Electronically Delivered

November 12, 2025

Licensee
Countryside Catered Senior Living
650 El Dorado Street
Owatonna, MN 55060

RE: Project Number(s) SL30584016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 30, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH 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 may be 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;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted 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(s) 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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30584	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE CATERED SENIOR LIV	650 EL DORADO STREET OWATONNA, MN 55060

(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 *****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: SL30584016-0 On October 27, 2025, through October 30, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 61 residents; 26 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been 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 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 evaluators ' 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 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A,	0 480		

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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, 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 28, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24	0 480		

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0 480	Continued From page 3 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to keep the facility in compliance with Minnesota State Fire Code under Minnesota Rule Chapter 7511. The deficient conditions have the ability to affect all staff and 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 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 a facility tour on October 28, 2025, between 8:00 a.m. and 12:30 p.m. with the director of environmental services (DES)-F the surveyor observed the following conditions: KITCHEN HOOD EQUIPMENT:	0 775		

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0 775	Continued From page 4 The surveyor observed that the moveable kitchen equipment was not connected to their restraint cables. The moveable kitchen equipment restraint cables shall be connected at all times. SMOKE ALARMS: The surveyor observed the smoke alarms in the resident rooms were over 10 years old from date of manufacture. The smoke alarms shall be replaced with like type alarms, 120-volt. These can be in combination with the required carbon monoxide alarms. Also, the smoke alarms in the hearing-impaired rooms shall be provided with a strobe. The deficient conditions were visually verified by DES-F accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
01700 SS=E	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be	01700		

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01700	Continued From page 5 conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two residents (R1, R2) who self-administered medications were assessed for self-administration of medications. 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include:	01700		

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01700	Continued From page 6 R1 R1's diagnoses included pulmonary fibrosis (damaged and scarred lung tissue), macular degeneration (vision loss), and diabetes. R1's Service Plan dated October 14, 2025, indicated she received services including medication administration. R1's medication administration record (MAR) dated October 1, 2025, through October 27, 2025, included: -ipratropium/albuterol (prevents wheezing and shortness of breath) 0.5-3 milligram (mg)/3 milliliter (ml) four times daily. On October 28, 2025, at 11:31 a.m., the surveyor observed unlicensed personnel (ULP)-I prepare R1's medications. ULP-I brought in R1's scheduled ipratropium/albuterol vial for her nebulizer and placed the contents of the vial into R1's nebulizer cup. R1 indicated she would do the nebulizer after she ate lunch. ULP-I left the medication in the nebulizer cup and exited the room. R1's medication assessment and plan found within R1's nursing assessment dated October 23, 2025, indicated R1 could self-administer her eye drops, but all other medications would be delivered to R1 by ULP. The assessment further identified R1 required assistance with inhaled medications. R2 R2's diagnoses included congestive heart failure (heart doesn't pump enough blood to meet the body's needs), bipolar disorder (mental health	01700		

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01700	Continued From page 7 condition that causes extreme mood swings), and personality disorder (mental health condition with difficulties in understanding emotions, impulsive behavior, and challenges in relating to others). R2's Service Plan dated October 21, 2025, indicated she received services including medication administration. R2's MAR dated October 1, 2025, through October 27, 2025, included: -ipratropium/albuterol 0.5-3 mg/3 ml twice daily. On October 28, 2025, at 8:39 a.m., the surveyor observed ULP-G prepare R2's medications. ULP-G put the nebulizer solution into the nebulizer cup, handed R2 the nebulizer mask, turned the nebulizer machine on, and exited the room. ULP-G indicated R1 was able to administer the nebulizer independently. R2's medication assessment and plan found within R2's nursing assessment dated October 21, 2025, indicated R2 required assistance with medication administration. The assessment further identified R2 required assistance with inhaled medications. On October 29, 2025, at 12:27 p.m., clinical nurse supervisor (CNS)-B stated R1 and R2's assessment did not identify they could independently administer the inhaled medications. CNS-B further stated an assessment would need to be completed to determine R1 and R2's ability to safely self-administer the medication. The licensee's Individualized Medication,	01700		

