Electronically Delivered

March 24, 2022

Administrator
Riverside Assisted Living
885 Meadowview Circle North
Pillager, MN 56473

RE: Project Number(s) SL27489015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on March 3, 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.

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, no immediate fines are assessed.

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
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

Free from Maltreatment reconsideration requests should addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

St. Paul, MN 55164-0970 St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in 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,

Jessica Chenze, Interim Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-508-2791 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
	27489	A. BUILDING: _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE ASSISTED LIVING	885 MEADOWVIEW CIRCLE NORTH PILLAGER, MN 56473

(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: SL#27489015 On, March 1, through March 3, 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 was 20 residents receiving services under the provider's Assisted Living 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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (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 practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated March 1, 2022, for the specific Minnesota	0 480		

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0 480	Continued From page 2 Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents and staff. 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 March 1, 2022, between 2:30 p.m. and 3:40 p.m., survey staff toured the facility with employee (E)-E. During the facility tour of the maintenance room, survey staff observed a reduced pressure zone valve with a testing tag dated 2011. E-E	0 800		

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0 800	Continued From page 3 confirmed during the tour interview that the valve required testing. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (f) Evacuation drills are required for employees twice per year per shift with at least one	0 810		

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0 810	Continued From page 4 evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to provide the required plans and drills for fire safety and evacuation. This had the potential to directly affect all residents and staff. 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 March 1, 2022, between 2:30 p.m. and 3:40 p.m., survey staff toured the facility with employee (E)-E. During the facility tour, it was observed that evacuation plans did not identify the location and number of resident sleeping rooms. In interview with E-E during the tour interview, they confirmed that resident sleeping rooms were not identified. At approximately 4:00 p.m., E-E provided updated evacuation plans that identified the location and number of resident sleeping rooms. On March 1, 2022, at approximately 3:40 p.m., the licensed assisted living director (LALD)-B provided documents for review. Documents were reviewed by survey staff on March 1, 2022, between 3:40 p.m. and 4:15 p.m. 1. The 4.70 Fire Policy dated 08-01-2021 failed to include:	0 810		

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0 810	Continued From page 5 a. the location and number of resident sleeping rooms. b. identification of unique or unusual resident needs for movement or evacuation. 2. The plans included an evaluation form for fire drills but no completed evacuation drill forms or schedules were included within the documentation. On March 1, between 4:15 p.m. and 4:30 p.m., the LALD-B confirmed during interview that the facility failed to provide the required content within the fire safety and evacuation plans. The LALD-B stated that they could not locate documentation on any completed evacuation drills. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 900 SS=C	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a	0 900		

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0 900	Continued From page 6 complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its assisted living contract. This had the potential to affect all current residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include:	0 900		

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0 900	Continued From page 7 R1 and R2's records included signed copies of an assisted living contract. On March 2, 2022, at approximately 11:37 a.m., the director of operations (DOO)-G confirmed an unsigned copy of the licensee's assisted living contract had not been sent to the Ombudsman as required. A request was made for a policy on providing the Ombudsman with an unsigned copy of the assisted living contract, and it was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
0 910 SS=A	144G.50 Subd. 2 Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the license number of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to execute a written assisted living contract with the required content	0 910		

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0 910	Continued From page 8 for one of two residents (R2) with record reviewed. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not 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: R2's service plan dated September 7, 2021, indicated services included assistance with bathing, dressing, grooming, medication administration, toileting, and transferring. On March 2, 2022, at approximately 9:15 a.m., unlicensed personnel (ULP)-F was observed to administer R2 his scheduled morning medications. At 10:41 a.m., ULP-H and ULP-I were observed to assist R2 with incontinence care, toileting, and transferring. R2's Assisted Living Contract: Terms and Conditions dated September 7, 2021, lacked the license number of the facility. On March 2, 2022, at approximately 11:39 a.m., registered nurse (RN)-A and licensed assisted living director (LALD)-B confirmed R2's assisted living contract did not include the license number of the facility. The licensee's Signing an Assisted Living Contract policy dated August 1, 2021, noted when a prospective resident was ready to sign a lease and move in, fill in all the blanks of the contract	0 910		

