Electronically Delivered

August 23, 2024

Licensee
Serving Hart
601 East Lake Street
Chisholm, MN 55719

RE: Project Number(s) SL25526015

Dear Licensee:

On July 31, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the May 15, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

Electronically Delivered

June 4, 2024

Licensee
Serving Hart
601 East Lake Street
Chisholm, MN 55719

RE: Project Number(s) SL25526015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 15, 2024, 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.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

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

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5), MDH may impose fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. MDH may impose a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH also may impose a

fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

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

2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the

correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

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

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25526	A. BUILDING: _____ B. WING _____	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERVING HART	601 EAST LAKE STREET CHISHOLM, MN 55719

(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: SL25526015 On May 13, 2024, through May 15, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 26 residents receiving services under the provider's Assisted Living license. An immediate correction order was identified on May 14, 2024, issued for SL25526015, tag identification 2310, and immediacy was removed for correction order 2310 on May 14, 2024, however non-compliance remains at a scope and level of G.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL	

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0 000	Continued From page 1	0 000	ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the 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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 13, 2024, 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		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510		

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0 510	Continued From page 2 maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure infection control standards were followed for one of three employees (unlicensed personnel (ULP)-D) disinfecting shared equipment between resident use. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On May 13, 2024, at 11:39 a.m., the surveyor observed ULP-D use hand sanitizer and pick up a blood pressure (BP) cuff located in the medication room. ULP-D took the BP cuff to where R4 was seated. ULP-D placed the BP cuff on R4's left arm to obtain a reading of 144/99,	0 510		

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0 510	Continued From page 3 pulse 72. On May 13, 2024, at 11:47 a.m., ULP-D returned the BP cuff to the medication room. The surveyor did not observe ULP-D sanitize the BP cuff before or after use. On May 13, 2024, at 11:51 a.m., ULP-D stated the vital sign equipment got sanitized once a day. ULP-D added no one had ever asked me (ULP-D) that question before (cleaning/sanitizing vital sign equipment). On May 13, 2024, at 12:24 p.m., registered nurse (RN)-B stated the BP cuff (vital sign equipment) should be cleaned after each use. RN-B added if taken to a resident room the equipment should be cleaned. RN-B said that the vital sign equipment does get cleaned once daily also. The licensee's Cleaning of Shared Medical Equipment policy dated July 6, 2023, noted the licensee would implement and maintain processes to ensure all reusable resident care equipment is routinely cleaned, and when appropriate, disinfected, before and after reuse. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the	0 800		

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0 800	Continued From page 4 health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents, 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On May 15, 2024, at 10:30 a.m., survey staff toured the facility with maintenance (M)-H. During the tour, survey staff observed the following: 1. The marked exit door was obstructed by items being stored in front of the door near the office in the west wing. 2. The emergency light did not work in the salon. 3. The marked exit door at the end of the corridor near resident rooms 9 and 10 in the east wing had a "do not use this door" sign posted. Unobstructed and clearly identifiable exits must be provided and emergency lights maintained to ensure in the event of a power outage the lights will illuminate. On May 15, 2024, during the facility tour	0 800		

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0 800	Continued From page 5 interview, M-H verified the emergency light did not work and stated the facility missed replacing the salon light when the other emergency lights in the facility were replaced last month. M-H verified the sign posted on the exit door required removal and the improper storge in front of the exit door. 4. A multi-plug adapter was taped to the wall in resident room 5. 5. The freezer for the serving kitchen was plugged into a power strip. 6. Extension cords were used as a substitute for permanent wiring in resident rooms 7 and 10. 7. Power strips were daisy chained in resident room 22 and a multi-plug adapter was daisy chained in resident room 19. 8. A multi-plug adapter was used in the salon. The improper use of extension cords, multi-plug adapters, and power strips creates a potential fire hazard. On May 15, 2024, during the facility tour interview, M-H verified the inappropriate use of the extension cords, multiplug adapters, and power strips. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
01530 SS=D	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed	01530		

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01530	Continued From page 6 at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of three employees, (clinical nurse supervisor/CNS-C) received the required amount of dementia care training in the required time frame. 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: CNS-C was hired on December 27, 2023, to provide and supervise direct care services to the licensee's residents.	01530		

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01530	Continued From page 7 On May 13, 2024, at 9:53 a.m., during the entrance conference CNS-C was identified as the CNS for the facility. CNS-C's employee record included: -dementia: activities of daily living, one hour -dementia: communication, 1.25 hour -dementia: introduction and overview, one hour -dementia: problem solving, 0.75 hour -dementia: person centered care, 0.75 hour CNS-C's employee record included 4.75 hours of dementia training, and was missing a total of 3.25 hours to total 8 hours, as required. On May 13, 2024, at 2:47 p.m., CNS-C verified she had worked greater than 120 hours since the time/date she was hired. CNS-C's employee record did not include a total of eight hours of the required dementia training completed within 120 hours of the employee's start date. On May 13, 2024, at 3:07 p.m., licensed assisted living director (LALD)-A stated CNS-C did not have the required dementia training. LALD-A said she assigned the dementia training to CNS-C. The licensee's Dementia Training policy dated July 12, 2023, noted supervisors of direct care staff would complete eight hours of initial training within 120 hours of the employment start date. Employees may not provide direct care until the training is complete unless another employee who has completed the initial training was present to provide assistance qualified trainer or supervisor must be available for consultation with new employees until training was completed.	01530		

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01530	Continued From page 8 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530		
01640 SS=E	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure service plans were revised to include provided services for three of four residents (R5, R6, R10). This practice resulted in a level two violation (a	01640		