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01700	Continued From page 8 Treatment, and Therapy Management Plan policy dated August 1, 2021, indicated the registered nurse would develop a plan as appropriate based upon the resident assessment and the services provided. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01730 SS=E	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed	01730		

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01730	Continued From page 9 personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain a current individualized medication management record to include all required content for two of two residents (R1, 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 cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).	01730		

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01730	Continued From page 10 The findings include: R1 R1's diagnoses included pulmonary fibrosis (damaged and scarred lung tissue), macular degeneration (vision loss), and diabetes. R1's Service Plan dated October 14, 2025, indicated she received services including medication administration. R1's medication administration record (MAR) dated October 1, 2025, through October 27, 2025, indicated R1 received medication administration four times a day and as needed. On October 28, 2025, at 11:31 a.m., the surveyor observed unlicensed personnel (ULP)-I prepare R1's medications. ULP-I brought in R1's scheduled ipratropium/albuterol vial for her nebulizer and placed the contents of the vial into R1's nebulizer cup. R1 indicated she would do the nebulizer after she ate lunch. ULP-I left the medication in the nebulizer cup and exited the room. R1's medication assessment and plan found within R1's nursing assessment dated October 23, 2025, indicated R1 could self-administer her eye drops, but all other medications would be delivered to R1 by ULP. The assessment further identified R1 required assistance with inhaled medications. The licensee failed to follow R1's medication management plan and administer her inhaled medications.	01730		

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01730	Continued From page 11 R2 R2's diagnoses included congestive heart failure (heart doesn't pump enough blood to meet the body's needs), bipolar disorder (mental health condition that causes extreme mood swings), and personality disorder (mental health condition with difficulties in understanding emotions, impulsive behavior, and challenges in relating to others). R2's Service Plan dated October 21, 2025, indicated she received services including medication administration. R2's MAR dated October 1, 2025, through October 27, 2025, indicated R1 received medication administration three times a day and as needed. On October 28, 2025, at 8:39 a.m., the surveyor observed ULP-G prepare R2's medications. ULP-G put the nebulizer solution into the nebulizer cup, handed R2 the nebulizer mask, turned the nebulizer machine on, and exited the room. ULP-G indicated R1 was able to administer the nebulizer independently. R2's medication assessment and plan found within R2's nursing assessment dated October 21, 2025, indicated R2 required assistance with medication administration. The assessment further identified R2 required assistance with inhaled medications. The licensee failed to follow R2's medication management plan and administer her inhaled medications. On October 29, 2025, at 12:27 p.m., clinical	01730		

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	30584	A. BUILDING: _____ B. WING _____	10/30/2025

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COUNTRYSIDE CATERED SENIOR LIV	650 EL DORADO STREET OWATONNA, MN 55060

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01730	Continued From page 12 nurse supervisor (CNS)-B stated R1 and R2's medication plans were not being followed. CNS-B stated R1 and R2 needed to have a new medication assessment so an accurate medication management plan could be developed. The licensee's Individualized Medication, Treatment, and Therapy Management Plans policy dated August 1, 2021, indicated the medication, treatment, and therapy management plans will be current and updated when there are changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01790 SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed	01790		

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01790	Continued From page 13 nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility,	01790		

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01790	Continued From page 14 including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) trained and ensured competency for one of two employees (unlicensed personnel (ULP)-H) providing medications for residents with unplanned time away from home when the licensed nurse was not available. 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 included: ULP-H was hired on January 10, 2023. ULP-H's employee record lacked documentation of competencies for providing medications to residents with medication management who have unplanned time away from home. On October 30, 2025, at 11:03 a.m., clinical nurse supervisor (CNS)-B stated ULP-H administered medications and would encounter times when she would need to get medications ready for a resident to take with them for unplanned time away. CNS-B stated this competency was added sometime after ULP-H	01790		

