Electronically Delivered

January 9, 2023

Licensee
Northfield Parkview, Inc.
910 Cannon Valley Drive
Northfield, MN 55057

RE: Project Number(s) SL20096015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on December 21, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

LICENSING ORDERS
The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this evaluation of your facility**.

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
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3789 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
	20096	A. BUILDING: _____ B. WING _____	12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHFIELD PARKVIEW INC	910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057

(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: SL20096015 On December 19, through December 21, 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 102 active residents; 49 receiving services under the 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 December 20, 2022, for the specific Minnesota Food Code deficiencies.	0 480		

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0 480	Continued From page 2 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
01060 SS=F	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, 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	01060		

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01060	Continued From page 3 (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 to the resident, legal representative, or designated representative for one of one resident (R6) who had an emergency relocation. 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: R6 admitted on April 1, 2020. R6's Progress Notes *NEW* dated December 1, 2022, at 10:01 p.m., indicated R6 was transported by a relative to the emergency department and admitted to the hospital. R6's Progress Notes *NEW* dated December 7, 2022, at 3:43 p.m., indicated R6 returned from the hospital at 3:20 p.m., that day. R6's record lacked documentation R6 or R6's	01060		

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01060	Continued From page 4 designated representative was provided an emergency relocation notice with the required content. Additionally, R6 was emergency relocation was for longer than four (4) days, and record lacked documentation licensee provided the notice to the Ombudsman as required. On December 20, 2022, at 2:30 p.m. licensed assisted living director (LALD)-C stated the licensee was not aware of the required content of an emergency relocation notice and the licensee had not provided the notice to any resident who required an emergency relocation, or to the Ombudsman when the emergency relocation was longer than four days. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
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.	01440		

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01440	Continued From page 5 (b) The direct supervision of staff performing delegated tasks must be provided within 30 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 begins working for the licensee for one of one unlicensed personnel (ULP-B). 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-B was hired on April 11, 2022. ULP-B's undated Transcripts indicated ULP-B completed Medication Administration - Overview on April 24, 2022. On December 20, 2022, at approximately 7:00 a.m., ULP-B provided oral medications to multiple residents in licensee's secured memory care unit.	01440		

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01440	Continued From page 6 ULP-B's record lacked documentation direct supervision of ULP-B performing delegated tasks was provided within 30 calendar days after the date on which ULP-B began working for the facility and first performed the delegated tasks for residents. On December 20, 2022, at 2:30 p.m. licensed assisted living director (LALD)-C stated ULP-B's record lacked documentation of a 30-day supervision for the delegated tasks of medication administration. LALD-C indicated licensee was aware of the lacking documentation but had yet to audit ULP-B's record and complete the missing documentation. The licensee's Supervision of Licensed and Unlicensed Personnel policy dated August 1, 2021, indicated staff who provided delegated tasks would have a 30-day supervision in each staff's personnel file. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of	01470		

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01470	Continued From page 7 emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations,	01470		

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01470	Continued From page 8 isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted living statutes included all the required content for two of two employees (registered nurse (RN)-A, unlicensed personnel (ULP)-B). 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: RN-A and ULP-B were hired February 14, 2022, and April 11, 2022, respectively. On December 19, 2022, licensed assisted living director (LALD)-C provided an undated document with the header, "Transcripts," and indicated the document contained all training both RN-A and ULP-B had completed. RN-A and ULP-B's training transcript lacked documentation either had completed any principles of person-centered planning and service delivery training.	01470		

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01470	Continued From page 9 On December 20, 2022, at 2:30 p.m., LALD-C stated the licensee was aware some staff training and orientation had not been completed and the licensee was in the process of auditing all staff records to identify lacking training. LALD-C stated the licensee had failed to assign the required training within the licensee's selected training program. The licensee's Assisted Living & Assisted Living with Memory Care Orientation - All Staff policy dated August 1, 2021, indicated all staff would have the required person-centered training completed prior to providing services to residents. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01540 SS=D	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete.	01540		

