



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 4, 2022

Administrator
Woodcrest Of Country Manor
1200 Lanigan Way Southwest
Saint Joseph, MN 56374

RE: Project Number(s) SL33423015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 25, 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
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
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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,

A handwritten signature in black ink, appearing to read "Casey DeVries". The signature is fluid and cursive, with the first name "Casey" being more prominent than the last name "DeVries".

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2022
NAME OF PROVIDER OR SUPPLIER WOODCREST OF COUNTRY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 LANIGAN WAY SW SAINT JOSEPH, MN 56374		
(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: SL33423015-0 On October 24, 2022, through October 25, 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 71 residents, 33 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		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 110	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 with the Board of Executives for Long Term Services and Supports (BELTSS). 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 the residents). The findings include: LALD-C had a license effective through October 31, 2023. However, LALD-C's license lacked an organization listed as the Director of Record with BELTSS. On October 24, 2022, at approximately 9:45 a.m., LALD-C confirmed she did not have the Director of Record listed with BELTSS as required. LALD-C stated she had just been made aware of the need to do so, but had not completed it yet. The licensee's Assisted Living Director policy dated September 30, 2021, noted the licensee	0 110		

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0 110	Continued From page 2 expected the licensed director to comply with all requirements set forth by BELTSS. 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 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	0 480		

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0 480	Continued From page 3 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 October 24, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the required information to include the contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities. This had the potential	0 550		

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0 550	Continued From page 4 to affect all current 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: On October 24, 2022, at approximately 10:30 a.m., the surveyors toured the facility with licensed assisted living director (LALD)-C. The facility had posted the contact information for the Office of Ombudsman for Older Minnesotans, with the contact number. However, it lacked the required information to include the contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities as required. On October 25, 2022, at 2:25 p.m., LALD-C stated the required content was not posted. She thought it had been changed, but it was not. The licensee's Complaint/Grievance Posting policy dated October 29, 2021, noted the licensee would post, in a conspicuous place, the name, telephone number, and email contact information for the persons responsible for handling complaints/grievances, including the Office of Ombudsman for Mental Health and Developmental Disabilities. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One	0 550		

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0 550	Continued From page 5 (21) days	0 550		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include the required content for three of three residents (R1, R2 and R3). 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). The findings include: R1, R2 and R3's records lacked an individual	0 630		

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0 630	Continued From page 6 abuse prevention plan to include an assessment of the resident's susceptibility to abuse by another individual, including other vulnerable adults. R1 R1's diagnoses included diabetes mellitus type 2. R1's Service Plan Agreement dated September 15, 2022, indicated the resident received services including medication management. R1's Vulnerability Assessment/Abuse Prevention Plan dated October 7, 2022, noted the resident "does not appear to pose a threat to other vulnerable adults", but lacked an assessment of the resident's susceptibility to abuse by another individual. R2 R2's diagnoses included dementia. R2's Vulnerability Assessment/Abuse Prevention Plan dated August 5, 2022, noted the resident "does not appear to pose a threat to other vulnerable adults", but lacked an assessment of the resident's susceptibility to abuse by another individual. R2's Service Plan Agreement dated August 6, 2022, indicated the resident received services including assistance with bathing and medication management. R3 R3's diagnoses included mild cognitive impairment. R3's Vulnerability Assessment/Abuse Prevention Plan dated July 29, 2022, noted "does not appear to pose a threat to other vulnerable adults", but lacked an assessment of the resident's	0 630		

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0 630	Continued From page 7 susceptibility to abuse by another individual. R3's Service Plan Agreement dated September 1, 2022, indicated the resident received services including catheter care and safety checks. On October 25, 2022, at 2:35 p.m., clinical nurse supervisor (CNS)-A stated they understood with their training that doing the assessment for vulnerabilities would be sufficient, and all residents were considered vulnerable adults and susceptible to abuse. In addition, CNS-A stated the same abuse prevention plan was utilized for all of the licensee's residents. The licensee's Individual Abuse Prevention Plan policy dated December 17, 2021, noted all residents in an assisted living are categorically considered vulnerable adults. It also noted the plan would contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains,	01060		