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0 910	Continued From page 9 and provide the prospective resident and/or responsible person a copy of the appropriate assisted living contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 910		
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all 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 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).	0 970		

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0 970	Continued From page 10 The findings include: On March 1, 2022, at approximately 10:30 a.m., during the entrance conference, a copy of the facility's assisted living contract was requested. The assisted living contract included three clauses that indicated the resident would waive the facility's liability for health, safety, or personal property of a resident. Page 7, section 18. of the contract indicated the resident agreed that the provider was not responsible for any loss or damage to the resident's personal property due to any reason or cause, including theft, other than the Provider's own negligence. Page 10, section 23 of the contract indicated a resident would indemnify and hold harmless the provider, its' employees, officers, managers, owners, and agents from and against any and all claims, actions, damages, and liability and expenses in connection with loss of life, personal injury or damage to property, arising from or out of, or caused wholly or in part by, an act of omission of resident. Page 10, section 25 of the contract indicated the provider was not liable to the resident for any injury, death or property damage occurring in the apartment or on provider's premises unless such injury, death, or property damage occurs as the result of provider's own negligent acts or omissions, or those of its' employees, officers, managers, owners, or agents. Provider is also not liable for any injury, death or damage occurring as the result of resident's receipt of health-related, supportive or other services from third-party providers. Unless caused by one of the aforementioned accepted reasons, resident agrees to hold provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the apartment	0 970		

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0 970	Continued From page 11 or on the provider's premises. On March 2, 2022, at approximately 11:39 a.m., registered nurse (RN)-A confirmed the same assisted living contract was used for all residents at the facility. At approximately 11:45 a.m., the director of operations (DOO)-G stated they would have to have their legal team review the licensee's assisted living contract. A policy on the content of the assisted living contract to include waivers of liability was requested, but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30	01440		

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calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual began working for the licensee for one of one unlicensed personnel (ULP)-D with records reviewed.

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 March 1, 2022, at approximately 2:35 p.m., ULP-D and registered nurse (RN)-A were observed to transfer R2 from his recliner to the bathroom and onto the toilet using a sit to stand lift (a mechanical device to aide in transfer of persons with limited weight bearing ability).

ULP-D was hired on November 23, 2021, to provide direct care services to residents at the assisted living. ULP-D's employee record lacked documentation of a RN supervising ULP-D performing a delegated task within 30 days of

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01440	Continued From page 13 beginning work with the licensee. On March 2, 2022, at approximately 2:34 p.m., licensed assisted living director (LALD)-B confirmed ULP-D's 30-day supervision of delegated tasks had not been completed and it should have been. The licensee's Supervision of Personnel-Delegated Services dated August 1, 2021, noted direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working and first performs the delegated tasks for residents and thereafter as needed based on performance. No further information as provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
01700 SS=E	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for	01700		

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medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.
(b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to ensure medication management assessments completed by the registered nurse (RN) to determine what medication management services would be provided included all required content for two of two residents (R1 and R2) with records reviewed.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).

The findings include:

During the entrance conference on March 1, 2022, at approximately 9:55 a.m., the licensed assisted living director (LALD)-B and registered

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nurse (RN)-A confirmed the licensee provided medication management services to the residents at the facility.

R1
R1's diagnoses included diabetes and atrial fibrillation (an irregular often fast heartrate).

R1's service plan dated August 1, 2021, indicated R1 received medication management services.

R1's prescriber orders dated January 24, 2022, included a cholesterol lowering medication, two antihypertensives, a medication to treat heartburn, one laxative, one blood thinner, one medication to treat edema, one mild pain reliever, one medication to treat nerve pain, two insulins, and two vitamin/supplements.

On March 1, 2022, at approximately 11:20 a.m., unlicensed personnel (ULP)-F was observed to administer R1 his scheduled dose of insulin and oral medication.

