



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 21, 2025

Licensee

Mother of Mercy Senior Living
230 Church Avenue
Albany, MN 56307

RE: Project Number(s) SL30461016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 21, 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 . . ."

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

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:

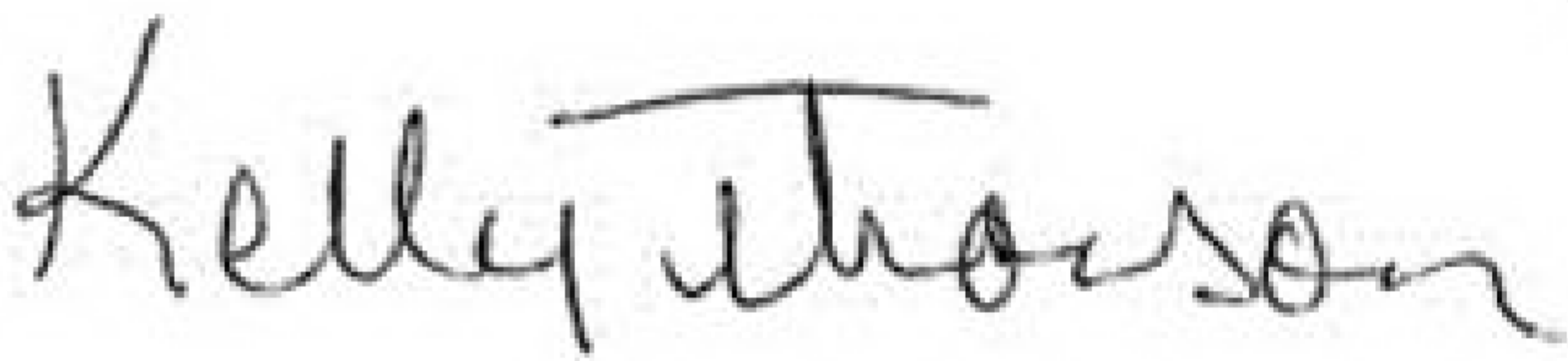
<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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,



Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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 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: SL30461016-0 On February 18, 2025, through February 20, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 47 residents whom received 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 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 SUBDIVISION 1-3.		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307			
(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
0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the clinical nurse supervisor (CNS) developed and implemented a staffing plan to determine staffing levels to meet the needs of all residents, which included reviewing the staffing plan at least twice per year. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a	0 470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 470	Continued From page 2 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living license and was licensed for a capacity of 79 residents, with a current census of 47 residents. During the entrance conference on February 18, 2025, at 9:30 a.m., CNS-A stated they were familiar with the current minimum assisted living requirements. On February 18, 2025, at 10:08 a.m. CNS-A stated they did not develop a staffing plan and was not aware of the requirements for developing and implementing a staffing plan. Licensee's undated, Staffing the Assisted Living policy read "the clinical nurse supervisor must develop and implement a written staffing plan." Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0180, Subp. 4, effective October 2022, the daily work schedule in item A must be posted, after redacting direct-care staff members' resident assignments, at the beginning of each work shift in a central location in each building of a facility or campus, accessible to staff, residents, volunteers, and the public. The facility shall not disclose any information that is protected by law from public disclosure.	0 470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 470	Continued From page 3 Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0180, Subp. 4., effective October 2022, the CNS must develop a 24-hour daily staffing schedule. The schedule must: (1) include direct-care staff work schedules for each direct-care staff member showing all shifts, including days and hours worked; and (2) identify the direct-care staff member's resident assignments or work location. No further information was provided. TIME PERIOD FOR CORRECITON: Seven (7) days	0 470			
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (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	0 480			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 480	Continued From page 4 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, 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	0 480			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 480	Continued From page 5 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 February 18, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and	0 680			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 680	Continued From page 6 disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to post an emergency preparedness plan (EPP) prominently. In addition, the licensee failed to and evaluate its missing person policy at least quarterly. This had the potential to affect all three residents receiving services under the assisted living license. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On February 18, 2025, at 10:20 a.m., clinical nurse supervisor (CNS)-A gave the surveyor a tour of the facility; CNS-A confirmed the licensee's EEP was not posted prominently, and was rather stored in a locked cabinet. CNS-A was unaware of the requirement to post the EPP	0 680			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 680	Continued From page 7 prominently in the facility. The licensee's EPP last reviewed on April 25, 2024, contained the licensee's missing person policy. The licensee's Emergency Preparedness Plan-Appendix Z Compliance policy dated August 2021, read "the intent is the plan will be aligned with the Centers for Medicare and Medicaid Services state operation manual appendix z: State Operations Manual Appendix-Z." The licensee's Missing Resident policy dated August 2021, read "will review this policy and any individual resident plans that pertain at least quarterly." Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0110, Subp. 4, effective October 2022, the assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan . No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
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:	0 775			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 775	Continued From page 8 Based on observation and interview, the licensee failed to comply with the Minnesota State Fire Code in Minnesota Rules, chapter 7511. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On February 19, 2025, from 10:00 a.m. to 12:00 p.m., the surveyor toured the facility with director of environmental services (DES)-D and environmental technician (ET)-E. The surveyor made the following observations of non-compliance with current Minnesota Fire Code provisions: FIRE RESISTANT RATED DOORS Several fire-resistant rated doors throughout the facility had kick down, rubber wedge or wood wedge hold open devises that prevented the doors from closing automatically. Fire resistant rated doors are required to automatically close and latch to prevent the spread of flame and smoke in the event of a fire or similar emergency. The locations included, but were not limited to the following: Memory Lane: - Doors between Memory Lane and Grace Court-Tranquility Building	0 775			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307			
(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
0 775	Continued From page 9 Grace Court-Tranquility Building: - Elevator lobby door on the first floor - Housekeeping room door inside the laundry room on second and third floors - Exit stairwell (Stair East) door on second and third floors - Multiple resident apartments Several fire-resistant rated doors throughout the facility did not close and positively latch on their own. The locations included: - Stairwell door across from apartment 135 - Laundry room door across from apartment 110 - Soiled linen room door across from apartment 111 - Locker room 229 door - Stair East stairwell door in Grace Court - Living Room 215 doors FIRE RESISTANT SEPARATIONS The second-floor trash room had holes in the wall and floor assemblies where the sprinkler pipes were installed. The first-floor trash room was visible through the penetrations in the floor. Fire resistant rated wall and floor penetrations are required to be sealed and fire stopped. DES-D and ET-E visually verified these deficient findings at the time of discovery. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775			
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	0 810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307			
(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
0 810	Continued From page 10 plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff 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) Staff 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 staff 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 interview and record review, the licensee failed to develop the fire safety and evacuation plan with the required content, to provide the required training, and to conduct evacuation drills. This had the potential to directly affect all residents, staff, and visitors.	