Electronically Delivered

December 21, 2022

Licensee
Twin Valley Assisted Living
208 Oppegard Avenue Northwest
Twin Valley, MN 56584

RE: Project Number(s) SL35519015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on December 14, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

LICENSING ORDERS
The enclosed State Form documents the state licensing orders. The Department of Health 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 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.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes 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. The Department of Health 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 (a)(5)(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 evaluation:

St - 0 - 0110 - 144g.10 Subdivision 1a - Assisted Living Director License Required = $500

The total amount you are assessed is $500. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit

Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

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.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35519	A. BUILDING: _____ B. WING _____	12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN VALLEY ASSISTED LIVING	208 OPPEGARD AVENUE NW TWIN VALLEY, MN 56584

(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 Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL35519015-0 On December 12, 2022, through December 14, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were nine residents, all of whom received services under the provider's Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD) was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's residents, staff, and visitors. 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). The findings include: During the entrance conference on December 12, 2022, at 11:12 a.m. licensed assisted living director (LALD)-A identified herself as the facility's current LALD. The Board of Executives for Long-Term Services and Support (BELTSS) website was reviewed with LALD-A. The BELTSS website indicated LALD-A held a current assisted living director license (issued July 14, 2021; expires October 31, 2023). The website did not indicate LALD-A as the Director of Record for the licensee, this section was left blank. LALD-A stated the BELTSS website should have been updated to identify herself as the Director of Record for this facility.	0 110		

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0 110	Continued From page 2 No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all nine residents. 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	0 480		

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0 480	Continued From page 3 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). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated December 14, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in and maintain documentation of quality management activity appropriate to the size and relevant to the type of services provided by the assisted living. This had	0 580		

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0 580	Continued From page 4 the potential to affect all nine residents receiving assisted living services. 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). The findings include: During the entrance conference on December 12, 2022, at 11:55 a.m. the surveyor asked licensed assisted living director (LALD)-A for the documentation of the licensee's quality management activities. On December 12, 2022, at 3:26 p.m. LALD-A stated she reviewed the "quality" binder and it just included documentation from the facility's "stand up meetings". LALD-A stated the licensee did not have a current ongoing quality management project. The licensee's Quality Improvement Project policy dated August 1, 2021, noted this community will have at least one documented Quality Improvement Project in place at all times and retain records of such projects for at least two years. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 580		

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0 650	Continued From page 5	0 650		
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. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included a completed two-step TST (tuberculin skin test) for one of two employees	0 650		

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0 650	Continued From page 6 (unlicensed personnel (ULP)-B) as required. 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). The findings include: The licensee's facility tuberculosis (TB) risk assessment was dated June 2022. The facility had been identified as low risk. ULP-B was hired on November 11, 2022, to provide direct care services to the facility's residents. On December 12, 2022, at 1:40 p.m. the surveyor observed ULP-B administer R1's scheduled afternoon medications. At 1:45 p.m., the surveyor observed ULP-B administer R3's scheduled afternoon medications. ULP-B's employee record included documentation of a screening for a TB completed on November 11, 2022. The step one of the TST was completed on November 23, 2022; and read on November 25, 2022, with a negative interpretation. The second step of the TST was administered on December 8, 2022; however, ULP-B's record lacked evidence the second step of the TST had been read. On December 13, 2022, at 11:01 a.m. licensed assisted living director (LALD)-A stated she had	0 650		

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0 650	Continued From page 7 communicated with registered nurse (RN)-E who had administered ULP-B's two-step TST on December 8, 2022. LALD-A stated RN-E said she had read ULP-B's second step and it was interpreted as negative; but forgot to document the result in ULP-B's record. The licensee's Personnel Files Employee Records policy dated August 1, 2021, noted the community will maintain a current employee file on each Assisted Living employee. The files will contain documents required by the Assisted Living regulations to include proof of TB health screening and proof of two-step TST or TB blood test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 770 SS=F	144G.45 Subdivision 1 Minimum site Requirements The following are required for all assisted living facilities: (1) public utilities must be available, and working or inspected and approved water and septic systems must be in place; (2) the location must be publicly accessible to fire department services and emergency medical services; (3) the location's topography must provide sufficient natural drainage and is not subject to flooding; (4) all-weather roads and walks must be provided within the lot lines to the primary entrance and the service entrance, including employees' and visitors' parking at the site; and	0 770		

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0 770	Continued From page 8 (5) the location must include space for outdoor activities for residents. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the path of egress in a manner that allowed the facility to be accessible to fire department services and emergency medical services. This had the potential to directly affect all residents, staff, and visitors. 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 residents). The findings include: On December 12, 2022, from approximately 1:00 p.m. to 4:00 p.m., survey staff toured the facility with Licensed Assisted Living Director (LALD)-A. During the facility tour, survey staff observed two of the Emergency exits, on the South side of the building, did not have the snow removed all the way to the road limiting means of egress. This also limits the accessibility for the fire department and emergency services. December 12, 2022, LALD-A verbally confirmed survey staff observations. No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 770		

