

LESLIE HUNA
FOOD MANAGER

Signed: _____

Jessica Davis
Public Health Sanitarian III
651-201-3961
jessica.davis@state.mn.us