0 810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 810	Continued From page 11 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 potential to affect a large portion or all of the residents). The findings include: On February 19, 2025, director of environmental services (DES)-D provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP, titled "Assisted Living - Sheltering in Place, Relocation & Evacuation Plan", undated, failed to include the following: The FSEP included standard definitions for shelter-in-place, relocation, and evacuation, but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The provider had a printed presentation on fire prevention as part of their emergency binder which included general information on where staff were to report during a fire and indicated that staff should use R.A.C.E. (Rescue, Alarm, Confine and Extinguish or Evacuate) but failed to include any procedures for how staff are to evacuate the building. The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should	0 810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 810	Continued From page 12 follow in case of a fire or similar emergency. The FSEP failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan failed to identify which residents would need assistance during a fire or similar emergency and did not include any specific procedures for assisting those residents during evacuation. On February 19, 2025, at 2:30 p.m., DES-D stated they did not have a more specific policy for fire safety and evacuation. TRAINING: The licensee failed to provide evacuation training to residents at least once per year. DES-D lacked documentation showing any training was offered or training was scheduled for a future date for residents on the fire safety and evacuation plan. The licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. DES-D lacked documentation showing any training was completed or training was scheduled for a future date for employees on the fire safety and evacuation plan. On February 19, 2025, at 2:30 p.m., DES-D stated they were not conducting any training on the fire safety and evacuation plans. DES-D stated they thought completing the fire drills was sufficient, DRILLS: The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month.	0 810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307			
(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
0 810	Continued From page 13 Record review of licensee's evacuation drill reports, titled "Fire Drills", various dates, indicated evacuation drills were conducted on December 17, 2024, November 29, 2024, September 30, 2024, July 24, 2024, February 28, 2024, January 30, 2024, November 20, 2023, October 30, 2023, August 24, 2023, July 19, 2023, May 22, 2023, April 13, 2023, March 1, 2023, February 16, 2023, and January 23, 2023. Evacuation drills in 2024 were not conducted every other month. Evacuation drills in 2023 indicated that the third shift only received one drill. On February 19, 2025, at 2:30 p.m., DES-D stated their policy was to conduct evacuation drills quarterly, and did not realize the requirement was every other month. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810			
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated	0 950			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 950	Continued From page 14 Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to offer the opportunity to identify a designated representative, on a separate form, for two of two residents (R1, R2). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 R1's Resident agreement Assisted Living with Dementia Care included R1's Service Plan dated August 27, 2024, indicated services including blood glucose, activity assistance, bathing, dressing, manage behavior, meal, and med pass assistance.	0 950			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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	
0 950	Continued From page 15 R2 R2's Resident agreement Assisted Living with Dementia Care included R2's Service Plan dated July 4, 2024, indicated services including ace wraps/compression stockings/TEDS, bathing, elevate legs, housekeeping, laundry meal, med pass assistance, medication administration, and oxygen management. R1 and R2's Resident agreement Assisted Living with Dementia Care lacked the opportunity to identify a designated representative using verbatim language: You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." On February 19, 2024, at 9:02 a.m., clinical nurse supervisor (CNS)-A acknowledged the missing content for all licensee's templates and stated they would have the missing contents fixed. Licensee's Signing an Assisted Living Contract dated, May 2023, indicated the licensee's contract must be filled out and signed by the prospective resident and/or responsible person No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
0 970	Continued From page 16	0 970			
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's Resident Agreement Assisted Living with Dementia Care included a clause that indicated the resident would waive the licensee's liability for health, safety, or personal property of a resident. -Page 16, section 27- of the agreement read: "Indemnification. As an occupant of the Community, Tenant assumes the risk for tenant's	0 970			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307			
(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
0 970	Continued From page 17 own safety Tenant will indemnify and hold harmless Landlord, it's employee, agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life." - Page 16, section 27- of the agreement read: "Liability. Landlord is not liable to tenant ..., death or property damage occurring in the Apartment or on our premises unless such injury, death or property damage occurs as the result of our own negligent act or omissions, or those of our employees, or agents. " On February 19, 2025, at 9:02 a.m. clinical nurse supervisor (CNS)-A acknowledged and stated they would have fixed. Licensee's Signing an Assisted Living Contract policy dated, May 2023, indicated the licensee's contract must be filled out and signed by the prospective resident and/or responsible person No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970			
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation;	01060			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
01060	Continued From page 18 (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 and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and 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, and designated representative for one of one resident (R2).	01060			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
01060	Continued From page 19 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: Discharge Hospital Summary notes dated, December 30, 2024, at 4:39 p.m. read admission date of December 26, 2024, and discharge date of December 30, 2024. Resident arrived at the emergency department (ED) with shortness of breath and cough diagnosed with pneumonia. On February 19, 2025, at 9:18 a.m., clinical nurse supervisor (CNS)-A stated they did not have progress notes when resident was sent to the ED and when the resident returned. CNS-A stated an emergency relocation was not provided as required. CNS-A stated they were aware of the requirements and uncertain why R2 failed to have progress notes, and an emergency relocation performed. The licensee's Emergency Relocation policy, dated September 2022, verified the licensee will provide a written notice that contains, at a minimum: "the reason for the relocation; the name and contact information for the location to which the resident has been relocated and any new service provider; contact information for the Office of Ombudsman for Long-Term Care and Office of Ombudsman for Mental Health and Developmental Disabilities; if known and	01060			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
01060	Continued From page 20 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 a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060			
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 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	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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 21 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 a registered nurse (RN) completed ongoing resident reassessments that did not exceed 90 days for residents residing within the facility as required 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) 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 February 18, 2025, at 9:30 a.m., upon entrance conference clinical nurse supervisor (CNS)-A and registered nurse (RN)-B stated they had oversight of the licensee's resident's assessments. R1 R1's diagnosis included advanced dementia, hypertension, type 2 diabetes with stage 4 chronic kidney disease, chronica pain, hyperlipidemia, and coronary artery disease. R1's Service Plan dated August 27, 2024, indicated services including blood glucose, activity assistance, bathing, dressing, manage behavior, meal, and med pass assistance R1's record contained a 90-day assessment	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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 22 completed on October 12, 2023, with the next assessment completed February 27, 2024 (138 days apart; and the next assessment completed May 16, 2024, followed by the next assessment dated December 17, 2024 (184 days apart). R2 R2's diagnosis included dementia, transient ischemic attack, hypertension, back pain, atrial fibrillation, chronic kidney disease, and osteoarthritis. R2's Service Plan dated July 4, 2024, indicated services including ace wraps/compression stockings/TEDS, bathing, elevate legs, housekeeping, laundry meal, med pass assistance, medication administration, and oxygen management. R1's record contained a 90-day assessment completed on November 14, 2023, followed by the next assessment completed on March 4, 2024 (111 days apart); followed by the next completed assessment dated June 17, 2025 (105 days apart); and the following assessments completed June 21, 2024, followed by the completed assessment dated December 30, 2024 (192 days apart). On February 19, 2025, at 9:00 a.m., CNS-A verified the resident's assessments failed to meet the 90-day requirements. CNS-A stated they were aware they were behind and were trying to "catch-up" with the assistance from RN-B. The licensee's Assessment Schedule dated August 2021, read "Ongoing resident reassessment and monitoring cannot exceed 90 calendar days from the last date of the assessment."	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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 23 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01620			
