Electronically Delivered

May 24, 2022

Administrator
Senior Class Community, LLC
4451 East Woodman Street
Pequot Lakes, MN 56472

RE: Project Number(s) SL26533015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on May 10, 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 be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

St. Paul, MN 55164-0970 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,

Jess Gallmeier, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-247-0268 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
	26533	A. BUILDING: _____ B. WING _____	05/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CLASS COMMUNITY LLC	4451 EAST WOODMAN STREET PEQUOT LAKES, MN 56472

(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: SL26533015 On May 9, through May 10, 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 13 residents, all of whom recieved servcies 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.	
0 480 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 May 9, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		

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0 800	Continued From page 2	0 800		
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 May 9, 2022, between 11:15 a.m. and 12:15 p.m., survey staff toured the facility with the chief operations officer (COO)-D. During the facility tour, survey staff observed that the inspection tag on the fire sprinkler system was dated 2017. The COO-D stated during the facility tour that they were unsure of when the system had been last inspected and would check into this further and follow up. The COO-D confirmed in an email on May 13, 2022, at 9:20 a.m., that they were unable	0 800		

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0 800	Continued From page 3 to locate additional inspection records for the fire sprinkler system. The COO-D explained in the email that the sprinkler system had been inspected that morning and annual inspections would be completed moving forward. TIME PERIOD FOR CORRECTION: Seven (7) 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	0 810		

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0 810	Continued From page 4 twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to provide the required plans, training, 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 May 9, between 11:15 a.m. and 12:15 p.m., survey staff toured the facility with the chief operations officer (COO)-D. During the facility tour, survey staff observed the following: 1. The evacuation map posted in the hall across from room 115 only identified resident rooms 1-5. In an interview with the COO-D, at approximately 1:50 p.m., they confirmed that this evacuation map did not identify all the resident rooms. 2. The evacuation maps identified the exit off the dining room as an emergency exit. This exit leads to a deck with a locked gate. During the facility tour, the COO-D explained that this exit is not used as an emergency exit, even though it is provided with lighted exit signage. Procedures for resident movement and evacuation as it relates to this marked exit were not addressed within the	0 810		

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0 810	Continued From page 5 plans. On May 9, between 12:45 p.m. and 1:10 p.m., the COO-D provided documents for review. Documents were reviewed by survey staff on May 9, 2022, between 12:45 p.m. and 1:45 p.m. 1. Items noted by survey staff within the Fire Safety and Evacuation Plan dated 08/01/2021 included the following: a. The facility floor plan drawing was missing where the plan directs this to be inserted. b. The site map of the facility was missing where the plan directs this to be inserted. c. The staff and employee training frequency outlined for fire safety and evacuation states that it is completed during orientation and then annually but did not require training at least twice per year after hire. 2. The 9.06 Fire Policy dated 08-01-2021 referenced smoke compartment doors, fire doors, and fire doors on magnetic holders, but these areas are not identified within the policy. 3. Fire drill reports were provided for review between the dates of 08-25-2021 and 03-31-2022. No documentation of evacuation drills was provided between 10-20-2021 and 01-20-2022. On May 9, 2022, at approximately 1:50 p.m., the COO-D confirmed during an interview that the facility failed to provide the required content within the fire safety and evacuation plans. They also confirmed that the frequency of employee training and evacuation drills was not met. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		

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0 970	Continued From page 6	0 970		
0 970 SS=C	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 a waiver of liability for two of two residents (R1, R2) with records reviewed. This practice resulted in a level one 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 May 9, 2022, at approximately 11:00 a.m., chief executive officer (CEO)-C provided a blank Resident Agreement and indicated the document was the licensee's assisted living contract signed by all residents who receive service from licensee. Additionally, CEO-C provided the licensee's Resident Handbook & Policies 2022 and indicated all residents agree to the contents of the handbook by signing the Resident	0 970		