R1's record lacked evidence the RN conducted a review of all medications the resident was known to be taking to include a review of the side effects and contraindications; and the indications for use for the following medications Senna-S 8.6-50 milligrams (mg) (laxative), warfarin 2-3 mg as ordered (blood thinner), potassium 20 milliequivalent (meq), Certavite tab (multi-vitamin), and omeprazole 20 mg (medication to treat heartburn).

R2
R2's diagnoses included hypertension (high blood pressure), failure to thrive, and dementia.

R2's service plan dated September 7, 2021,

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01700	Continued From page 16 indicated R2 received medication management services. R2's prescriber orders dated February 14, 2022, included a mild pain reliever, eye drops for dry eyes, two medications for urinary retention, one medication to treat heartburn, and one hormone replacement nasal spray. On March 2, 2022, at approximately 9:15 a.m., ULP-F was observed to administer R2's scheduled morning medications. R2's record lacked evidence the RN conducted a review of all medications the resident was known to be taking to include a review of the side effects and contraindications. On March 2, 2022, at approximately 12:02 p.m., RN-A confirmed a medication management assessment had not been completed to include all the required content as noted above for R1 and R2. A request was made for a policy regarding medication management assessments, and it was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must	01760		

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include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.

This MN Requirement is not met as evidenced by:
Based on observation, interview and record review, the licensee failed to ensure medications were administered according to the manufacturer's instructions and the licensee's policy for one of four residents (R5) with records reviewed.

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:

R5's Advair Diskus 250-50 micrograms (mcg) and Incruse Ellipta 62.5 mcg inhaler were not administered as recommended by the manufacturer's instructions nor the licensee's policy.

R5's diagnoses included chronic obstructive pulmonary disease (COPD-chronic obstruction of

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lung airflow that interferes with normal breathing) and kidney disease.

R5's service plan dated July 1, 2021, indicated the resident received assistance with medication management services to include medication administration four times a day.

R5's prescriber orders dated December 1, 2021, included an order for Advair Diskus 250-50 mcg to be administered twice daily and Incruse Ellipta 62.5 mcg inhaler to be administered once daily.

On March 2, 2022, at approximately 8:00 a.m., unlicensed personnel (ULP)-F was observed to conduct a medication pass for R5 which included administration of the Adviar Diskus and Incruse Ellipta inhalers. ULP-F activated the Advair Diskus inhaler; handed the inhaler to R5; the resident released one puff of the inhaler into his mouth and took a long, fast breath in; R5 handed the inhaler back to ULP-F. ULP-F immediately handed the Incruse Ellipta inhaler to R5; R5 activated the inhaler and released one puff of the inhaler into his mouth and took a long, fast breath in; R5 handed the Incruse Ellipta inhaler back to ULP-F. ULP-F proceeded to hand R5 his oral morning medications which R5 took in pudding. ULP-F did not instruct R5 to rinse his mouth out after the administration of the Advair Diskus inhaler, nor did ULP-F wait five (5) minutes between the administration of the two inhalers.

On March 2, 2022, at approximately 8:14 a.m., immediately following the above medication pass observation, ULP-F confirmed she had not instructed R5 to rinse his mouth out following the administration of the Advair Diskus inhaler. ULP-F did confirm R5's electronic medication administration record (MAR) did provide

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01760	Continued From page 19 instructions to have the resident rinse his mouth out after use of the Advair Diskus inhaler. ULP-F also confirmed she administered the Advair Diskus and Incruse Ellipta inhalers one right after the other. ULP-F was unsure if there was a specific time she should wait between administering different inhalers. The manufacturer's instructions for use of the Advair Diskus inhaler, dated August 2020, indicated the resident should rinse their mouth with water after use and spit the water out. Do not swallow the water. On March 2, 2022, at approximately 11:34 a.m., registered nurse (RN)-A confirmed the manufacturer's instructions for inhaler administration should be followed and that R5 should have been instructed to rinse his mouth out after administration of the Advair Diskus inhaler. In addition, RN-A verified the license's Inhaler policy dated August 1, 2021, indicated there should be at least a five (5) minute wait time before administering different inhaled medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01880 SS=D	144G.71 Subd. 19 Storage of medications 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.	01880		