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01640	Continued From page 9 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R5 R5's diagnoses include anxiety, hypertension (HTN/high blood pressure), and breast cancer. R5's Service Plan dated June 26, 2023, indicated R5 received the following services: -medication administration seven times per day -foot check daily. R5's Resident Service Recap-by Service dated May 1, 2024, through May 13, 2024, included: -toileting -behavior management -safety check -skin care -vital sign monitoring -garbage removal -medication administration -nail care -PM (evening) reminder -escort/mobility assistance -denture care -dressing- PM -dressing- bedtime/special (removal and securing jewelry) -activity reminder -bathing assistance -housekeeping, laundry, linen change.	01640		

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01640	Continued From page 10 On May 13, 2024, at 11:39 a.m., the surveyor observed unlicensed personnel (ULP)-D administer R5's 12:00 p.m. medication using correct technique. R5's medication administration record (MAR) dated May 1, 2024, through May 13, 2024, included medication passes at 8:00 a.m., 12:00 p.m., 2:00 p.m., 5:00 p.m., and 8:00 p.m. On May 14, 2024, at 1:06 p.m., R5's May MAR was reviewed with RN-B. RN-B confirmed R5's service plan did not reflect services provided, medications were administered five times daily, not seven times daily. R5's record included: resident notes, dated September 12, 2023: -Staff started foot checks per order from prescriber in November 2022. Foot checks discontinued per prescriber direction, authenticated by registered nurse (RN)-B. On May 14, 2024, at 2:48 p.m., RN-B stated R5's foot care was discontinued on September 12, 2023. RN-B confirmed R5's service plan had not been updated as required, to include all services R5 was receiving. R6 R6's diagnoses include chronic inflammatory lung disease (obstructed airflow from the lungs), generalized muscle weakness, and heart failure. R6's Service Plan dated May 15, 2023, indicated R6 received the following services: -blood pressure, record one day a week -oxygen saturation, record one day a week -pulse, record one daily a week	01640		

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01640	Continued From page 11 -respirations, record one day a week -temperature, record one day a week -weight, record, one day a week -transfer assistance, four times per day -ambulation, three times per day. R6's assessment dated March 5, 2024, included: -transfer: independent, can transfer without help -walk: independent, walks without assistance. On May 14, 2024, at 7:08 a.m., ULP-E stated R6 was "very" independent. ULP-E added R6 may require some assistance "tomorrow" as that was his shower day (Tuesday). On May 14, 2024, at 9:29 a.m., the surveyor observed ULP-F take and record R6's vital signs using correct technique: 175.8 weight, temperature 97.7, blood pressure 155/60, respirations, 16, oxygen 94% room air. On May 13, 2024, at 1:25 p.m., RN-B stated R6 no longer required assist with ambulation and now used wheelchair adding transfer assist was no longer required as often. RN-B said that vital signs were scheduled one time a week when R6 was first admitted. RN-B said currently vital signs were done monthly for R6. RN-B confirmed R6's service plan had not been updated as required. R10 R10's diagnoses include bronchiectasis (chronic lung disease characterized by widening of the bronchial airway and weakening of the transport mechanism leading to repeated respiratory infections) and late onset Alzheimer's disease without behavioral disturbance. R10's Service Plan dated March 11, 2024, indicated R10 received the following services:	01640		

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01640	Continued From page 12 -medication administration three times daily -record oxygen saturation daily, respiratory equipment care four times daily -respiratory equipment care as needed (PRN). R10's prescriber's order dated July 27, 2023, included: -vest therapy (device that comes with an air pulse generator and an inflatable vest that people attach around their chest. The device uses a high frequency chest oscillation technique to produce bursts of air, causing vibrations against the chest that may help loosen mucus and move it to the large airways) two times a day for 10-15 minutes and every eight hours PRN. On May 14, 2024, at 9:11 a.m., the surveyor observed R10 apply a vest around her upper body and secured the vest with the attached clips. ULP-F started the nebulizer machine (device that send a mist of medication through a mask or mouthpiece). On May 14, 2024, at 9:17 a.m., ULP-F attached hoses to each side of the vest worn by R10. ULP-F pushed a button on the vest system/machine and stated, "yep, it is working" (vest). On May 14, 2024, at 1:47 p.m., RN-B stated R10's service plan had not been updated as required to include R10's vest treatment. The licensee's Service Plan Modifications policy dated July 7, 2023, noted when a resident at Serving Hart Inc receives assisted living services and a charge (s) to the service plan occurs, the service plan must be amended in writing and signed by the resident or the resident's designated representative. If the service plan	01640		

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01640	Continued From page 13 needs to be modified due to a change in a prescriber's order or a change in the resident's needs, the Service Plan Modification form will be completed: this form included: -describe changes in service and whether the service is added (new), changed, or discontinued -frequency of new service or if service if terminate -identification of the staff who will perform the service -schedule and methods of monitoring staff -fee for the service -date/signature of RN making changes -date/signature of resident or the resident's representative each time a modification is made. The signature may be obtained by mail or fax if an agreement was reached in person or by telephone. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01750 SS=E	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident.	01750		

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01750	Continued From page 14 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide complete specific resident instructions relating to the administration of medication for two of five residents (R4, R10). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R4 R4's diagnoses include diabetes and obesity. R4's Service Plan dated March 11, 2024, included: -medication administration two times daily. R4's prescriber's order dated May 2, 2024, included: -Tresiba FlexTouch (long-acting insulin) U(units)-100 give 15 units subcutaneously (under the skin) at night. R4's medication administration record (MAR) dated May 1, 2024, through May 13, 2024, included: -Tresiba FlexTouch U-100 insulin daily, give 20 units subcutaneously at night (starts May 9, 2024).	01750		