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility 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 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	01730			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
01730	Continued From page 24 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 ensure the registered nurse documented medication administration was delegated to unlicensed personnel 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 R1's diagnosis included advanced dementia, hypertension, type 2 diabetes with stage 4 chronic kidney disease, chronica pain, hyperlipidemia, and coronary artery disease. R1's Service Plan dated August 27, 2024, indicated services including blood glucose, activity assistance, bathing, dressing, manage behavior, meal, and med pass assistance	01730			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
01730	Continued From page 25 R1's medication management plan dated December 30, 2024, lacked medication management services provided by nurse and unlicensed personnel. On February 18, 2025, at 10:40 a.m. surveyor observed ULP-C obtain R1's blood sugar. On February 19, 2025, at 12:30 p.m. surveyor observed ULP-C administer eye drops to R1. R2 R2's diagnosis included dementia, transient ischemic attack, hypertension, back pain, atrial fibrillation, chronic kidney disease, and osteoarthritis. R2's Service Plan dated July 4, 2024, indicated services including ace wraps/compression stockings/TEDS, bathing, elevate legs, housekeeping, laundry meal, med pass assistance, medication administration, and oxygen management. R2's medication management plan dated January 6, 2025, lacked medication management services provided by nurse and unlicensed personnel. On February 19, 2025, at 11:18 a.m. surveyor observed ULP administer R2's oral medications. Licensee's Medication Management Individualized Plan policy dated August 2021, read "resident's assessment must contain identification of medication management tasks that may be delegated to unlicensed personnel." No further information was provided.	01730			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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	
01730	Continued From page 26	01730			
	TIME PERIOD FOR CORRECTION: Seven (7) days				
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: (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 record review and interview, the licensee failed to provide a hazard vulnerability assessment or safety risk assessment of the physical environment with mitigation factors on and around the property for the facility. This deficient practice had the ability to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).	02040			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
02040	Continued From page 27 Findings include: On February 19, 2025, director of environmental services (DES)-D and environmental technician (ET)-E provided documentation on the hazard vulnerability assessment (HVA). Documentation indicated that the licensee had not performed a HVA or safety risk assessment with mitigation factors on and around the property. Issues identified were outside the property and larger in scale such as severe weather, civil unrest, and flash flooding. On February 19, 2025, DES-D stated they completed an HVA to develop their emergency preparedness plans, but have not completed an assessment on and around the property with mitigation factors for hazards in the physical environment. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	02040			
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are	02110			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
02110	Continued From page 28 person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure policies and procedures for assisted living with dementia care (ALFDC) were provided to residents or the resident's legal and /or designated representative at the time of move-in 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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that	02110			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
02110	Continued From page 29 has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 was admitted to the licensee on December 13, 2022. R2 was admitted to the licensee on September 12, 2014. R1 and R2's resident records lacked evidence the licensee provided a resident or resident representative policies and procedures that addressed 144G.82 Subd. 3., at the time of move-in to the facility. On February 19, 2025, at 11:41 a.m., clinical nurse supervisor (CNS)-A stated licensee had not developed dementia care policies and procedures to resident or resident's family members. CNS-A stated they were unaware licensee required the policies and procedures that addressed 144G.82 Subd. 3 and would fix. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110			
02140 SS=F	144G.83 Subd. 3 Supervising staff training Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including: (1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and(2) completion of training equivalent to the	02140			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
02140	Continued From page 30 requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the designated person to oversee staff training in the care of individuals with dementia completed the required skills competency or knowledge test required by the commissioner. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee was licensed as an assisted living facility with dementia care (ALFDC). On February 18, 2025, at 9:30 a.m. clinical nurse supervisor (CNS)-A stated they had oversight of the staff training and was not aware of the requirement under 144G.83. Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQ's) Dementia care training programs required to ensure compliance with statute 144G.83 are listed to meet the correct website to meet compliance.	02140			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307		
(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
02140	Continued From page 31 The licensee's Dementia Training policy dated January 2024, read "a qualified trainer or supervisor must be available for consultation with new employees until training is complete." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02140			
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards with regards to signage posted oxygen in use for one of one resident (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) 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:	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE ALBANY, MN 56307			
(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
02310	Continued From page 32 During the entrance conference on February 18, 2025, at 9:30 a.m., clinical nurse supervisor (CNS)-A stated the licensee was familiar with current minimum assisted living requirements. On February 19, 2025, at 11:18 a.m., the surveyor observed unlicensed personnel (ULP) complete a scheduled medication pass for R2 in R2's room. R2 was in their recliner with oxygen in use via nasal cannula administered with a concentrator, and a cylinder tank secured in a portable container in R2's room. The surveyor observed no oxygen signage posted on R2's door nor on the unit. On February 19, 2025, at 11:40 a.m., clinical nurse supervisor (CNS)-A stated "I did not even think of that, and this is the only resident that is on oxygen. We will get a sign posted." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310			