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01880	Continued From page 20 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications for two of four residents (R4 and R5) were stored according to the manufacturer's recommended temperature. 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 March 1, 2022, at approximately 11:08 a.m., a review of the medication refrigerator located in the locked medication room was conducted with registered nurse (RN)-A. RN-A confirmed the current temperature of the medication refrigerator was 36 degrees Fahrenheit (F). The following was observed to be stored in the medication refrigerator: - five bisacodyl 10 milligram (mg) suppositories for R4; and - five bisacodyl 10 mg suppositories for R5. On March 1, 2022, at approximately 11:10 a.m., RN-A confirmed bisacodyl suppositories should not be refrigerated. The manufacturer's instructions for bisacodyl suppositories dated February 4, 2010, directed to store the suppositories at room temperature (59 - 86 degrees F).	01880		

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01880	Continued From page 21 The licensee's Medication Storage policy dated August 1, 2021, noted when medications were managed and stored by the site, medications would be stored per manufacturer's directions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, licensee failed to date time sensitive medications with an open date for four of four residents (R1, R5, R6 and R7), and the licensee failed to ensure medication containers had the original prescription label for one of one resident (R6). 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).	01890		

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01890	Continued From page 22 The findings include: On March 1, 2022, at approximately 10:50 a.m., a tour of the facility was conducted with registered nurse (RN)-A, including a review of the locked medication cart. The following was observed and confirmed with RN-A: TIME SENSATIVE MEDICATIONS R1 R1's Lantus 100 units/milliliter (ml) insulin pen lacked a label to indicate when the insulin pen was opened and when the insulin pen would expire. R1's Novolog 100 units/ml insulin pen lacked a label to indicate when the insulin pen was opened and when the insulin pen would expire. R5 R5's Advair Diskus 250-50 micrograms (mcg) (bronchodilator) inhaler lacked a label to indicate when the inhaler had been removed from the foil pouch and when the inhaler would expire. R6 R6's two Basaglar 100 units/ml insulin pens lacked a label to indicate when the insulin pens were opened and when the insulin pens would expire. R7 R7's Breo Ellipta (corticosteroid inhaler) 200/25 mcg lacked a label which indicated the date the inhaler had been removed from the pouch and when the inhaler would expire. ORIGINAL PRESCRIPTION LABELS R6 R6's two Basaglar 100 units/ml insulin pens	01890		

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01890	Continued From page 23 lacked an original prescription label. The manufacturer's instructions for Lantus insulin pens dated December 2019, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it. The manufacturer's instructions for Novolog, dated June 2021, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it. The manufacturer's instructions for the use of the Advair Diskus inhaler dated August 2020, directed for the inhaler to be discarded one month after it had been removed from the foil pouch. The manufacturer's instructions for Basaglar insulin pens dated September 2021, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it. The manufacturer's instructions for the use of the Breo Ellipta inhaler dated May 2017, directed for the inhaler to be discarded six weeks after it had been opened from the foil tray. The tray opened and discard dates should be written on the inhaler label. On March 1, 2022, at approximately 10:55 a.m., RN-A confirmed all medications should have original labels and the above noted time sensitive medications should be dated after opening with an open date and expiration date. A request was made for a policy on labeling medications, and it was not provided. No further information was provided.	01890		

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01890	Continued From page 24 TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by:	01940		

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01940	Continued From page 25 Based on observation, interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (R2) with records reviewed. 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: During the entrance conference on March 1, 2022, at approximately 10:00 a.m., licensed assisted living director (LALD)-B and registered nurse (RN)-A confirmed the licensee provided treatment and therapy services to residents. R2's diagnoses included hypertension (high blood pressure), failure to thrive, and dementia. R2's prescriber orders dated February 14, 2022, included an order for the hospice nurse to complete wound care to R2's right buttocks and left heel twice a week with the facility staff to complete wound care as needed. R2's record did not include a prescriber's order for Prevalon boots (pressure relieving boots). On March 2, 2022, at approximately 10:41 a.m., R2 was observed to be in bed with bilateral Prevalon boots correctly positioned on his feet. Unlicensed personnel (ULP)-H and ULP-I were observed to assist R2 with morning cares and	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27489	A. BUILDING: _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE ASSISTED LIVING	885 MEADOWVIEW CIRCLE NORTH PILLAGER, MN 56473

(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
01940	Continued From page 26	01940		

removed the Prevalon boots prior to assisting the resident with transferring.