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01750	Continued From page 15 On May 13, 2024, at 11:47 a.m., the surveyor observed unlicensed personnel (ULP)-D take R4's blood pressure to obtain a reading of 144/99. R4's record did not include specific instructions in R4's record for insulin administration. On May 14, 2024, at 2:53 p.m., registered nurse (RN)-B reviewed R4's record with the surveyor. RN-B stated she found a drop-down box in the online system used so she (RN-B) could add the location of R4's insulin injection. RN-B stated ULPs are trained to alternate injection sites. RN-B said staff could "see" where R4's last injection had been given and so they (ULPs) would choose a different injection site. RN-B added R4 did not like injections given in her abdomen. RN-B confirmed R4's record did not include specified instructions as required to include alternating injection sites and the location of injection sites. The manufactures instructions for Tresiba dated July 2022, noted, rotate injection sites to reduce risk of lipodystrophy (complete or partial loss of fat tissue) and localized cutaneous amylodosis (proteins deposited in the skin). R10 R10's diagnoses include bronchiectasis (chronic lung disease characterized by widening of the bronchial airway and weakening of the transport mechanism leading to repeated respiratory infections) and late onset Alzheimer's disease without behavioral disturbance. R10's Service Plan dated March 11, 2024, indicated R10 received the following services: -medication administration three times daily.	01750		

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01750	Continued From page 16 R10's MAR dated May 1, 2024, through May 13, included: -acetylcysteine 20% solution daily. Draw up three milliliters (ml) and administer via nebulizer (device that sends a mist of medication through a mask or mouthpiece) twice daily. **USE WITH VEST TREATMENT (device that comes with an air pulse generator and an inflatable vest that people attach around their chest. The device uses a high frequency chest oscillation technique to produce bursts of air, causing vibrations against the chest that may help loosen mucus and move it to the large airways.) Resident able to self-administer after staff set up. -albuterol hfa (relaxes muscles in the airways and increase air flow into the lungs) 90 micrograms (mcg)/ inhaler, inhale one puff into lungs twice day. May administer just before her nebulizer -Anoro Ellipta (relaxes airway muscles) 62.5-25 mcg one time a day -ipratropim-albuterol solution (relaxes airways) 0.5-2.5 milligrams (mg) by mobilization every six hours as needed (PRN) for shortness of breath. R10's prescriber's order dated June 13, 2023, included the above medications. On May 14, 2024, at 9:11 a.m., the surveyor observed ULP-F give R10 a medication cup that contained R10's morning oral medications. ULP-F shook R10's albuterol aer hfa inhaler (used to treat or prevent narrowing of the airway in the lungs) and placed a spacer (used to extend the amount of time it takes for the medication to enter the lungs) on the medication. ULP-F placed a SpO2 monitor (device placed on a finger to obtain a blood oxygen level) onto R10's finger, to obtain a reading of 94. ULP-F used a syringe to draw up three syringes of acetylcysteine and placed the	01750		

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01750	Continued From page 17 medication into a nebulizer. R10 applied a vest around her upper body and secured the vest with the attached clips. ULP-F started the nebulizer machine. On May 14, 2024, at 9:18 a.m., ULP-F stated she puts the setting on 8 Hz (herts/frequency, equal to one cycle per second measurement) and moved the dial to 30 minutes, then down to 15 minutes. ULP-F said R10 would remove the vest when the nebulizer was completed. ULP-F stated she would go back later and rinse the nebulizer out. On May 14, 2024, at 9:24 a.m., ULP-F and the surveyor reviewed R10's MAR and the sticker on R10's Anoro medication that noted, "wait at least one minute between different inhaled medication." ULP-F confirmed there was "nothing" in R10's record to wait in-between inhalers. ULP-F stated she was taught to wait in-between eye drops administration, but she had not been taught to wait in-between inhalers. ULP-F said she had not read "that" (wait at least one minute between different inhaled medication) sticker prior to this day. On May 15, 2024, at 1:30 p.m., RN-B confirmed R10's record did not include specified instructions as required for R10's inhaled medication. The manufactures instructions for Anoro Ellipta dated 2024, noted if you are suing other inhalers at the same time, wait at least one minute between the use of each medication. The licensee's Medication & Treatment-Administration & Delegation policy dated July 7, 2023, noted, when administration of medications or treatment/therapy is delegated or assigned to unlicensed personnel, Serving Hart	01750		

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01750	Continued From page 18 Inc will ensure that the registered nurse has: -specified, in writing, specific instructions for each resident and documented those instructions in the resident's records. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were secure and permitted access to only authorized personnel into two of two medication carts (main floor, upstairs). In addition, the licensee failed to ensure medications were secured in a locked area for two of eight residents (R8, R10). 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).	01880		

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01880	Continued From page 19 The findings include: MAIN FLOOR MEDICATION CART On May 13, 2024, at 11:39 a.m., the surveyor observed unlicensed personnel (ULP)-D leave the medication room with R5's medication in hand and shut the medication room door. ULP-D returned to the medication room, unlocked the door, and entered the medication room. ULP-D gathered a new cup then left the medication room and did not close the medication room door. The medication cart in the medication room was observed by the surveyor to be unlocked. The surveyor observed R5 and three other unidentified residents sitting in the open dining area while ULP-D administered R5's medication in the dining area. ULP-D faced R5 when ULP-D administered R5's medication. ULP-D's back was to the medication room door. On May 13, 2024, directly following the above observation ULP-D stated she "normally" closed the medication room door, adding "you caught me off guard". ULP-D said that was "the first time that had happened to me." ULP-D confirmed the medication door should have been closed as required. ULP-D stated it was not the normal practice to lock the medication cart, as the medication door was to be closed when not in use. On May 14, 2024, at 6:51 a.m., the surveyor observed the door to the main floor medication room partially open (not closed) and the medication cart unlocked. On the main floor medication room door were signs posted that noted: -med (medication) rooms door must remain shut and locked at all times, if a staff member is not aware and in direct view of the room	01880		