Minnesota Department of Health
Environmental Health Division
3333 W. Division #212
St. Cloud
320-223-7300

Type: Full
Date: 02/18/25
Time: 11:15:30
Report: 1041251036

Food and Beverage Establishment Inspection Report

Page 1

Location:

Mother Of Mercy Senior Living
230 Church Avenue
Albany, MN56307
Stearns County, 73

Establishment Info:

ID #: 0037898
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3208452195
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.

3-500D Microbial Control: disposition of food

3-501.18A **** Priority 1 ****

MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

IN THE WALK-IN COOLER, CARNE ASADA AND TUNA SALAD WAS DATED 2/8 AND GRAVY WAS DATED 2/5. DISCARD ALL TCS FOODS AFTER 7 DAYS.

Comply By: 02/18/25

5-200B Plumbing: cross connections

5-203.14E **** Priority 1 ****

MN Rule 4626.1085A Mount the spray arm so it cannot hang below the spill rim of a sink or provide an approved backflow prevention device on the faucet.

IN THE FAIRWAY RIDGE KITCHEN, THE NOZZLE OF THE SPRAY ARM HANGS BELOW THE RIM OF THE DISPOSAL SINK. REPLACE SPRAY ARM.

Comply By: 02/18/25

3-500C Microbial Control: date marking

3-501.17A **** Priority 2 ****

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.

IN THE WALK-IN COOLER, MASHED POTATOES WERE NOT DATE MARKED. DATE MARK ALL PREPARED TCS FOODS AS STATED ABOVE.