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0 970	Continued From page 7 Agreement. R1 admitted to licensee on March 1, 2022, and R1's record included a digital signature page of the licensee's assisted living contract dated March 2, 2022. R2 admitted to the licensee on March 19, 2021, and R2's record included a digital signature page of the licensee's assisted living contract dated August 3, 2021. The licensee's Resident Handbook & Policies 2022, indicated, "We do not carry property damage insurance coverage on the contents of your room. Therefore, we highly recommend that you obtain renter's insurance police to cover your property." On May 10, 2022, at approximately 11:00 a.m., CEO-C acknowledged the licensee's handbook did indicate the licensee was not liable for residents' personal property and recommended residents obtain their own insurance for personal property to cover themselves. CEO-C indicated the language would need to be removed as current language did waive the licensee's liability for the residents' personal property. The licensee's 1.05 Signing an Assisted Living Contract policy dated August 1, 2021, indicated all residents sign the contract upon move-in and is a legal binding contact. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		

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0 980	Continued From page 8	0 980		
0 980 SS=C	144G.51 ARBITRATION (a) An assisted living facility must clearly and conspicuously disclose, in writing in an assisted living contract, any arbitration provision in the contract that precludes, limits, or delays the ability of a resident from taking a civil action. (b) An arbitration requirement must not include a choice of law or choice of venue provision. Assisted living contracts must adhere to Minnesota law and any other applicable federal or local law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an arbitration agreement did not include a choice of venue provision for one of one resident (R1) who agreed to arbitration with record reviewed. This practice resulted in a level one 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 May 9, 2022, at approximately 11:00 a.m., chief executive officer (CEO)-C provided a blank Resident Agreement and indicated the document was the licensee's assisted living contract signed by all residents who receive service from licensee. CEO-C indicated the Arbitration Agreement would only be in the records of	0 980		

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0 980	Continued From page 9 residents who have agreed to arbitration. R1 admitted to licensee on March 1, 2022. R1's record included a digital signature contract page and Arbitration Agreement addendum from the licensee's assisted living contract dated March 2, 2022. R1's Arbitration Agreement section titled Location of Arbitration read, "The Arbitration will be conducted at a site selected by Facility which shall be either at Facility or somewhere within a reasonable distance of Facility that is convenient for both Facility and Resident." On May 10, 2022, at approximately 11:00 a.m., CEO-C acknowledged the licensee's Arbitration Agreement limited the choice of venue. CEO-C indicated the language would need to be removed by the licensee to prevent limitation for choice of venue. The licensee's 1.05 Signing an Assisted Living Contract policy dated August 1, 2021, indicated all residents sign the contract upon move-in and is a legal binding contact. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 980		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements:	02040		

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02040	Continued From page 10 (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 document review and interview, the licensee failed to provide a hazard vulnerability or safety risk assessment that included hazards identified on and around the property. Mitigation of property hazards to protect residents from harm was not included. 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 May 9, 2022, at approximately 1:10 p.m., the chief operations officer (COO)-D provided a Hazard Vulnerability Assessment for review. Documents were reviewed by survey staff on May 9, 2022, between 1:15 p.m. and 1:45 p.m. The Hazard Vulnerability Assessment did not include hazards or safety risks identified on and around the property. Mitigation of property hazards to protect residents from harm was not included. On May 9, 2022, at approximately 1:50 p.m., the COO-D confirmed during an interview that the	02040		

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02040	Continued From page 11 licensee failed to include safety risks or hazards identified on and around the property in the assessment. They also confirmed that mitigation of property hazards to protect residents from harm was not included in the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		

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

Type: Full
Date: *05/09/22*
Time: 11:00:00
Report: 6808221085

Food and Beverage Establishment Inspection Report

Location:
Senior Class Community Llc
4451 East Woodman Street
Pequot Lakes, MN56472
Crow Wing County, 18

Establishment Info:
ID #: 0037455
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 2185685605
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

4-300 Equipment Numbers and Capacities

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

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

Comply By: 06/09/22

4-900 Protecting Clean Items

4-903.11A

MN Rule 4626.0955A Store all clean equipment, utensils, linens, single-service and single-use articles in a clean dry location where not exposed to splash, dust, or other contamination and at least six inches above the floor.

DO NOT STORE CLEAN GLASSES ON TOWELS.

Comply By: 05/09/22

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

Food and Beverage Establishment Inspection Report

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 6808221085 of 05/09/22.

Certified Food Protection Manager: Tyler Wittwer

Certification Number: _____ Expires: 06/19/22

Signed: _____
Establishment Representative

Signed: _____
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