Electronically Delivered

May 1, 2023

Licensee
Havenwood Of Buffalo
150 Division Street East
Buffalo, MN 55313

RE: Project Number(s) SL36609015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 12, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The 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 and enforcement actions 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 651-281-9796

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36609	A. BUILDING: _____ B. WING _____	04/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVENWOOD OF BUFFALO	150 DIVISION STREET EAST BUFFALO, MN 55313

(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: SL#36609015 On April 10, 2023, through April 12, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 97 active residents; 57 receiving services under the Assisted Living Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated April 11, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not	01760		

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01760	Continued From page 2	01760		

completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered or per manufacturer's instructions for two of six residents (R5, R6).

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:

R5
R5's diagnoses included essential hypertension, alcoholic polyneuropathy, and chronic kidney disease.

R5's service plan dated March 29, 2023, indicated R5 received services to include medication administration.

On April 11, 2023, at 8:55 a.m., the evaluator observed unlicensed personnel (ULP)-D prepare medications for R5. ULP-D placed all the oral medications into one medication cup except for R5's metoprolol as ULP-D needed to complete

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01760	Continued From page 3	01760		

blood pressure and pulse readings to determine if the metoprolol was to be given. R5's chewable aspirin was placed in the same medication cup as the rest of R5's oral medications. The surveyor observed R5 swallow all the medications.

R5's prescriber's orders, dated March 2, 2022, included the following:
aspirin 81mg chewable tablet, chew and swallow 1 tab by mouth once daily with a meal for CVA/stroke
cyanocobalamin 1000mcg/mL, inject 1mL intramuscularly once every four weeks for pernlous anemia
lisinopril 5mg tablet, take one tab by mouth once daily for high blood pressure
vitamin B-6 25mg tablet, take one tab by mouth once daily for peripheral neuropathy
atorvastatin 40mg, take 1 tab by mouth at bedtime for hyperlipidemia
acetaminophen tab 325mg, take 1-2 tabs by mouth every six hours as needed for pain
metoprolol succinate ER 25mg, take 1 tablet by mouth once daily *hold if pulse is less than 60 and/or if systolic blood (top number) pressure is less than 100* for afib

R5's medication administration record (MAR) from April 2023, indicated:
- aspirin 81mg chewable tablet, give one chewable by mouth once daily-separate from other pills due to being a chewable tab ***put chewable in a separate cup***

On April 11, 2023, at 9:05 a.m., ULP-D stated she was trained to give the chewable medication separately and to give instruction to the resident to chew and swallow. ULP-D stated she should have done that today and it was a mistake.

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01760	Continued From page 4 On April 11, 2023, at 12:20 p.m., clinical nurse supervisor (CNS)-B stated the expectation for staff regarding chewable medications was for them to put the medication in a separate medication cup for the resident to chew and swallow. CNS-B stated that was how the ULP's were trained. R6 R6's diagnoses included type two diabetes mellitus, emphysema, obstructive sleep apnea, and unspecified dementia without behavioral disturbances. R6's service plan dated December 22, 2022, indicated R6 received services to include assistance with laundry, blood pressure monitoring, and medication administration. On April 11, 2023, at 7:17 a.m., the evaluator observed ULP-E prepare medications for R6. ULP-E administered all oral medications and then assisted R6 with a Fluticasone Propionate/salmeterol 250mcg-50mcg inhaler. R6's MAR read, " inhale one puff by mouth twice daily. Rinse mouth after use." ULP-E gave R6 instructions to inhale the medication. Once medication had been inhaled, no further instructions were given for rinsing the mouth. R6's Medication List printed April 12, 2023, included the following: levothyroxine 75mcg tablet, take one tablet by mouth daily for hypothyroid acetaminophen ES 500mg, take two tabs by mouth three times daily for comfort Donepezil 5mg tablet, take one tablet by mouth daily for memory Fluticasone Propionate/salmeterol 250mcg-50mcg, inhale one puff by mouth twice	01760		

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01760	Continued From page 5	01760		

daily for emphysema. Rinse mouth after use.
lisinopril 10mg tablet, take one tab by mouth once daily for high blood pressure
omeprazole 20mg capsule, take one capsule by mouth daily before a meal for heartburn

On April 12, 2023, at 8:30 a.m., ULP-E stated they were trained on inhalers to, "check the six rights and look at the directions to see if they[resident] need a chamber, have the resident take a big inhale in and then out before they use the inhaler, and afterwards they [the resident] gargle or brush teeth. It should say on the instructions if that is needed." The instructions listed on R6's MAR included. "inhale one puff by mouth twice daily. Rinse mouth after use."

On April 12, 2023, at 8:39 a.m., CNS-B stated the staff were instructed on which inhalers need to have a mouth rinse done after and it was indicated in the pharmacy instruction on the electronic medication administration record, and staff should be offering the resident to rinse out their mouth after.

