Electronically Delivered

August 8, 2022

Administrator
Meadow Creek Hospitality, LLC
4000 County Road 15 Southwest
Montevideo, MN 56265

RE: Project Number(s) SL28185015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on July 20, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

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

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

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

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

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

St. Paul, MN 55164-0970 St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jessie Chenze, RN, BSN
Interim HFE Supervisor 1 | State Evaluations Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Office: 218-332-51751 | Mobile: 651-508-2791| Fax: 218-332-5196

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28185	A. BUILDING: _____ B. WING _____	07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW CREEK HOSPITALITY LLC	4000 COUNTY ROAD 15 SW MONTEVIDEO, MN 56265

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL28185015 On, July 18, 2022, through July 20, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 12 residents, all of whom received services under the provider's Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated July18, 2022, for the specific Minnesota Food Code deficiencies.	0 480		

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0 480	Continued From page 2 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 490 SS=F	144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements (ii) weekly housekeeping; (iii) weekly laundry service; (iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance; (v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance; (vi) provide culturally sensitive programs; and (vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to have daily programs of social and recreational activities based on individual and group interests, physical, mental, and psychosocial needs. This had the potential to	0 490		

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0 490	Continued From page 3 affect all 12 residents of the facility. 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). Findings include: During the entrance conference on July 18, 2022, at 1:06 p.m., the surveyor asked for the licensee's daily activity calendar. Licensed assisted living director (LALD)-A stated the monthly activity calendar was posted on a white board in the dining room area. On July 18, 2022, at 1:16 p.m., the surveyor toured the facility with LALD-A. In the open dining room area was a white board posted on the wall by the kitchen. The white board indicated it was the activity calendar for July 2022, including a monthly calendar grid with a date placed in each box. The calendar included at least one scheduled activity daily except for the following dates: - "Not Here" was documented for July 2, 3, 4, 8, 12, 16, 17, 26, 30, and 31st. No activity was documented as scheduled. - the date box was blank for July 9, 10, 18, 21, 23, 24, 25, 28, and 29th. No activity was documented as scheduled. The facility's Activity Schedule documentation dated June 29, 2022, through July 15, 2022, was reviewed. During this time frame nine out of the 18 opportunities daily activities had not been	0 490		

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0 490	Continued From page 4 provided to the residents. On July 19, 2022, at 5:04 p.m., LALD-A stated they have an unlicensed personnel/ULP that oversees the facility's activity program. LALD-A stated residents will often meet and play cards or just visit with each other, however, the facility does not have an activity scheduled daily. The licensee's Activity Programming policy dated August 1, 2021, noted on a regular basis the facility would provide a wide range of activities and social recreation for its residents. A monthly activity calendar would be created and available to all residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 490		
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 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	0 800		

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0 800	Continued From page 5 affect all residents and staff. 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 July 19, 2022, between 11:30 a.m. and 1:15 p.m., survey staff toured the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed the following: 1. The vent into the pantry room has an excessive amount of dust on it. 2. Access door handle to the garage is missing hardware (plunger). 3. The first floor fireplace controls were removed and has exposed low-voltage wiring exposed on the wall. 4. The dryer duct was disconnected with a pantyhose attached to it on the second floor. 5. Fire Sprinkler system has not been inspected since 08/2017. 6. No documentation could be found for the annual fire alarm test. LALD-A verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		

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0 970	Continued From page 6	0 970		
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On July 18, 2022, at 1:06 p.m., during the entrance conference, the surveyor asked for a copy of the facility's assisted living contract. The assisted living contract provided included two clauses that indicated the resident would waive the facility's liability for health, safety, or personal property of the resident. Page 13, section 23	0 970		