Comply By: 02/18/25

Type: Full
Date: 02/18/25
Time: 11:15:30
Report: 1041251036
Mother Of Mercy Senior Living

Food and Beverage Establishment Inspection Report

Page 2

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

3-305.11A

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

AT TIME OF INSPECTION, THERE WAS A BOX OF BONELESS PORK BUTT, AND A CONTAINER OF CARNE ASADA ON THE FLOOR OF THE WALK-IN COOLER. STORE FOOD ON SHELVES.

Comply By: 02/18/25

6-100 Physical Facility Construction Materials

6-101.11A1

MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.

IN THE FAIRWAY RIDGE KITCHEN, REPAIR THE HOLE IN THE WALL ABOVE THE TILE TO THE RIGHT OF THE DISH MACHINE.

Comply By: 03/18/25

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

IN THE FAIRWAY RIDGE KITCHEN, PROVIDE A HAND WASHING SIGN ABOVE THE HAND WASHING SINK.

Comply By: 02/25/25

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

CLEAN FLOOR UNDER COOKLINE EQUIPMENT TO REMOVE FOOD DEBRIS BUILD UP

Comply By: 02/25/25

Surface and Equipment Sanitizers

Hot Water: = at 163 Degrees Fahrenheit

Location: DISHWASHER FINAL RINSE CYCLE

Violation Issued: No

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit

Location: SPRAY BOTTLE-GRACE COURT

Violation Issued: No

Hot Water: = at 163 Degrees Fahrenheit

Location: DISHWASHER FINAL RINSE CYCLE-GRACE COURT

Violation Issued: No

Chlorine: = 100 PPM at Degrees Fahrenheit

Location: DISHWASHER FINAL RINSE CYCLE-FAIRWAY RIDGE

Violation Issued: No

Type: Full
Date: 02/18/25
Time: 11:15:30
Report: 1041251036
Mother Of Mercy Senior Living

Food and Beverage Establishment Inspection Report

Page 3

Food and Equipment Temperatures

Process/Item: Cooking
Temperature: 166 Degrees Fahrenheit - Location: SHRIMP FRIED RICE
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 37 Degrees Fahrenheit - Location: SLICED ROAST BEEF
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: MILK -GRACE COURT
Violation Issued: No

Process/Item: Hot Holding
Temperature: 159 Degrees Fahrenheit - Location: EGG ROLLS-FAIRWAY RIDGE
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: MILK-2-DOOR UNIT IN FAIRWAY RIDGE
Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		2	1	4

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 1041251036 of 02/18/25.

Certified Food Protection Manager DAVID PYKA

Certification Number: 53981 Expires: 11/08/27

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: Linda Heinen
Linda Heinen
Public Health Sanitarian
St. Cloud
320-223-7306
Linda.Heinen@state.mn.us