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01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (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. (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. (c) The facility must implement and provide all services required by the current service plan. (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. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included a resident or resident representative's signature and a licensee signature or other authentication by the licensee to document agreement on the services to be provided for one of two residents (R1). This practice resulted in a level two violation (a violation that has no potential to cause more than a minimal impact on the resident and does not	01640		

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01640	Continued From page 10 affect 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). The findings include: R1's service plan dated November 29, 2022, did not include a resident or resident representative signature and a licensee signature or other authentication by the licensee to document agreement on the services to be provided. On December 13, 2022, at 7:15 a.m. licensed assisted living director (LALD)-A confirmed R1's service plan did not include a signature by the licensee to authenticate the service plan agreement and did not include a resident or resident's representative signature. The licensee's Service Plan policy dated August 1, 2021, noted the service plan and any revisions shall include a signature or other authentication by this community and by the resident, or the resident's representative, documenting agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01690 SS=D	144G.71 Subdivision 1 Medication management services (a) This section applies only to assisted living facilities that provide medication management services.	01690		

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01690	Continued From page 11 (b) An assisted living facility that provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines. (c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and resident and legal and designated representatives; disposing of unused medications; and educating residents and legal and designated representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the security and accountability of controlled substances were maintained for one of three residents (R1). 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	01690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35519	A. BUILDING: _____ B. WING _____	12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN VALLEY ASSISTED LIVING	208 OPPEGARD AVENUE NW TWIN VALLEY, MN 56584

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01690	Continued From page 12 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). The findings include: On December 12, 2022, at 11:39 a.m. during the entrance conference, licensed assisted living director (LALD)-A stated all narcotic medication was double locked and counted by two staff members at the end/start of each shift. The staff members documented this reconciliation in the electronic record and if the count was off, they should notify the registered nurse (RN). On December 12, 2022, at 12:31 p.m. the surveyor toured the facility with licensed assisted living director (LALD)-A, including a review of the locked narcotic drawer in the medication room. The narcotic drawer contained the following medications: - cartridges (a molded piece of plastic sealed with a foil backing, used to package tablets) containing 42 clonazepam (tranquilizer) 0.5 milligram (mg) 1.5 tablets for R1; - cartridges containing 46 Lorazepam (sedative) 0.5 mg tablets for R1; - cartridges containing 64 gabapentin (to treat nerve pain) 300 mg tablets for R1; - three morphine sulfate (MS) (narcotic pain reliever) 20 mg/milliliter (ml) in normal saline 100 ml pouches for a continuous ambulatory deliver device (CADD-a portable battery-operated device that delivers medication at a controlled dose) for R1. One of the pouches was in a clear plastic labeled baggie with a hand-written note indicating 28.6 ml were left in the pouch. The surveyor asked to have the above noted medications to be	01690		

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	35519	A. BUILDING: _____ B. WING _____	12/14/2022

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01690	Continued From page 13 reconciled to assure the accountability of these medications. [MS is classified as a scheduled II controlled substance; clonazepam and Lorazepam are classified as a scheduled IV controlled substance; and gabapentin is classified as a scheduled V controlled substance]. On December 12, 2022, at 12:43 p.m. LALD-A and unlicensed personnel (ULP)-B opened up R1's electronic medication record on the laptop. LALD-A and ULP-B proceeded to review R1's electronic record and were unable to account for R1's medications noted above. LALD-A stated when the medications were received from the pharmacy, they must not have been put into R1's electronic record as "received". Because of this "these medications were not being counted" every shift and they should have been. The licensee's Narcotic Documentation policy dated August 1, 2021, noted to ensure that all narcotics are properly accounted for and documented all scheduled II-V narcotic counts will be done at the beginning of each shift by two staff, one from the off going and one from the oncoming shift. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01690		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements:	02040		

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02040	Continued From page 14 (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide hazard vulnerability assessment or safety risk assessment of the physical environment on and around the property for the facility. This deficient practice had the ability to affect all staff, residents, and visitors. 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). Findings include: A record review and interview were conducted on December 12, 2022, between approximately 3:30 p.m. and 4:00 p.m. with Licensed Assisted Living Director (LALD)-A, on the hazard vulnerability assessment for the physical environment of the facility. Record review indicated that the licensee had not performed a hazard vulnerability assessment with mitigation factors on and around the property. During interview, LALD-A stated that the licensee had performed a hazard assessment for the Appendix Z requirements but had not	02040		