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0 970	Continued From page 7 Indemnification of the assisted living contract indicated as an occupant of [name of facility], resident assumes the risk for resident's own safety. Resident will indemnify and hold harmless provider, its employees, officers, managers, owners and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of, or caused wholly or in part by, an act or omission of resident. Page 13, section 25 Liability of the assisted living contract indicated the provider was not liable to resident for any injury, death or property damage occurring in the apartment or on providers premises unless such injury, death or property damage occurs as the result of provider's own negligent acts or omissions, or those of its employees, officers, managers, owners or agents. On July 19, 2022, at 5:11 p.m., licensed assisted living director (LALD)-A stated the facility provided the same template assisted living contract to all residents. LALD-A reviewed the Indemnification and Liability sections of the assisted living contract and stated she could see how this language could be interpreted in a way that did not meet the regulation. LALD-A stated they have a law firm that is currently revising their assisted living contract and they will be reviewing the above noted sections. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring	01620		

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01620	Continued From page 8 (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. 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) completed a comprehensive reassessment using the uniform assessment tool on day 90 for one of two residents (R1) as required with records reviewed. 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	01620		

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01620	Continued From page 9 was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's diagnoses included dementia, diabetes, depression, and chronic pain. R1's service plan dated July 1, 2022, indicated the resident received services which included medication administration, bathing reminders, blood glucose monitoring, laundry and housekeeping. On July 19, 2022, at 7:52 a.m., the surveyor observed unlicensed personnel (ULP)-C to administer R1's scheduled morning medications and conduct a blood glucose check which resulted in a reading of 92 milligrams (mg)/deciliter (dL). R1's record included Monitoring and Reassessments dated January 11, 2022, (90 day reassessment), April 11, 2022 (90 day reassessment) and May 11, 2022 (change of condition reassessment). These assessments indicated the resident's needs were being met, all services were appropriate, and there was no change in services. These assessments did not include all the elements on the uniform assessment tool as required. On July 19, 2022, at 5:44 p.m., RN-B stated she was only using the universal assessment tool for the resident's initial and annual review. RN-B stated R1's ongoing assessments noted above did not include a review of all of the required elements.	01620		

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01620	Continued From page 10 The licensee's Uniform Assessment policy dated August 1, 2021, indicated the licensee would use a universal assessment tool that addresses all the required elements. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01710 SS=F	144G.71 Subd. 3 Individualized medication monitoring and reas The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. 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) conducted a face-to-face medication management reassessment to include all required content for two of two residents (R1, R2) with records reviewed. 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).	01710		

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01710	Continued From page 11 The findings include: During the entrance conference on July 18, 2022, at 12:40 p.m., the licensed assisted living director (LALD)-A stated the licensee provided medication management services to the residents at the facility. R1 R1's diagnoses included dementia, diabetes, depression, and chronic pain. R1's service plan dated July 1, 2022, indicated the resident received services which included medication administration as ordered by his primary provider. R1's prescriber orders dated May 22, 2022, included a cholesterol lowering medication, two antidepressants, one sedative, one medication to treat heartburn, one medication to treat nerve pain, one medication to treat moderate to severe pain, two vitamin/mineral supplements, one fast acting insulin, and one long-acting insulin. On July 19, 2022, at 7:52 a.m., the surveyor observed unlicensed personnel (ULP)-C to administer R1's scheduled morning medications. R2 R2's diagnoses included diabetes, atrial fibrillation (an irregular often fast heart rate), chronic obstructive pulmonary disease (COPD-chronic obstruction of lung airflow that interferes with normal breathing), and congested heart failure (CHF- A condition in which the heart has trouble pumping blood through the body). R2's service plan dated July 17, 2022, indicated the resident received services which included	01710		

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	28185	A. BUILDING: _____ B. WING _____	07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW CREEK HOSPITALITY LLC	4000 COUNTY ROAD 15 SW MONTEVIDEO, MN 56265