R2's service plan dated September 7, 2021, lacked a written statement of the treatment services the resident received to include wound care and Prevalon boots. R2's record lacked evidence of an individualized treatment or therapy management plan which included the following:
- a statement of the type of services that would be provided; (boots and wound care)
- documentation of specific resident instructions relating to the treatments or therapy administered; (boots)
- identification of treatment or therapy tasks that would be delegated to ULP; (boots and wound care)
- procedures for notifying a RN or appropriate licensed health professional when a problem arises with treatments or therapy services; (boots and wound care) and
- any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment or therapy was administered as prescribed; and monitoring of treatment or therapy to prevent possible complications or adverse reactions (boots and wound care).

On March 2, 2022, at approximately 12:17 p.m., RN-A confirmed R2 did not have a treatment and therapy management plan developed as noted above for R2's Prevalon boots and wound care as required.

The licensee's Treatment and Therapy Management Plan policy dated August 1, 2021, indicated for each resident receiving management of ordered or prescribed treatments or therapy services, the facility will prepare and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27489	A. BUILDING: _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE ASSISTED LIVING	885 MEADOWVIEW CIRCLE NORTH PILLAGER, MN 56473

(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
01940	Continued From page 27 include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The licensee will develop and maintain a current individualized treatment and therapy management record for each resident which included the following: a statement of the type of services that will be provided; documentation of specific resident instructions relating to the treatment or therapy administered; identification of treatment or therapy tasks that will be delegated to ULP; procedures to notify a RN; any resident-specific requirements relating to documentation of treatment received; verification that all treatment and therapy was administered as prescribed; and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment management record must be current and updated when there are changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by:	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27489	A. BUILDING: _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE ASSISTED LIVING	885 MEADOWVIEW CIRCLE NORTH PILLAGER, MN 56473

(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
01970	Continued From page 28 Based on observation, interview and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of two residents (R2) who received treatments managed by the provider. 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: During the entrance conference on March 1, 2022, at approximately 10:00 a.m., licensed assisted living director (LALD)-B and registered nurse (RN)-A confirmed the licensee provided treatment and therapy services to residents. R2's diagnoses included hypertension (high blood pressure), failure to thrive, and dementia. R2's service plan dated September 7, 2021, indicated services included assistance with bathing, dressing, grooming, medication administration, toileting, and transferring. However, R2's service plan did not include a written statement of the treatment services the resident received to include Prevalon boots (pressure relieving boots). R2's record lacked orders for Prevalon boots including frequency to be worn. On March 2, 2022, at approximately 10:41 a.m., R2 was observed to be in bed with bilateral	01970		