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02040	Continued From page 15 performed a hazard vulnerability assessment for the physical environment on or around the property and did not have any mitigation factors listed. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (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 standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards with regards to safely storing oxygen. 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). The findings include: On December 12, 2022, at 12:28 p.m. the surveyor toured the facility with licensed assisted living director (LALD)-A, including a review of the	02310		

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02310	Continued From page 16 locked storage room in the hallway adjacent to the open dining room. The surveyor observed six short and 25 tall oxygen cylinders against the wall in the storage room. All were stored in a holder/stand except for one tall oxygen cylinder was positioned upright, directly on the floor and not secured in a holder. LALD-A stated all oxygen cylinders should be stored upright and in a holder. LALD-A placed the freestanding oxygen cylinder in a holder with the other oxygen cylinders. The licensee's Oxygen policy dated August 1, 2021, noted oxygen cylinders must remain upright at all times in a tank holder. The Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, based on the National Fire Protection Association, Standard 99 (NFPA 99), noted a common hazard in a health care facility is storing and handling compressed oxygen in cylinders. When storing oxygen cylinders, they must be secured in racks or by chains to prevent them from falling over. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		
02430 SS=F	144G.91 Subd. 15 Confidentiality of records (a) Residents have the right to have personal, financial, health, and medical information kept private, to approve or refuse release of information to any outside party, and to be advised of the assisted living facility's policies and procedures regarding disclosure of the	02430		

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02430	Continued From page 17 information. Residents must be notified when personal records are requested by any outside party. (b) Residents have the right to access their own records. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure resident's personal health and medical information was kept private. This had the potential to affect all nine residents residing in the memory care unit. 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). The findings include: On December 12, 2022, at 1:40 p.m. the surveyor observed unlicensed personnel (ULP)-B leave an opened laptop computer sitting on the medication cart in the hallway of the memory care unit while administering R1's medications. The computer screen displayed R1's name and medication information. The surveyor observed two other residents sitting at a table adjacent to the computer. On December 12, 2022, at 1:45 p.m. the surveyor observed ULP-B leave an opened laptop computer sitting on the medication cart in the hallway of the memory care unit while administering R3's medications. The computer	02430		

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02430	Continued From page 18 screen displayed R3's name and medication information. The surveyor observed two other residents sitting at a table adjacent to the computer. On December 12, 2022, at 1:51 p.m. ULP-B verified the computer screen with resident names and medication information should not have been left in the open position when leaving the medication cart. ULP-B stated she would sometimes close the screen when leaving the medication cart. On December 13, 2022, at 11:07 a.m. licensed assisted living director (LALD)-A stated the expectation of staff was to close the computer screens when leaving them unattended. The licensee's Resident Record-Confidentiality policy dated August 1, 2021, indicated resident records would be kept confidential and locked in a secure area where only assisted living staff of the community have access to. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02430		

Minnesota Department of Health
Food, Pools, and Lodging Services
1505 Pebble Lk Rd, S 300
Fergus Falls, MN 56537
218-332-5160

Type: Full
Date: *12/14/22*
Time: 11:40:21
Report: 1035221121

Food and Beverage Establishment Inspection Report

Location:
Twin Valley Assisted Living
208 Oppegard Avenue Nw
Twin Valley, MN56584
Norman County, 54

Establishment Info:
ID #: 0039317
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2185845181
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.

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ** Priority 2 **

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

Remove dishes from left side of the sink, so that it is accessible at all times for handwashing.

Comply By: 12/14/22

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

On the ice dispensing machine remove mineral buildup on the outside of the chute.

Comply By: 12/14/22

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: Sanitizer
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cooking
Temperature: 157.8 Degrees Fahrenheit - Location: Mashed Potatoes
Violation Issued: No

Type: Full
Date: *12/14/22*
Time: 11:40:21
Report: 1035221121
Twin Valley Assisted Living

Food and Beverage Establishment Inspection Report

Process/Item: Cooking
Temperature: 162.7 Degrees Fahrenheit - Location: Peas
Violation Issued: No

Process/Item: Hot Holding
Temperature: 158 Degrees Fahrenheit - Location: Meatballs
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38.7 Degrees Fahrenheit - Location: Orange Juice
Violation Issued: No

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

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 1035221121 of 12/14/22.

Certified Food Protection Manager: Melinda J. Marty

Certification Number: FM109196 Expires: 01/13/25

Inspection report reviewed with person in charge and emailed.

Signed: Emailed
Establishment Representative

Signed: Alyssa Schill

Alyssa Schill
Public Health Sanitarian 1
Fergus Falls
218-332-5160
alyssa.schill@state.mn.us