Report #: 1041251036		Food Establishment Inspection Report																																							
 Minnesota Department of Health Environmental Health Division 3333 W. Division #212 St. Cloud		No. of RF/PHI Categories Out				2		Date		02/18/25																															
		No. of Repeat RF/PHI Categories Out				0		Time In		11:15:30																															
		Legal Authority MN Rules Chapter 4626						Time Out																																	
Mother Of Mercy Senior Living		Address 230 Church Avenue			City/State Albany, MN			Zip Code 56307		Telephone 3208452195																															
License/Permit # 0037898		Permit Holder			Purpose of Inspection Full			Est Type		Risk Category																															
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																									
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item																																									
Mark "X" in appropriate box for COS and/or R																																									
IN= in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS=corrected on-site during inspection R= repeat violation																																									
Compliance Status						COS		R		Compliance Status						COS		R																							
Supervision														Time/Temperature Control for Safety																											
1		IN		OUT		PIC knowledgeable; duties & oversight						18		IN		OUT		N/A		N/O		Proper cooking time & temperature																			
2		IN		OUT		N/A		Certified food protection manager, duties						19		IN		OUT		N/A		N/O		Proper reheating procedures for hot holding																	
Employee Health														20														IN		OUT		N/A		N/O		Proper cooling time & temperature					
3		IN		OUT		Mgmt/Staff;knowledge,responsibilities&reporting						21		IN		OUT		N/A		N/O		Proper hot holding temperatures																			
4		IN		OUT		Proper use of reporting, restriction & exclusion						22		IN		OUT		N/A				Proper cold holding temperatures																			
5		IN		OUT		Procedures for responding to vomiting & diarrheal events						23		IN		OUT		N/A		N/O		Proper date marking & disposition																			
Good Hygienic Practices														24														IN		OUT		N/A		N/O		Time as a public health control: procedures & records					
6		IN		OUT		N/O		Proper eating, tasting, drinking, or tobacco use						Consumer Advisory																											
7		IN		OUT		N/O		No discharge from eyes, nose, & mouth						25		IN		OUT		N/A		Consumer advisory provided for raw/undercooked food																			
Preventing Contamination by Hands														Highly Susceptible Populations																											
8		IN		OUT		N/O		Hands clean & properly washed						26		IN		OUT		N/A		Pasteurized foods used; prohibited foods not offered																			
9		IN		OUT		N/A		N/O		No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed						Food and Color Additives and Toxic Substances																									
10		IN		OUT				Adequate handwashing sinks supplied/accessible						27		IN		OUT		N/A		Food additives: approved & properly used																			
Approved Source														28														IN		OUT				Toxic substances properly identified, stored, & used							
11		IN		OUT		Food obtained from approved source						Conformance with Approved Procedures																													
12		IN		OUT		N/A		N/O		Food received at proper temperature						29		IN		OUT		N/A		Compliance with variance/specialized process/HACCP																	
13		IN		OUT		Food in good condition, safe, & unadulterated						Risk factors (RF) are improper practices or proceeedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.																													
14		IN		OUT		N/A		N/O		Required records available; shellstock tags, parasite destruction																															
Protection from Contamination																																									
15		IN		OUT		N/A		N/O		Food separated and protected																															
16		IN		OUT		N/A				Food contact surfaces: cleaned & sanitized																															
17		IN		OUT				Proper disposition of returned, previously served, reconditioned, & unsafe food																																	
GOOD RETAIL PRACTICES																																									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																																									
Mark "X" in box if numbered item is not in compliance																																									
Mark "X" in appropriate box for COS and/or R																																									
COS=corrected on-site during inspection																																									
R= repeat violation																																									
Safe Food and Water						COS		R		Proper Use of Utensils						COS		R																							
30		IN		OUT		N/A		Pasteurized eggs used where required						43				In-use utensils: properly stored																							
31						Water & ice obtained from an approved source								44				Utensils, equipment & linens: properly stored, dried, & handled																							
32		IN		OUT		N/A		Variance obtained for specialized processing methods						45				Single-use/single service articles: properly stored & used																							
Food Temperature Control														46																Gloves used properly											
33						Proper cooling methods used; adequate equipment for temperature control						Utensil Equipment and Vending																													
34		IN		OUT		N/A		N/O		Plant food properly cooked for hot holding						47				Food & non-food contact surfaces cleanable, properly designed, constructed, & used																					
35		IN		OUT		N/A		N/O		Approved thawing methods used						48				Warewashing facilities: installed, maintained, & used; test strips																					
36						Thermometers provided & accurate						49																Non-food contact surfaces clean													
Food Identification														Physical Facilities																											
37						Food properly labeled; original container						50				Hot & cold water available; adequate pressure																									
Prevention of Food Contamination														51														X		Plumbing installed; proper backflow devices											
38						Insects, rodents, & animals not present						52				Sewage & waste water properly disposed																									
39		X				Contamination prevented during food prep, storage & display						53				Toilet facilities: properly constructed, supplied, & cleaned																									
40						Personal cleanliness						54				Garbage & refuse properly disposed; facilities maintained																									
41						Wiping cloths: properly used & stored						55		X		Physical facilities installed, maintained, & clean																									
42						Washing fruits & vegetables						56				Adequate ventilation & lighting; designated areas used																									
Food Recalls:														57																Compliance with MCIAA											
Person in Charge (Signature)														58																Compliance with licensing & plan review											
Inspector (Signature)														Date: 02/20/25																											
Linda Zinen																																									