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01880	Continued From page 20 -this door is to stay locked at all times. The surveyor did not observe a ULP during this observation. On May 14, 2024, at 6:55 a.m., the surveyor observed ULP-I walk into the open dining area and say, "who is in there?" outside of the main floor medication room, there was no reply. ULP-I closed the medication room door. On May 14, 2024, at 7:02 a.m., ULP-I stated she did not remember leaving the medication door open. ULP-I said she normally closed the medication room door. ULP-I added "maybe ULP-D had thought" she had closed the door. ULP-I confirmed the door to the medication room was to be closed when a staff member was not in the room. On May 14, 2024, at 7:12 a.m., ULP-D stated the medication door was to be closed unless "someone" was in the medication room. ULP-D said she did not know the door to the medication room had been left unclosed. On May 13, 2024, at 12:21 p.m., registered nurse (RN)-B stated the door to the medication room should be closed when ULPs are not in the medication room. RN-B confirmed the medication room door was not closed as required. UPSTAIRS MEDICATION CART On May 14, 2024, at 7:41 a.m., the surveyor and ULP-F approached the upstairs medication cart and observed the upstairs medication cart to be unlocked. Directly following the above observation ULP-F stated the medication cart should have been locked. ULP-F said, she was "thinking" the	01880		

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01880	Continued From page 21 medication cart had not been locked after she and ULP-I completed the narcotic count at the end of ULP-I's shift. ULP-F stated she had the keys to the medication cart, and she had not been "up here" (upstairs) since the narcotic count was completed. On May 14, 2024, at 8:31 a.m., RN-B stated the main floor medication room door should have been shut/closed and the upstairs medication cart was to be locked when left unattended. RESIDENT'S MEDICATION/IN ROOM R8 R8's diagnoses include COPD/chronic inflammatory lung disease (causes obstructed airflow from the lungs,) shortness of breath, generalized weakness, osteoarthritis, and diabetes. R8's Service Plan dated March 26, 2024, indicated R8 received the following service: -medication administration seven times daily. R8's prescriber's order dated January 9, 2024, included: -Proair hfa (relaxes muscles in the airways and increases air flow to the lungs), 90 micrograms (mcg) administer two puffs every six hours as needed (PRN) for shortness of breath/wheezing. R8's Individualized Medication Management Plan dated May 14, 2024, included: -all medication is locked behind key-access lock and locked safe; designated staff only have access to all medication; medication is not to be left unattended by administering staff -can correctly state situations for administering ordered "as needed" medications? Yes, rescue inhaler when short of breath.	01880		

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01880	Continued From page 22 On May 13, 2024, at 6:55 a.m., the surveyor observed ULP-I assisting R8 in the bathroom. ULP-I performed hygiene care for R8 and helped with the redressing of R8's lower body. The surveyor observed ULP-I gather R8's trash to include a bag near R8's recliner chair. The surveyor observed a Ventolin hfa inhaler 90 mcg (relaxes muscles in the airways and increases air flow to the lungs), a bottle of nasal spray, and a bottle of "leg cramps" pills, sitting on the side table near R8's recliner. On May 14, 2024, at 10:13 a.m., RN-B and the surveyor observed an empty bottle of nasal spray, and an opened container of "leg cramp" medication in R8's room. RN-B stated no medication should be in R8's room. RN-B said R8's daughter must have brought the medication to R8. RN-B confirmed R8's medication were not secured as required. R10 R10's diagnoses include bronchiectasis (chronic lung disease characterized by widening of the bronchial airway and weakening of the transport mechanism leading to repeated respiratory infections) and late onset Alzheimer's disease without behavioral disturbance. R10's Service Plan dated March 11, 2024, indicated R10 received the following services: -medication administration three times daily -respiratory equipment care four times daily -respiratory equipment care PRN. R10's Individualized Medication Management Plan dated May 8, 2024, indicated: -staff trained by the RN, would administer all medications documented in the MAR	01880		

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01880	Continued From page 23 -yes, resident is able to self-administer inhalers and nebulizer treatments (device that sends a mist of medication through a mask or mouthpiece) after staff set up -all medication is locked behind key-access lock and locked safe; designated staff only have access to all medication; medication is not to be left unattended by administering staff. On May 14, 2024, at approximately 9:15 a.m., the surveyor observed ULP-F open an unlocked refrigerator in R10's room and removed a vial of acetylcysteine (to help thin and loosen mucus in the airways) 20% solution. On May 15, 2024, at 1:31 p.m., RN-B stated R10's acetylcysteine was not secured as required. RN-B said R10's acetylcysteine medication would be moved to a facility locked refrigerator. The licensee's Medication Storage policy dated July 7, 2023, noted, when medications are managed and stored by Serving Hart Inc, medications will be kept securely locked and stored per manufacturer's directions. Only authorized staff will have access to stored medications. Medication will be stored consistent with each resident's medication management plan and service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for	01890		

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	25526	A. BUILDING: _____ B. WING _____	05/15/2024