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01060	Continued From page 8 at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation for two of two residents (R1 and R2) hospitalized.	01060		

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01060	Continued From page 9 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: R1 and R2's records lacked evidence of a written notice provided to the resident, the residents' legal representative, and designated representative that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident had been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care (OOLTC); - if known and applicable, the approximate date or range of dates within which the resident was expected to return to the facility, or a statement that a return date was not currently known; and - a statement that, if the facility refused to provide housing or services after a relocation, the resident had the right to appeal and the contact information for the agency to which the resident may submit an appeal. R1 R1's diagnoses included diabetes mellitus type 2. R1's Service Plan Agreement dated September 15, 2022, indicated the resident received services including medication management. R1's Progress Notes noted:	01060		

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01060	Continued From page 10 - October 5, 2022, resident was sent to the emergency department via non-urgent ambulance; - October 6, 2022, resident admitted to the hospital; and - October 7, 2022, resident returned from the hospital. R2 R2's diagnoses included dementia. R2's Service Plan Agreement dated August 6, 2022, indicated the resident received services including assistance with bathing and medication management. R2's record noted: - August 3, 2022, Leave of Absence Information noted resident was admitted to the hospital; and - August 5, 2022, Progress Notes indicated resident returned from the hospital. On October 25, 2022, at 2:35 p.m., licensed assisted living director (LALD)-C and clinical nurse supervisor (CNS)-A stated they had a form ready to use, but had not implemented it yet. In addition, they stated they had a quality management meeting scheduled for this week, and were going to discuss the form at the meeting before implementing the new process. The licensee's Emergency Relocation policy dated December 3, 2021, noted in the event of an emergency relocation, the licensee would provide a written notice that contained: - the reason for the relocation; - the name and contact information for the location to which the resident was relocated and any new service provider; - contact information for the OOLTC and Office of	01060		

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01060	Continued From page 11 Ombudsman for Mental Health and Developmental Disabilities; - if known and applicable, the approximate date or range of dates within which the resident was expected to return to the facility, or a statement that a return date was not currently known; and - a statement that, if the facility refused to provide housing or services after a relocation, the resident had the right to appeal, and the facility would provide contact information for the agency to which the resident may submit an appeal. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01060		
01290 SS=D	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01290		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2022
NAME OF PROVIDER OR SUPPLIER WOODCREST OF COUNTRY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 LANIGAN WAY SW SAINT JOSEPH, MN 56374		
(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
01290	Continued From page 12 licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for one of three employees (unlicensed personnel (ULP)-F). 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: ULP-F was hired on September 20, 2021, to provide direct care and services to the licensee's residents. ULP-F's record contained a Background Study Notice dated June 7, 2019, that was not affiliated with the licensee's Assisted Living with Dementia Care license. The background study was affiliated with the licensee's skilled nursing facility, where ULP-F was also employed. On October 25, 2022, at 2:20 p.m., executive director of home care operations (ED)-H stated ULP-F started employment at the skilled nursing facility and worked at both locations, and the employee's background study had not been affiliated with this license. The licensee's Background Studies policy dated September 30, 2021, noted the licensee would initiate a background study on all employees being considered for hire.	01290		