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01540	Continued From page 10 Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees had completed at least eight (8) hours of initial dementia training within 80 working hours of the employment start date for one of two employees (unlicensed personnel (ULP)-B). 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-B was hired on April 11, 2022. On December 19, 2022, licensed assisted living director (LALD)-C provided an undated document with the header, "Transcripts," and indicated the document contained all training ULP-B had completed. ULP-B's training transcript indicated ULP-B completed three and three quarters (3.75) hours of training related to dementia. On December 20, 2022, at 2:30 p.m., LALD-C stated the licensee was aware some staff training and orientation had not been completed and the	01540		

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01540	Continued From page 11 licensee was in the process of auditing all staff records to identify lacking training. LALD-C stated the licensee had failed to assign the required training within the licensee's selected training program. Although the licensee's Assisted Living & Assisted Living with Memory Care Orientation - All Staff policy dated August 1, 2021, indicated all staff would have dementia training, it lacked identification of the required hours or timeframe the training would be completed. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident	01620		

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	20096	A. BUILDING: _____ B. WING _____	12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHFIELD PARKVIEW INC	910 CANNON VALLEY DRIVE NORTHFIELD, MN 55057

(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
01620	Continued From page 12	01620		

of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessment not to exceed 90 calendar days from the last date of assessment for four of four residents (R2, R3, R4, R5).

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:

R2
R2 was admitted on September 20, 2017.

R2's Assisted Living Comprehensive Assessment & Review - V5 were completed on March 3, 2022, with the next completed 155 days later on August 5, 2022, and the next completed 89 days later on November 2, 2022.

R3
R3 was admitted on April 1, 2019.

R3's Assisted Living Comprehensive Assessment

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	20096	A. BUILDING: _____ B. WING _____	12/21/2022

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01620	Continued From page 13 & Review - V5 were completed on August 4, 2022, with the next completed 137 days later on December 19, 2022. R4 R4 was admitted on August 6, 2018. R4's Assisted Living Comprehensive Assessment & Review - V5 was completed on August 18, 2022, with the next due on November 15, 2022, had the licensee completed the assessment at the required interval. R4's record contained no additional assessments. R5 R5 was admitted on June 11, 2021. R5's Assisted Living Comprehensive Assessment & Review - V5 were completed on March 9, 2022, with the next completed 168 days later on August 23, 2022, and the next due on November 20, 2022, had the licensee completed the assessment at the required interval. R5's record contained no additional assessments. On December 20, 2022, at 2:30 p.m., licensed assisted living director (LALD)-C indicated the licensee was aware resident assessments were not completed within the required timeframes. The licensee's Initial and On-going Nursing Assessment policy dated August 30, 2022, indicated licensee would complete on-going assessment of residents within the required timeframe. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01620		

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01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by resident or resident representative to document agreement on the services to be provided for one of four residents (R2). 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	01640		

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	20096	A. BUILDING: _____ B. WING _____	12/21/2022

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01640	Continued From page 15 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: R2 was admitted on September 20, 2017. R2's Assisted Living Service Agreement dated November 2, 2022, was signed by registered nurse (RN)-A but lacked authentication by the resident or the resident's designated representative. On December 20, 2022, at 2:30 p.m., licensed assisted living director (LALD)-C indicated the licensee's expectation is all service agreements are signed by the RN who completed the document and then the resident or the resident's designated representative. RN-A indicated they had completed the service agreement but was unsure why they did not obtain the resident's authentication as R2 was their own person. RN-A stated they must had started to complete the document and then failed to provide it to R2. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01880 SS=F	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	01880		

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01880	Continued From page 16 permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store medications according to the manufacturer's directions for one of one resident (R2) who required insulin. 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: R2 was admitted on August 20. 2017, with diagnoses type one diabetes, type two diabetes, and mild cognitive impairment. R2's Assisted Living Service Agreement dated August 4, 2022, indicated R2 received medication management and diabetic management services. R2's Assisted Living Comprehensive Assessment & Review - V5 dated November 2, 2022, read, "Administer medication per EMAR (electronic medication administration record)." R2's Medication Administration Record (MAR) dated December 1, 2022, through December 31, 2022, indicated R2 received insulin aspart (short acting insulin) three times per day via a FlexPen (name brand for a pen injector with insulin stored inside) and insulin glargine (long-acting insulin) one time per day via a pen injector.	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20096	A. BUILDING: _____ B. WING _____	12/21/2022