The licensee's Administration of Medication, Treatment, and Therapy By Unlicensed Personnel-Minnesota policy dated February 10, 2022, indicated medications, treatment, and therapy always need to be administered by the right route. Unlicensed personnel that will provide assistance with medication, treatment, and therapy administration will be trained and competency tested by the RN on the following: the complete procedures for checking the resident's medication administration record and medication profile, treatment and therapy profile, and any additional information.

No further information was provided.

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01760	Continued From page 6 TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

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

Type: Full
Date: *04/11/23*
Time: 10:46:46
Report: 7989231081

Food and Beverage Establishment Inspection Report

Location:
Havenwood Of Buffalo
150 Division Street East
Buffalo, MN55313
Wright County, 86

Establishment Info:
ID #: 0038756
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6124392511
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.

6-300 Physical Facility Numbers and Capacities

6-303.11C

MN Rule 4626.1470C Provide at least 50 foot candles (540 LUX) of light intensity for areas where food employees are working with utensils and equipment where safety is a factor.

REPLACE THE LIGHT BULB THAT IS NOT WORKING UNDER THE HOOD

Comply By: 04/25/23

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: 3 COMP SINK
Violation Issued: No

Hot Water: = at 177 Degrees Fahrenheit
Location: DISHMACHINE
Violation Issued: No

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: PREP
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 177 Degrees Fahrenheit - Location: HAM
Violation Issued: No

Process/Item: Prep Cooler TOP
Temperature: 41 Degrees Fahrenheit - Location: SLICED TOMATOES
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Prep Cooler TOP
Temperature: 40 Degrees Fahrenheit - Location: HAM
Violation Issued: No

Process/Item: Prep Cooler BOTTOM
Temperature: 39 Degrees Fahrenheit - Location: HAM
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: MELON
Violation Issued: No

Process/Item: DISPLAY
Temperature: 40 Degrees Fahrenheit - Location: CHEESE POTATOES
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 39 Degrees Fahrenheit - Location: CHICKEN WILD RICE SOUP
Violation Issued: No

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

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 7989231081 of 04/11/23.

Certified Food Protection Manager: CARA UNGARO

Certification Number: 92555 Expires: 01/30/24

Signed: _____
Establishment Representative

Signed: Tyffani Maresh

Tyffani Maresh
Public Health Sanitarian
St Cloud
320-223-7361
Tyffani.Maresh@state.mn.us

Report #: 7989231081

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

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

No. of RF/PHI Categories Out	0	Date	04/11/23
No. of Repeat RF/PHI Categories Out	0	Time In	10:46:46
Legal Authority MN Rules Chapter 4626		Time Out	

	Address	City/State	Zip Code	Telephone
Havenwood Of Buffalo	150 Division Street East	Buffalo, MN	55313	6124392511

License/Permit #	Permit Holder	Purpose of Inspection	Est Type	Risk Category
0038756		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

Compliance Status		COS	R
Supervision			
1 IN OUT	PIC knowledgeable; duties & oversight		
2 IN OUT N/A	Certified food protection manager, duties		
Employee Health			
3 IN OUT	Mgmt/Staff;knowledge,responsibilities&reporting		
4 IN OUT	Proper use of reporting, restriction & exclusion		
5 IN OUT	Procedures for responding to vomiting & diarrheal events		
Good Hygenic Practices			
6 IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7 IN OUT N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8 IN OUT N/O	Hands clean & properly washed		
9 IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10 IN OUT	Adequate handwashing sinks supplied/accessible		
Approved Source			
11 IN OUT	Food obtained from approved source		
12 IN OUT N/A N/O	Food received at proper temperature		
13 IN OUT	Food in good condition, safe, & unadulterated		
14 IN OUT N/A N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15 IN OUT N/A N/O	Food separated and protected		
16 IN OUT N/A	Food contact surfaces: cleaned & sanitized		
17 IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18 IN OUT N/A N/O	Proper cooking time & temperature		
19 IN OUT N/A N/O	Proper reheating procedures for hot holding		
20 IN OUT N/A N/O	Proper cooling time & temperature		
21 IN OUT N/A N/O	Proper hot holding temperatures		
22 IN OUT N/A	Proper cold holding temperatures		
23 IN OUT N/A N/O	Proper date marking & disposition		
24 IN OUT N/A N/O	Time as a public health control: procedures & records		
Consumer Advisory			
25 IN OUT N/A	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27 IN OUT N/A	Food additives: approved & properly used		
28 IN OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 IN OUT N/A	Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS=** corrected on-site during inspection **R=** repeat violation

			COS	R
Safe Food and Water				
30	IN OUT N/A	Pasteurized eggs used where required		
31		Water & ice obtained from an approved source		
32	IN OUT N/A	Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A N/O	Plant food properly cooked for hot holding		
35	IN OUT N/A N/O	Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37		Food properly labled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single service articles: properly stored & used		
46		Gloves used properly		
Utensil Equipment and Vending				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56	X	Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) **Date:** 04/11/23

Inspector (Signature) Tyffanie Mariel