(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
01710	Continued From page 12 medication administration. R2's prescriber orders dated July 11, 2022, included a medication to treat gout, two antihypertensives, one nasal spray to treat allergy symptoms, one medication to reduce stomach acid, one blood thinner, one antidepressant, one corticosteroid inhaler, one medication to treat nerve pain, one cholesterol lowering medication, one mild to severe pain reliever, two diuretics, one antibiotic, and four vitamin/mineral supplements. On July 19, 2022, at 8:18 a.m., the surveyor observed ULP-C to administer R2's scheduled morning medications. R1 and R2's records lacked evidence the RN conducted a review of all medications the resident was known to be taking to include a review of the side effects and contraindications. On July 19, 2022, at 5:38 p.m., RN-B stated when she conducts medication management assessments, she does not include a review of each medications side effects or contraindications as she feels staff can look medications up in a medication reference book. RN-B stated you will not find this portion of the medication management assessment completed for any of the residents. The licensee's Medication Management - Assessment, Monitoring and Reassessment policy dated August 1, 2021, noted the facility prior to providing medication management services, have a RN, licensed health professional, or authorized prescriber conduct an assessment to determine what medication management services will be provided and how	01710		

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01710	Continued From page 13 the services will be provided. The assessment would include a review and identification of side effects and contraindications for each medication the resident is known to be taking. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710		
01760 SS=F	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 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 the steps of the medication administration process was followed for one of one employee (unlicensed personnel/ULP-C) observed administering medications. This practice resulted in a level two violation (a violation that did not harm a resident's health or	01760		

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01760	Continued From page 14 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: Medications for R1 and R2 were documented by ULP-C as being administered prior to the medications being administered. R1's diagnoses included dementia, diabetes, depression, and chronic pain. R1's service plan dated July 1, 2022, indicated the resident received services which included medication administration as ordered by his primary provider. On July 19, 2022, at 7:52 a.m., the surveyor observed ULP-C to conduct a medication pass for R1 and the following was observed: - ULP-C removed from the locked medication cart R1's scheduled 8:00 a.m. medications from the preset blister pack (a transparent, molded piece of plastic, often sealed to a sheet of cardboard, used to package tablets) - ULP-C checked the medication label of each blister pack with R1's medication administration record (MAR) and initialed R1's MAR by each medication she had checked indicating the medication had been administered - ULP-C placed the medications into a medication cup - ULP-C then approached R1 who was seated at a table in the dining room and completed the medication pass	01760		

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01760	Continued From page 15 R2 R2's diagnoses included diabetes, atrial fibrillation (an irregular often fast heart rate), chronic obstructive pulmonary disease (COPD-chronic obstruction of lung airflow that interferes with normal breathing), and congested heart failure (CHF- A condition in which the heart has trouble pumping blood through the body). R2's service plan dated July 17, 2022, indicated the resident received services which included medication administration. On July 19, 2022, at 8:18 a.m., the surveyor observed ULP-C to conduct a medication pass for R2 and the following was observed: - ULP-C removed from the locked medication cart R2's scheduled 8:00 a.m. medications from the preset blister pack - ULP-C checked the medication label of each blister pack with R2's MAR and initialed R2's MAR by each medication she had checked indicating the medication had been administered - ULP-C placed the medications into a medication cup - ULP-C then approached R2 who was seated at a table in the dining room and completed the medication pass On July 19, 2022, at 8:35 a.m., ULP-C stated she had been taught to check the MAR with the medication card and then sign the medication off on the MAR prior to administering the medication. ULP-C stated if for some reason a resident refused a medication she would go back to the MAR and place a circle around her initial of that specific medication that was refused. On July 19, 2022, at 5:20 p.m., registered nurse (RN)-B stated she had instructed the staff when	01760		

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01760	Continued From page 16 conducting a medication pass to place their initial by each medication being prepared for administration prior to the medication being administered. RN-B stated she changed the medication administration process because too many times the ULP were forgetting to go back to the MAR to sign the medication off as being administered. RN-B reviewed the licensee's Medication and Treatment Record-Documentation and Refusal policy and stated the licensee's policy directs the ULP to document medication administration immediately after the medication administration was completed. RN-B confirmed they were not following their policy. The licensee's Medication and Treatment Record-Documentation and Refusal policy dated August 1, 2021, noted documentation of medication administration would be completed by the person who performed the task immediately after the medication administration was completed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01890 SS=E	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.	01890		