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01890	Continued From page 24 immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications for four of four residents (R3, R4, R2, R10). 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 May 13, 2024, at 9:39 a.m., the surveyor started to review the contents of the locked medication cart with unlicensed personnel (ULP)-D. ULP-D observed and confirmed the following: -one opened bottle of Refresh (dry eyes) with an open date of November 15, 2023, but did not have a label which indicated the date the bottle of Refresh would expire for R3 -one opened Tresiba (long-acting) 100 units/milliliter (ml) insulin pen with an open date of April 12, 2024, but did not have a label which	01890		

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01890	Continued From page 25 indicated the date the insulin pen would expire for R4. On May 13, 2024, at 9:39 a.m., ULP-D stated R3 did not use Refresh eye drops and questioned why the medication was in the medication cart. On May 13, 2024, at 9:40 a.m., registered nurse (RN)-B stated she covered this building for a while, and she had placed a posting up on the wall to indicate expiration dates for medications. RN-B and ULP-D were not able to locate the posting regarding dating time sensitive medications in the medication room. On May 13, 2024, at 10:11 a.m., the surveyor completed the review of the contents of the locked medication carts with RN-B. RN-B observed and confirmed the following: -one opened bottle of carboxymethylcellulose (dry eyes) 0.5% did not have a label which indicated the date the bottle of carboxymethylcellulose had been opened and when the bottle of solution would expire for R2 -one opened Anorol (relaxes airway muscles) 62.5-25 micrograms (mcg) inhaler with an open date of April 20, 2024, but did not have a label which indicated the date the Anorol inhaler would expire for R10. On May 13, 2024, at 10:25 a.m., RN-B stated not labeling medications with required information was a widespread issue at the facility. RN-B told ULP-F that medications needed to have both an open date as well as an expiration date. RN-B confirmed time sensitive medications were not being monitored as required. The manufacturer's instructions for Refresh (carboxymethylcellulose) dated September 2016,	01890		

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01890	Continued From page 26 noted do not use more than 30 days after first opening. The manufacturer's instructions for Tresiba dated August 11, 2021, noted must be discarded four weeks after being opened. The manufacturer's instructions for Anorol dated August 2020, noted the discard date is six weeks from the date the medication tray is open. R10 R10's diagnoses include bronchiectasis (chronic lung disease characterized by widening of the bronchial airway and weakening of the transport mechanism leading to repeated respiratory infections) and late onset Alzheimer's disease without behavioral disturbance. R10's Service Plan dated March 11, 2024, indicated R10 received the following services: -medication administration three times daily. R10's Individualized Medication Management Plan dated May 8, 2024, indicated: -staff trained by the RN, would administer all medications documented in the MAR (medication administration record) -yes, resident is able to self-administer inhalers and nebulizer (device that sends a mist of medication through a mask or mouthpiece) treatments after staff set up -all medication is locked behind key-access lock and locked safe; designated staff only have access to all medication; medication is not to be left unattended by administering staff. R10's MAR dated May 1, 2024, through May 13, 2024, noted: -acetylcysteine 20% solution daily. Draw up three	01890		

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01890	Continued From page 27 ml and administer via nebulizer twice daily. Acetylcysteine must be refrigerated after opening and date, is only good for 96 hours, keep in resident's fridge after opened.. On May 14, 2024, at approximately 9:15 a.m., the surveyor observed ULP-F open an unlocked refrigerator in R10's room and removed a vial of acetylcysteine (to help thin and loosen mucus in the airways) 20% solution that lacked an open or expiration date. Directly after the above observation ULP-F confirmed R10's acetylcysteine did not have a label which indicated the date the bottle of acetylcysteine had been opened and when the vial of solution would expire for R10. On May 15, 2024, at 1:31 p.m., RN-B stated R10's acetylcysteine was not dated as required. The manufactures instructions for acetylcysteine dated April 1, 2024, noted the open container should be discarded after four days. The licensee's Medication Storage policy dated July 7, 2023, noted, when medications are managed and stored by Serving Hart Inc, medications will be kept securely locked and stored per manufacturer's directions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen	01940		

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01940	Continued From page 28 For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of four residents (R10) who had treatments managed by the facility.	01940		

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01940	Continued From page 29 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: During the entrance conference on May 13, 2024, at 10:00 a.m., clinical nurse supervisor (CNS)-C and registered nurse (RN)-B stated the licensee provided treatment and therapy services to residents at the facility. R10's diagnoses include bronchiectasis (chronic lung disease characterized by widening of the bronchial airway and weakening of the transport mechanism leading to repeated respiratory infections) and late onset Alzheimer's disease without behavioral disturbance. R10's Service Plan dated March 11, 2024, indicated R10 received the following services: -medication administration three times daily, record oxygen saturation daily, respiratory equipment care four times daily, and respiratory equipment care as needed (PRN). R10's Individual Treatment and Therapy Plan, effective July 9, 2023, noted: -record oxygen saturation, daily, monitor and record oxygen saturation. If less than 90% notify RN. R10's prescriber's order dated July 27, 2023, included:	01940		