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	27489	A. BUILDING: _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01970	Continued From page 29 Prevalon boots correctly positioned on his feet. Unlicensed personnel (ULP)-H and ULP-I were observed to assist R2 with morning cares and removed the Prevalon boots prior to assisting the resident with transferring. On March 2, 2022, at approximately 12:03 p.m., RN-A confirmed R2's record lacked a prescriber order for the Prevalon boots. The licensee's Medication and Treatment: Orders policy dated August 1, 2021, noted the RN was responsible for assuring that current, authorized prescriber orders for medications or treatments administered by personnel were kept on file in the resident's record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		
02290 SS=E	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee limited the rights of two of two residents (R1, R2) reviewed when the licensee required the residents or their representatives to sign a risk agreement waiving the licensee's liability regarding the use of bed	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27489	A. BUILDING: _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02290	Continued From page 30 rails, and one of one resident (R1) regarding the use of a heating pad. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R1- BEDRAILS AND ELECTRIC HEATING PAD On March 1, 2022, at approximately 11:20 a.m., the surveyor observed bilateral upper bedrails in the upright position on R1's bed. The bedrails were securely attached to R1's bed. R1 stated he used the bedrails to help him get in and out of bed. R1's diagnoses included diabetes and atrial fibrillation (irregular, often fast heart rate). R1's Negotiated/Shared Risk Agreement - Bed Rail form dated August 17, 2020, included an assessment of the zones of entrapment, identified the use of the bedrails to be for positioning, and included a risk and benefit statement. The bed rails were within the FDA guidelines. However, this agreement indicated that by signing the form, the resident had agreed to bear the risk, whether of personal injury, property damage or loss, or any other consequences which can result by violation of the agreement and/or the resident's behaviors or activities as outlined in this agreement.	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02290	Continued From page 31 R1's Negotiated Risk Form dated March 25, 2020, included information from the Food and Drug Administration (FDA) and Consumer Product Safety Commission (CPSC) regarding the use of heating pads to include the risk of burns, blisters, fires and skin damage. This agreement indicated that by signing the form, the resident chooses to go against medical advice and use an electric heating pad, knowing that he assumed full responsibility for any physical harm that may occur from the use of the heating pad. R1 also agreed to free the licensee and their subsidiaries of any responsibility and agreed to pay for any damages that may occur to the facility or other individuals as a direct result from the use of the electric heating pad. R2 - BEDRAILS On March 2, 2022, at approximately 10:40 a.m., R2 was observed lying in his bed with bilateral upper bedrails in the upright position. The bedrails were securely attached to R2's bed. Unlicensed personnel (ULP)-H stated R2 used the bedrails for positioning and to help him get in and out of bed. R2's diagnoses included hypertension (high blood pressure), failure to thrive, and dementia. R2's Negotiated/Shared Risk Agreement - Bed Rail form dated March 25, 2019, included an assessment of the zones of entrapment, identified the use of the bedrails to be for transferring and mobility, and included a risk and benefit statement. The bedrails were within the FDA guidelines. However, this agreement indicated that by signing the form, the resident had agreed to bear the risk, whether of personal injury, property damage or loss, or any other consequences which can result by violation of the	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02290	Continued From page 32 agreement and/or the resident's behaviors or activities as outlined in the agreement. On March 2, 2022, at approximately 11:58 a.m., registered nurse (RN)-A and the director of operations (DOO)-G, verified R1 and R2's negotiated/shared risk agreements were still current. DOO-G agreed the bedrail and heating pad risk agreements did contain language waiving the facility's liability for health, safety, or personal property of a resident. The licensee's Risk Agreement policy dated August 1, 2021, noted the licensee would honor a resident's right to have choices and make decisions about his or her own lifestyle, wellness activities, and other issues. In the event a specific decision by the resident or designated representative may choose a decision the licensee is concerned about, the licensee and the resident and/or responsible party will enter into a signed Risk Agreement. A policy on waivers of liability was requested, but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02290		

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

Type: Full
Date: *03/01/22*
Time: 12:40:00
Report: 4842221024

Food and Beverage Establishment Inspection Report

Location:
Riverside Assisted Living
885 Meadowview Circle North
Pillager, MN56473
Cass County, 11

Establishment Info:
ID #: 0038161
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2187464400
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.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) ***** Priority 1 *****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

DO NOT STORE RAW SHELL EGGS NEXT TO MILK OR ABOVE COOKED FOODS IN THE REACH IN COOLER.

Corrected on Site

3-800 Highly Susceptible Populations

3-801.11B ***** Priority 1 *****

MN Rule 4626.0447B Discontinue using unpasteurized eggs or egg products in the preparation of Caesar salad, hollandaise or Bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages when serving a highly susceptible population.

PASTEURIZED EGGS MUST BE USED WHEN COMBINING MORE THAN ONE EGG AT A TIME (SCRAMBLED EGGS, EGG BAKE, MEATLOAF, ETC) UNLESS EGGS ARE COMBINED FOR INDIVIDUAL SERVINGS SUCH AS AN OMELET OR SCRAMBLED EGGS.