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01790	Continued From page 15 was hired, and it did not get completed with her. CNS-B stated ULP-H's employee record lacked the above required competency. The licensee's undated, Delegation of Medications to be Given to Clients by Unlicensed Staff for Clients Time Away from Home policy noted only ULP that have been trained and have satisfactorily demonstrated competency will be assigned to place medications prepared by a pharmacist or a licensed nurse in the appropriate container for an unplanned leave of absence not to exceed seven days of medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the prescription label matched the order for one of five residents (R1) observed during medication administration. This practice resulted in a level two violation (a violation that did not harm a resident's health or	01890		

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01890	Continued From page 16 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's diagnoses included pulmonary fibrosis (damaged and scarred lung tissue), macular degeneration (vision loss), and diabetes. R1's Service Plan dated October 14, 2025, indicated she received services including medication administration. R1's records included an unsigned, prescriber telephone order dated October 24, 2025, for: - Insulin lispro (fast-acting insulin) 30 units with breakfast, lunch and dinner and continue with correction scale as needed. 150-180= 2 units 181-210= 4 units 211-240= 6 units 241-270= 8 units 271- 300= 10 units If greater than 300 give 10 units, recheck blood sugar in one hour. R1's medication administration record (MAR) dated September 2025, included the medication as ordered above. On October 28, 2025, at 11:40 a.m., the surveyor observed unlicensed personnel (ULP)-I check R1's blood sugar and prepare and administer insulin lispro. ULP-I compared the insulin order	01890		

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01890	Continued From page 17 on the MAR to R1's insulin lispro pen. The insulin lispro pen had a label that directed to administer 26 units with sliding scale. When interviewed at this time, ULP-I stated the label for R1's insulin lispro did not match the MAR or indicate the order had changed, but said he would follow the MAR because he knew the order had been recently changed. On October 28, 2025, at 11:50 a.m., registered nurse (RN)-C stated if medication directions change, a "directions changed" sticker should be placed on the label to alert staff. RN-C stated prescription labels should match the current prescriber orders and MAR. RN-C further stated, "that's on me" and indicated no sticker had been placed on R1's insulin lispro pen. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were documented after administration by one of	02320		

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02320	Continued From page 18 one employee (unlicensed personnel (ULP)-I). 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: On October 28, 2025, at 11:31 a.m., the surveyor observed ULP-I prepare R1's medications. ULP brought in R1's scheduled ipratropium/albuterol (to prevent wheezing and shortness of breath) vial for her nebulizer and placed the contents of the vial into R1's nebulizer cup. R1 indicated she would do the nebulizer after she ate lunch. ULP-I left the medication in the nebulizer cup and exited the room. ULP-I then marked the medication as "administered" on R1's medication administration record (MAR). When interviewed at this time, ULP-I stated he should not mark administered until after the resident had taken the medication. On October 29, 2025, at 12:27 p.m., clinical nurse supervisor (CNS)-B stated staff should not document administration of medication without the resident taking it. The licensee's Documentation of Medication, Treatment and Therapy Management Services policy dated August 1, 2021, noted staff would document each task immediately after that task had been performed.	02320		

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02320	Continued From page 19 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Rochester District Office
Minnesota Department of Health
3425 40th Ave NW, Suite 115
Rochester, MN 55901
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Countryside Catered Senior Living
650 EL DORADO STREET
Owatonna, MN 55060
Steele County
Parcel:

Phone:
micahstaloch@ecumen.org

License Info

License: HFID 30584

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F8044251249
Inspection Type: Full - Single
Date: 10/28/2025 Time: 8:26:33 AM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: Prep cooler holding TCS foods at 47 degrees F. See temperatures for details.

Foods moved to upright cooler.
Comply By: 10/28/2025 Originally Issued On: 10/28/2025

Food & Beverage General Comment

HRD inspection conducted with nurse evaluator susan Kalis. Inspection report reviewed on site with Lana Purdie.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Rochester District Office inspection report number F8044251249 from 10/28/2025

Establishment Representative

Michael DeMars, RS
Public Health Sanitarian 3
michael.demars@state.mn.us