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01940	Continued From page 30 -vest therapy (high frequency chest wall oscillation/vest is a device that comes with an air pulse generator and an inflatable vest that people attach around their chest. The device uses a high frequency chest oscillation technique to produce bursts of air, causing vibrations against the chest that may help loosen mucus and move it to the large airways) two times a day for 10-15 minutes and every eight hours as needed. R10's prescriber's order dated June 13, 2023, included: acetylcysteine (to help thin and loosen mucus in the airways) 20% nebulizer (medical device that delivers liquid medicine into the lungs) twice a day. Draw up three milliliters (ml) and mix with albuterol (relaxes muscles in the airways and increases air flow to the lungs) solution 2.5 milligrams (mg)/three mls. Administer mixture via nebulizer twice daily. Help her (R10) to put on the vest. Attach the hoses to the vest. She will wear the vest during administration of nebulizers. Vest is to run for 18 minutes. To turn on the machine, Press "A" then press on twice. Turn off after the 18 minutes. Help her to remove the vest and detach the hoses. R10's medication administration record (MAR) dated May 1, 2024, through May 13, 2024, noted: -acetylcysteine 20% solution daily. Draw up three ml and administer via nebulizer twice daily. **USE WITH VEST TREATMENT. Resident able to self-administer after staff set up. On May 14, 2024, at 9:11 a.m., the surveyor observed unlicensed personnel (ULP)-F give R10 a medication cup that contained R10's morning oral medications. ULP-F shook R10's albuterol aer hfa inhaler (used to treat or prevent narrowing of the airway in the lungs) and placed a spacer (used to extend the amount of time it takes for the	01940		

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01940	Continued From page 31 medication to enter the lungs) on the medication. ULP-F placed a SpO2 monitor (device placed on a finger to obtain a blood oxygen level) onto R10's finger, to obtain a reading of 94. ULP-F used a syringe to draw up three syringes of acetylcysteine and placed the medication into a nebulizer. R10 applied a vest around her upper body and secured the vest with the attached clips. ULP-F started the nebulizer machine. On May 14, 2024, at 9:17 a.m., R10 offered to stand if that would make the process (vest use) easier for ULP-F. ULP-F attached hoses to each side of the vest worn by R10. ULP-F pushed a button a the machine and stated, "yep, it is working" (vest). ULP-F said, "to be honest I am not sure about the number, every time I have to plug it (vest) in it gives me a real issue." On May 14, 2024, at 9:18 a.m., ULP-F stated she puts the machine setting on eight herts (Hz/frequency, equal to one cycle per second/measurement) and moved the dial to 30 minutes, then down to 15 minutes. ULP-F said R10 would remove the vest when the nebulizer was completed. ULP-F stated she would go back later and rinse the nebulizer out. R10's Individualized Treatment or Therapy Management Plan dated July 9, 2023, did not include the following required content for R10's vest -statement of the type of services that would be provided- identification of treatment or therapy tasks that will be delegated to ULP -documentation of specific resident instructions relating to the treatment or therapy administration -procedures for notifying a RN or appropriate licensed health professional when a problem arises with treatments or therapy services; and	01940		

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01940	Continued From page 32 -any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On May 14, 2024, at 1:21 p.m., the surveyor and RN-B reviewed R10's record. RN-B confirmed R10's record noted on R10's MAR dated May 1, 2024, through May 13, 2024, acetylcysteine 20% solution, "use with vest treatment." RN-B stated she was unable to find any other information in R10's record regarding R10's vest use. RN-B confirmed R10's treatment plan did not include required information. The licensee's Treatment & Therapy Management Plan dated July 7, 2023, noted Serving Hart Inc would develop and maintained a current individualized treatment and therapy management record for each resident which must contain at least the following: -a statement of the type of services that would be provided -documentation of specific resident instructions relating to the treatment or therapy administration -identification of treatment or therapy tasks that would be delegated to unlicensed personnel -procedures for notifying a registered nurse or appropriate licensed heath professional when a problem arises with treatments or therapy services -any resident-specific requirements relating to documentation of treatment and therapy received -verification that all treatment and therapy was administered as prescribed -monitoring of treatment or therapy to prevent possible complications or adverse reactions -the treatment or therapy management record	01940		

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01940	Continued From page 33 must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) prepared in writing specific instructions for each resident and documented those instructions for one of four residents (R10) receiving treatments.	01950		

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01950	Continued From page 34 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: R10's diagnoses include bronchiectasis (chronic lung disease characterized by widening of the bronchial airway and weakening of the transport mechanism leading to repeated respiratory infections) and late onset Alzheimer's disease without behavioral disturbance. R10's Service Plan dated March 11, 2024, indicated R10 received the following services: medication administration three times daily, record oxygen saturation daily, respiratory equipment care four times daily, and respiratory equipment care as needed (PRN). R10's prescriber's order dated July 27, 2023, included: -vest therapy (high frequency chest wall oscillation/vest is a device that comes with an air pulse generator and an inflatable vest that people attach around their chest. The device uses a high frequency chest oscillation technique to produce bursts of air, causing vibrations against the chest that may help loosen mucus and move it to the large airways) two times a day for 10-15 minutes and every eight hours as needed (PRN). R10's prescriber's order dated June 13, 2023,	01950		

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01950	Continued From page 35 included: acetylcysteine (to help thin and loosen mucus in the airways) 20% nebulizer (medical device that delivers liquid medicine into the lungs) twice a day. Draw up three milliliters (ml) and mix with albuterol (relaxes muscles in the airways and increases air flow to the lungs) solution 2.5 milligrams (mg)/three mls. Administer mixture via nebulizer (device that sends a mist of medication through a mask or mouthpiece) twice daily. Help her to put on the vest. Attach the hoses to the vest. She will wear the vest during administration of nebulizers. Vest is to run for 18 minutes. To turn on the machine, Press "A" then press on twice. Turn off after the 18 minutes. Help her to remove the vest and detach the hoses. R10's medication administration record (MAR) dated May 1, 2024, through May 13, 2024, noted: -acetylcysteine 20% solution daily. Draw up three ml and administer via nebulizer twice daily. **USE WITH VEST TREATMENT. Resident able to self-administer after staff set up. On May 14, 2024, at 9:11 a.m., the surveyor observed unlicensed personnel (ULP)-F give R10 a medication cup that contained R10's morning oral medications. ULP-F shook R10's albuterol aer hfa inhaler (used to treat or prevent narrowing of the airway in the lungs) and placed a spacer (used to extend the amount of time it takes for the medication to enter the lungs) on the medication. ULP-F placed a SpO2 monitor (device placed on a finger to obtain a blood oxygen level) onto R10's finger, to obtain a reading of 94. ULP-F used a syringe to draw up three syringes of acetylcysteine and placed the medication into a nebulizer. R10 applied a vest around her upper body and secured the vest with the attached clips. ULP-F started the nebulizer machine.	01950		