Minnesota Department of Health

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01290	Continued From page 13 No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by:	01650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2022
NAME OF PROVIDER OR SUPPLIER WOODCREST OF COUNTRY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 LANIGAN WAY SW SAINT JOSEPH, MN 56374		
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01650	Continued From page 14 Based on interview and record review, the licensee failed to ensure the service plan included the required content for three of three residents (R1, R2 and R3). 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: R1 R1's diagnoses included diabetes mellitus type 2. R1's Service Plan Agreement dated September 15, 2022, indicated the resident received services including medication management. However, the service plan lacked: - a description of the services to be provided to include blood glucose monitoring; - schedule and methods of monitoring reviews or assessments of the resident; and - methods of monitoring staff providing services. R2 R2's diagnoses included dementia. R2's Service Plan Agreement dated August 6, 2022, indicated the resident received services including assistance with bathing and medication management. However, the service plan lacked: - schedule and methods of monitoring reviews or assessments of the resident; and - methods of monitoring staff providing services.	01650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2022
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01650	Continued From page 15 R3 R3's diagnoses included mild cognitive impairment. R3's Service Plan Agreement dated September 1, 2022, indicated the resident received services including catheter care and safety checks. However, the service plan lacked: - schedule and methods of monitoring reviews or assessments of the resident; and - methods of monitoring staff providing services. On October 25, 2022, at 2:35 p.m., licensed assisted living director (LALD)-C and clinical nurse supervisor (CNS)-A stated the service plans lacked the above required content. In addition, CNS-A stated the statement regarding the assessments of the resident had not been changed to reflect the assisted living licensure verbiage. The licensee's Service Plan policy dated December 17, 2021, noted the service plan would include a description of the services to be provided based on the most recent assessment and resident preferences, the schedule and method for the next planned assessment, and a schedule and method for the next planned monitoring of staff providing services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2022
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02040	Continued From page 16 has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (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 interview and record review, the licensee failed to conduct a hazard vulnerability or safety risk assessment on or around the facility property. 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: A review of the Hazard Vulnerability Assessment showed global hazards such as fire, gas leaks, and epidemics but did not include hazards or safety risks identified on and around the property. On October 25, 2022, at 2:25 p.m., the licensed assisted living director (LALD)-C confirmed during an interview that the facility failed to include safety risks or hazards identified on and	02040		

Minnesota Department of Health

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02040	Continued From page 17 around the property in the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to	02110		

Minnesota Department of Health

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02110	Continued From page 18 and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure policies and procedures required in the licensing of assisted living facilities with dementia care were provided to each resident and/or the residents' legal/designated representative at the time of move-in. 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, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee had an Assisted Living with Dementia Care license through September 30, 2023, and was licensed for a bed capacity of 115 residents. On October 25, 2022, at 2:35 p.m., licensed assisted living director (LALD)-C stated the inclusive list of policies had not been provided to each resident and/or representative, and stated she was not aware of the requirement to do so.	02110		

Minnesota Department of Health

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02110	Continued From page 19 The licensee's Assisted Living with Dementia Care Additional Required Policies dated September 30, 2021, noted the additional policies and procedures must be provided to the residents and the residents' legal and designated representatives at the time of move-in. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02110		
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as	02170		

Minnesota Department of Health

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02170	Continued From page 20 entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct an evaluation for activities that addressed all provisions and failed to develop an individualized activity plan based on the evaluation, for two of two residents (R1 and R2) who resided in the assisted living with dementia care facility. 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: The licensee held an assisted living with dementia care license. The facility was licensed for a capacity of 115 residents and had a current total census of 71 residents, with 21 residents in the dementia care unit. R1 and R2's records lacked an evaluation to	02170		

Minnesota Department of Health

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02170	Continued From page 21 include: - physical abilities and limitations; and - adaptations necessary for the resident to participate. R1 R1's diagnoses included diabetes mellitus type 2. R1's Programming Tenant Assessment form dated September 8, 2022, noted the resident's past and current interests but lacked the above required content. R1's Service Plan Agreement dated September 15, 2022, indicated the resident received services including medication management. R2 R2's diagnoses included dementia. R2's Therapeutic Recreation Assessment dated July 9, 2019, noted the resident's past and current interests but lacked the above required content. R2's Service Plan Agreement dated August 6, 2022, indicated the resident received services including assistance with bathing and medication management. On October 25, 2022, at 2:35 p.m., licensed assisted living director (LALD)-C stated the activity evaluations lacked the above required content. The licensee's Life Enrichment Programs, Activities & Outdoor Space policy dated November 12, 2021, noted each resident must be evaluated for activities to address physical abilities and limitations and adaptations	02170		

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02170	Continued From page 22 necessary for the resident to participate. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170		
02260 SS=C	144G.90 Subd. 3 Notice of dementia training An assisted living facility with dementia care shall make available in written or electronic form, to residents and families or other persons who request it, a description of the training program and related training it provides, including the categories of employees trained, the frequency of training, and the basic topics covered. A hard copy of this notice must be provided upon request. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide in written or electronic form to residents, families, or other persons who request it, an accurate description of the dementia care training program with the required content. 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 potential to affect a large portion or all of the residents). The findings include:	02260		