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01880	Continued From page 17 On December 20, 2022, at approximately 10:45 a.m., R2 self-administered insulin aspart via FlexPen. After administration, R2 indicated FlexPen was empty and needed a new one. R2 indicated the licensee stored R2's insulin in R2's refrigerator in a lockbox. R2 stated the licensee ordered and maintained R2's insulin supply. The surveyor observed a gray lockbox inside R2's refrigerator. On December 20, 2022, at approximately 10:45 a.m., licensed assisted living director (LALD)-C stated all residents who did not live in the memory care unit and require insulin, had their backup insulin stored in each resident's respective refrigerator, but no temperature logs were maintained to ensure the insulin was stored according to manufacturer's specifications for safety and effectiveness. LALD-C stated the licensee does track refrigerator temperatures for medications stored in medication room refrigerators, and the licensee was aware of the importance of medication storage requirements. The Federal Drug Agency's (FDA) Information Regarding Insulin Storage and Switching Between Products in an Emergency website article retrieved December 23, 2022, at 8:35 a.m., read, "According to the product labels from all three U.S. insulin manufacturers, it is recommended that insulin be stored in a refrigerator at approximately 36 degrees Fahrenheit (°F) to 46°F." The licensee's Storage of Medications policy dated August 22, 2022, indicated medications would be stored with proper temperature controls, but failed to identify if temperature logs would be maintained when medications are stored in a	01880		

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01880	Continued From page 18 resident's room and how licensee would ensure proper temperate controls would be implemented when medications are stored in the resident's room. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
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	02110		

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02110	Continued From page 19 intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to 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 the assisted living facility with dementia care provided the required policies and procedures to four of four residents (R1, R2, R3, R4). 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, R2, R3, and R4 were admitted on October 1, 2017, April 1, 2019, August 6, 2018, and August 25, 2022, respectively. R1, R2, R3, and R4's records lacked documentation they or their designated representatives received the required policies and procedures to be provided. On December 20, 2022, at 2:30 p.m., licensed assisted living director (LALD)-C indicated the	02110		

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02110	Continued From page 20 licensee was not aware the identified policies and procedures were required to be provided to the residents. LALD-C stated the licensee had created the policies but had not provided them to any resident. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		

DEPARTMENT OF HEALTH

Type: Full
Date: *12/20/22*
Time: 13:00:00
Report: 1033221203

Food and Beverage Establishment Inspection Report

Location:
Northfield Parkview Inc
910 Cannon Valley Drive
Northfield, MN55057
Rice County, 66

Establishment Info:
ID #: 0037534
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5076456007
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.

3-200B Food Characteristics:Receiving: temperature, condition

3-202.15 ** Priority 2 **

MN Rule 4626.0190 Food packages must be in good condition and must protect the food from adulteration and potential contaminants.

Dry storage area has multiple dented cans. Employee threw away the dented cans.

Corrected on Site

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

Facility does not have a test kit for lactic acid sanitizer.

Comply By: 01/03/23

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

No hand wash sign at hand sink in evergreen location.

Comply By: 12/20/22

Surface and Equipment Sanitizers

Hot Water: = at 165 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit
Location: Dish Machine Evergreen Location
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: Sliced Tomatoes-Prep Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Condiment Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Snack Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 35 Degrees Fahrenheit - Location: Coleslaw-Walk In Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 0> Degrees Fahrenheit - Location: Evergreen Freezer
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: Evergreen Cooler
Violation Issued: No

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

Type: Full
Date: *12/20/22*
Time: 13:00:00
Report: 1033221203
Northfield Parkview Inc

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 inspection report number 1033221203 of 12/20/22.

Certified Food Protection Manager: Matthew James Murphy

Certification Number: FM35022 Expires: 07/10/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Matthew James Murphy

Signed: _____
Isaiah Armendariz
Environmental Health Specialist
Mankato District Office
507-344-2743
isaiah.armendariz@state.mn.us