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01950	Continued From page 36 On May 14, 2024, at 9:17 a.m., ULP-F attached hoses to each side of the vest worn by R10. The vest was started, "yep, it is working" stated ULP-F. ULP-F said, "to be honest, I am not sure about the number, every time I have to plug it (vest) in it gives me a real issue." On May 14, 2024, at 9:18 a.m., ULP-F stated she puts the setting on eight Hz (herts/frequency, equal to one cycle per second measurement) and move the dial to 30 minutes, then down to 15 minutes. ULP-F said R10 would remove the vest when the nebulizer was completed. ULP-F stated she would go back later and rinse the nebulizer out. On May 14, 2024, at 1:21 p.m., the surveyor and RN-B reviewed R10's record. RN-B said specific instructions for ULPs to follow for vest use were not found in R10's record. The licensee's Medication & Treatment-Administration & Delegation policy dated July 7, 2023, noted, when administration of medications or treatment/therapy is delegated or assigned to unlicensed personnel, Serving Hart Inc will ensure that the registered nurse has: -specified, in writing, specific instructions for each resident and documented those instructions in the resident's records No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
02310 SS=G	144G.91 Subd. 4 (a) Appropriate care and services	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25526	A. BUILDING: _____ B. WING _____	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERVING HART	601 EAST LAKE STREET CHISHOLM, MN 55719

(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 37 (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, medical, or nursing standards for one of two residents (R6) with an assistive device (consumer bedrail). This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: This resulted in an immediate correction order on May 14, 2024. R6's diagnoses include chronic inflammatory lung disease (obstructed airflow from the lungs), generalized muscle weakness, and heart failure. R6's Service Plan dated May 15, 2023, indicated R6 received assistance with ambulation, bathing, colostomy assist, dressing, transfer assistance, vital sign monitoring, and housekeeping services. R6's assessment dated March 5, 2024, included	02310		

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02310	Continued From page 38 Bed Safety: -resdient has a U-bar attached to the right side of his bed -the U-bar provides assistance for him to get in and out of bed as well as to turn to his right side. The U-bar promotes independence -side rails are appropriate based upon assessed need: yes -the U-bar does not function as a restraint -no risk for injury. Resident is alert and oriented times four If the bed rails are in use, has education been provided to the resident/responsible party of the risks and benefits of the bed rails and was understanding verbalized: he (R6) is not using side rails. He is using one U-bar. On May 13, 2024, at 1:09 p.m., the surveyor reviewed the facility roster. Registered nurse (RN)-B stated there was one bedrail in the facility. The surveyor requested to review R6's service plan and bedrail assessment. On May 13, 2024, at 1:27 p.m., R6's assessment was reviewed by surveyor and RN-B. RN-B stated R6's assessment had been completed by another RN, adding "I" (RN-B) did not do R6's assessment. RN-B stated she was not able to locate a statement that the risks verses benefits were reviewed with R6 or R6's family. RN-B said, it did not "look like" the RN who completed R6's assessment thought a review of the risks was required from the statement written in R6's assessment. R6's record lacked a comprehensive assessment for the use of an assisted device (bedrail) including the risks of the bedrail were reviewed and understood, the installation and use of the device according to manufacturer's guidelines,	02310		

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02310	Continued From page 39 lacked evidence of physical inspection of the bedrail and mattress for areas of entrapment, stability, correct installation of the device, and lacked evidence the licensee referred to the Consumer Product Safety Commission (CSPC) for bedrail recall information On May 13, 2024, at 1:31 p.m., RN-B stated "we" (licensee) do not know if the risks were reviewed, and confirmed there was no evidence in R6's record. RN-B said there was no evidence the bedrail was installed per manufacture's instructions, and the bedrail was not checked for recall. RN-B added she was not aware of all of the requirements for consumer bedrails. On May 13, 2024, at 1:35 p.m., the surveyor, clinical nurse supervisor (CNS)-C, and RN-B observed a covered consumer bedrail positioned on the outside of R6's bed securely attached to the bed frame. RN-B looked at R6's bed and said the bedrail was attached by a cord. The licensee's Side Rails policy dated July 7, 2024, noted when the licensee was aware a resident was utilizing side rails on a bed, the licensee would assess the use, educate the resdient, and when appropriate, the responsible person, regarding the risks and benefits of side rails, and verify that the side rail in use is of a safe design and unitized consisted with the manufacturer's directions. The FDA "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain,	02310		