Comply By: 03/01/22

4-500 Equipment Maintenance and Operation

4-501.114C1 ***** Priority 1 *****

MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.

THERE WAS NO CHLORINE IN THE DISH MACHINE AT THE TIME OF INSPECTION.

Food and Beverage Establishment Inspection Report

CORRECTED TO 100 PPM.
Corrected on Site

Surface and Equipment Sanitizers

Chlorine: = 0 at Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: Yes

Chlorine: = 100 at Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39-40 Degrees Fahrenheit - Location: ITEMS IN COOLER
Violation Issued: No

Process/Item: Cooking
Temperature: 200 Degrees Fahrenheit - Location: CARROTS
Violation Issued: No

Process/Item: Cooking
Temperature: 206 Degrees Fahrenheit - Location: RICE
Violation Issued: No

Process/Item: Cooking
Temperature: 208 Degrees Fahrenheit - Location: KIELBASA
Violation Issued: No

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

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 4842221024 of 03/01/22.

Certified Food Protection Manager CHERYL MILLER

Certification Number: 36570 Expires: 01/27/23

Inspection report reviewed with person in charge and emailed.

Signed: _____ Signed: Jeffrey S Peterson

Establishment Representative

651-201-4500
health.foodlodging@state.mn.us

Report #: 4842221024

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

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

No. of RF/PHI Categories Out	3	Date	03/01/22
No. of Repeat RF/PHI Categories Out	0	Time In	12:40:00
Legal Authority MN Rules Chapter 4626		Time Out	

Riverside Assisted Living	Address	City/State	Zip Code	Telephone
	885 Meadowview Circle North	Pillager, MN	56473	2187464400

License/Permit #	Permit Holder	Purpose of Inspection	Est Type	Risk Category
0038161		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

Compliance Status		COS	R
Supervision			
1	IN OUT — PIC knowledgeable; duties & oversight		
2	IN OUT N/A — Certified food protection manager, duties		
Employee Health			
3	IN OUT — Mgmt/Staff;knowledge,responsibilities&reporting		
4	IN OUT — Proper use of reporting, restriction & exclusion		
5	IN OUT — Procedures for responding to vomiting & diarrheal events		
Good Hygenic Practices			
6	IN OUT N/O — Proper eating, tasting, drinking, or tobacco use		
7	IN OUT N/O — No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8	IN OUT N/O — Hands clean & properly washed		
9	IN OUT N/A N/O — No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10	IN OUT — Adequate handwashing sinks supplied/accessible		
Approved Source			
11	IN OUT — Food obtained from approved source		
12	IN OUT N/A N/O — Food received at proper temperature		
13	IN OUT — Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O — Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15	IN OUT N/A N/O — Food separated and protected	X	
16	IN OUT N/A — Food contact surfaces: cleaned & sanitized	X	
17	IN OUT — Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	IN OUT N/A N/O — Proper cooking time & temperature		
19	IN OUT N/A N/O — Proper reheating procedures for hot holding		
20	IN OUT N/A N/O — Proper cooling time & temperature		
21	IN OUT N/A N/O — Proper hot holding temperatures		
22	IN OUT N/A — Proper cold holding temperatures		
23	IN OUT N/A N/O — Proper date marking & disposition		
24	IN OUT N/A N/O — Time as a public health control: procedures & records		
Consumer Advisory			
25	IN OUT N/A — Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	IN OUT N/A — Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27	IN OUT N/A — Food additives: approved & properly used		
28	IN OUT — Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29	IN OUT N/A — Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS=** corrected on-site during inspection **R=** repeat violation

		COS	R
Safe Food and Water			
30	IN OUT N/A — Pasteurized eggs used where required		
31	Water & ice obtained from an approved source		
32	IN OUT N/A — Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A N/O — Plant food properly cooked for hot holding		
35	IN OUT N/A N/O — Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food prep, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

		COS	R
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single service articles: properly stored & used		
46	Gloves used properly		
Utensil Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		
57	Compliance with MCIAA		
58	Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) **Date:** 03/01/22

Inspector (Signature) Jeffrey S Peterson