Minnesota Department of Health

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02260	Continued From page 23 The licensee had an Assisted Living with Dementia Care license through September 30, 2023. During the entrance conference on October 24, 2022, at approximately 9:45 a.m., licensed assisted living director (LALD)-C verified the licensee had a locked dementia unit. The licensee's undated Memory Care Disclosure noted the topics covered would include an explanation of Alzheimer's disease and related disorders, assistance with activities, problem solving with challenging behaviors, and communication skills within 160 working hours of the employment start date, not within 80 working hours as required with the license type. In addition, it failed to note the topics covered would include the activities of daily living. On October 24, 2022, at 1:50 p.m., LALD-C stated the form lacked the complete topics covered and the correct timeframe to complete the training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02260		

Type: Full
Date: 10/24/22
Time: 10:45:00
Report: 1037221057

Food and Beverage Establishment Inspection Report

Page 1

Location:

Woodcrest Of Country Manor
1200 Lanigan Way Sw
St Joseph, MN56374
Stearns County, 73

Establishment Info:

ID #: 0037729
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3202711200
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.

3-300C Protection from Contamination: equipment/utensils, consumers

3-305.11A

MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

BOX OF PITA POCKETS WERE LOCATED ON THE FLOOR IN THE WALK-IN FREEZER. STORE ALL FOOD ITEMS AT LEAST 6 INCHES ABOVE THE FLOOR.

Comply By: 10/24/22

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 at Degrees Fahrenheit

Location: SANITIZER BUCKET - KITCHEN

Violation Issued: No

Quaternary Ammonia: = 200 at Degrees Fahrenheit

Location: SANITIZING BUCKET - MEMORY CARE SERVING KITCHEN

Violation Issued: No

Hot Water: = at 171 Degrees Fahrenheit

Location: DISHWASHER

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler

Temperature: 39 Degrees Fahrenheit - Location: CREAM CHEESE ICING

Violation Issued: No

Type: Full
Date: 10/24/22
Time: 10:45:00
Report: 1037221057
Woodcrest Of Country Manor

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Walk-In Cooler
Temperature: 34 Degrees Fahrenheit - Location: SLICED CUCUMBER
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 37 Degrees Fahrenheit - Location: SLICED HAM
Violation Issued: No

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

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

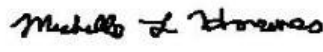
I acknowledge receipt of the inspection report number 1037221057 of 10/24/22.

Certified Food Protection Manager DOUGLAS L. BOSER

Certification Number: 1679 Expires: 11/17/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: 
Michelle Hovanes
Public Health Sanitarian
St. Cloud
320-223-7307
michelle.hovanes@state.mn.us

Report #: 1037221057

Food Establishment Inspection Report



No. of RF/PHI Categories Out

0

Date 10/24/22

No. of Repeat RF/PHI Categories Out

0

Time In 10:45:00

Legal Authority MN Rules Chapter 4626

Time Out

Woodcrest Of Country Manor

Address

1200 Lanigan Way Sw

City/State

St Joseph, MN

Zip Code

56374

Telephone

3202711200

License/Permit #
0037729

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

Compliance Status

COS R

Supervision

1	☒ 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 Hygienic 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 procedure 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
16	☒ IN	☐ OUT	N/A		Food contact surfaces: cleaned & sanitized
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		
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Highly Susceptible Populations

26	☐ IN	☐ OUT	☒ N/A	Pasteurized foods used; prohibited foods not offered		
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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		
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Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

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 labeled; original container		
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Prevention of Food Contamination

38				Insects, rodents, & animals not present		
39	☒ X			Contamination prevented during food prep, storage & display		
40				Personal cleanliness		
41				Wiping cloths: properly used & stored		
42				Washing fruits & vegetables		

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: 10/24/22

Inspector (Signature)

M. Kelly G. Johnson