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02310	Continued From page 40 uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe". The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs), last updated February 17, 2023, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Installation and use according to manufacturer's guidelines; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements".	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02310	Continued From page 41 Additionally, the MDH website indicated for hospital-style bed rails, the licensee must include in their documentation, the bed rail measurements and that the bed rail has not shifted and is securely attached to the bed frame per manufacturer recommendations. No further information provided. TIME PERIOD OF CORRECTION: IMMEDIATE Immediacy is removed as evidenced by supervisor review on May 14, 2024, however, noncompliance remains at a scope and level of three, isolated (G).	02310		
02410 SS=D	144G.91 Subd. 13 Personal and treatment privacy (a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan. (b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan. (c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted	02410		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02410	Continued From page 42 discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure privacy was maintained for one of four residents (R9) observed during blood glucose (BG) monitoring. 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: R9's diagnosis included controlled type two diabetes without complications. R9's Service Plan dated January 20, 2024, indicated R9 received BG monitoring two times per day. R9's prescriber's order dated January 18, 2024, included: -record BG twice daily On May 14, 2024, at 7:59 a.m., the surveyor observed unlicensed personnel (ULP)-F prepare R9's morning medication. ULP-F removed a small bag from the medication cart. ULP-F opened the bag which contained a BG meter and	02410		

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02410	Continued From page 43 added cotton balls, and alcohol pads packets to the bag. R9 was seated at a table in the open dining area. R7 was sitting at the same table as R9 and they were eating breakfast. The surveyor observed six other occupied tables in the dining area with two to three residents sitting at each table. ULP-F took a medication cup to R9 and stated I have your medications as ULP-F handed the medication cup to R9. R9 took the oral medications. ULP-F then asked R9 if she could take R9's BG "quick." R9 put out her left hand. ULP-F opened the bag and ULP-F cleaned R9's middle finger with an alcohol pad. ULP-F placed a BG testing strip into the BG machine. ULP-F prepared a needle and poked R9's finger. ULP-F wiped the first droplet of blood off R9's finger onto a cotton ball and placed the second drop of blood onto the testing strip to obtain a BG reading of 237. The surveyor observed R7 watching ULP-F take R9's BG. The surveyor did not observe ULP-F ask R7 if she would be bothered by R9's BG testing. On May 14, 2024, at 8:13 a.m., ULP-F stated "technically" BG monitoring was not to be done at the dining table, adding " but, when it comes down to time," she would complete BG monitoring at the table. ULP-F said she "tries" not to take BGs at the table. ULP-F confirmed she did not ask R7 if taking R9's BG at the table offended her. ULP-F said she did "think about it (asking R7), but added those two (R9, R7) are related, they are sister in-laws. On May 14, 2024, at 8:34 a.m., registered nurse (RN)-B stated "even" if a resident (R9) stated she was "ok" with BG testing completed at the table, "I" (RN-B) don't like it (BG completed at the table). RN-B confirmed her expectation was that the resident's privacy and dignity was upheld.	02410		

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02410	Continued From page 44 The Minnesota Bill of Rights for Assisted Living Residents dated November 8, 2022, noted privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. In addition, residents have the right to be treated with courtesy and respect. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02410		

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

Type: Full
Date: *05/13/24*
Time: 10:35:00
Report: 7983241093

Food and Beverage Establishment Inspection Report

Location:
Serving Hart
601 East Lake Street
Chisholm, MN55719
St. Louis County, 69

Establishment Info:
ID #: N000216
Risk: Medium
Announced Inspection: No

License Categories:

Expires on: 12/31/24

Operator:
Serving Hart, Inc.

Phone #: 218-254-7300
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.

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

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

THE HEAT PUMP WALL UNIT AND THE VENT GRILLE IN THE STOREROOM WERE DUSTY.

Comply By: 05/27/24

Surface and Equipment Sanitizers

Chlorine: = 200 at N/A Degrees Fahrenheit
Location: Wiping cloth bucket.
Violation Issued: No

Chlorine: = 100 at 120 Degrees Fahrenheit
Location: Final rinse of the warewashing machine.
Violation Issued: No

Quaternary Ammonia: = 400 at N/A Degrees Fahrenheit
Location: Sanitizing compartment of the three-compartment sink.
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Refrigerator
Temperature: 37 Degrees Fahrenheit - Location: Yogurt in the Beverage Air triple-door upright refrigerator.

Violation Issued: No

Process/Item: Undercounter Refrigerator
Temperature: 40 Degrees Fahrenheit - Location: Prune juice in the Beverage Air undercounter refrigerator.

Type: Full
Date: *05/13/24*
Time: 10:35:00
Report: 7983241093
Serving Hart

Food and Beverage Establishment Inspection Report

Violation Issued: No

Process/Item: Upright Freezer
Temperature: N/A Degrees Fahrenheit - Location: Food in the Norlake triple-door upright freezer was frozen solid.
Violation Issued: No

Process/Item: Reheating
Temperature: 179 Degrees Fahrenheit - Location: Ham.
Violation Issued: No

Process/Item: Reheating
Temperature: 174 Degrees Fahrenheit - Location: Broccoli.
Violation Issued: No

Process/Item: Upright Freezer
Temperature: N/A Degrees Fahrenheit - Location: Food in the Whirlpool single-door upright freezer was frozen solid.
Violation Issued: No

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

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GENERAL COMMENTS:

1) Discussed excluding food employees ill with vomiting or diarrhea, eliminating bare hand contact with ready-to-eat food, and ensuring that in-house inspections of daily operations are conducted on a periodic basis to ensure that food safety policies and procedures are followed.

2) Provided an illness reporting fact sheet, an employee illness decision guide, an employee illness log, and a vomit cleanup poster.

3) John Bond is also a certified food protection manager. His application has been recently submitted.

==========

Type: Full
Date: *05/13/24*
Time: 10:35:00
Report: 7983241093
Serving Hart

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 7983241093 of 05/13/24.

Certified Food Protection Manager: Leah Voight-Cameron

Certification Number: 122529 Expires: 04/02/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
John Bond
Person in Charge

Signed: 7983
Gary Collyard
Public Health Sanitarian III
218-940-9306
gary.collyard@state.mn.us