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01890	Continued From page 17 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained with legible information including the expiration date for time sensitive medications for two of four residents (R1, R2) with records reviewed. 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 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: On July 18, 2022, at 1:20 p.m., the surveyor toured the facility with the licensed assisted living director (LALD)-A, including a review of the locked medication cart. LALD-A observed and confirmed the following: R1 R1's Novolog 100 units/milliliter (ml) insulin pen lacked a label to indicate when the insulin pen was opened and when the insulin pen would expire. R1's Levemir 100 units/ml insulin pen lacked a label to indicate when the insulin pen was opened and when the insulin pen would expire. R2 R2's Symbicort 160/4.5 microgram (mcg) inhaler (corticosteroid) lacked a label to indicate when	01890		

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01890	Continued From page 18 the inhaler had been removed from its foil pouch and when the inhaler would expire. On July 18, 2022, at 1:30 p.m., LALD-A stated once a week the ULP have a task list that they are supposed to check the medication cart to ensure all medications that need to be dated when opened are dated. The above noted medications must have been overlooked. The manufacturer's instructions for Novolog, dated June 2021, directed to discard the pen 28 days after it had been opened, even if there is insulin left in the pen. The manufacturer's instructions for Levemir, dated June 2021, directed to discard the pen 42 days after it had been opened, even if there is insulin left in the pen. The manufacturer's instructions for the Symbicort inhaler, dated January 2021, directed to discard the inhaler when the counter reaches zero or three months after it was removed out of its foil pouch, whichever comes first. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02400 SS=F	144G.91 Subd. 12 Visitors and social participation (a) Residents have the right to meet with or receive visits at any time by the resident's family, guardian, conservator, health care agent, attorney, advocate, or religious or social work counselor, or any person of the resident's	02400		

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02400	Continued From page 19 choosing. This right may be restricted in certain circumstances if necessary for the resident's health and safety and if documented in the resident's service plan. (b) Residents have the right to engage in community life and in activities of their choice. This includes the right to participate in commercial, religious, social, community, and political activities without interference and at their discretion if the activities do not infringe on the rights of other residents. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to respect the resident's right to receive visits at any time. This had the potential to affect all 12 residents at the facility. 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). Findings include: On July 18, 2022, at 12:25 p.m., the surveyor entered the facility. The following signage was posted on the entrance door and on the COVID visitor screening table: "Screen Here - Please look at these guidelines below before entering - you do not have to call before coming but be respectful of the amount visiting at one time. Only 4 visitors if social distancing applies. There will be no visitors between 11:30 AM - 1 PM - There will be no	02400		

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02400	Continued From page 20 visitors between 4:30 - 5:45 to respect meal times of the residents." On July 19, 2022, at 5:16 p.m., licensed assisted living director (LALD)-A stated the signs had originally been posted when COVID was more prevalent. LALD-A stated the visitor restriction times were no longer pertinent and agreed the visitor time restrictions posted on the sign does limit the resident's right to receive visits at any time. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02400		

Minnesota Department of Health

PO Box 64495
St Paul, Minnesota
651-201-4500

Type: Full
Date: *07/18/22*
Time: 13:30:08
Report: 1008221034

Food and Beverage Establishment Inspection Report

Location:
Meadow Creek Hospitality Llc
4000 County Road 15 Sw
Montevideo, MN56265
Chippewa County, 12

Establishment Info:
ID #: 0039400
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3202699000
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.

4-200 Equipment Design and Construction

4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

Remove the domestic waffle iron and the domestic breakfast sandwich maker.

Comply By: 07/22/22

Food and Equipment Temperatures

Process/Item: Upright Cooler - 2 Door
Temperature: 40 Degrees Fahrenheit - Location: Eggs (P)
Violation Issued: No

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

THINGS TO REMEMBER:

1 THE CERTIFIED FOOD PROTECTION MANAGER SHOULD BE ROUTINELY CONDUCTING SELF INSPECTIONS TO ENSURE THAT EMPLOYEES ARE FOLLOWING PROPER FOOD HANDLING PRACTICE.

2 EDUCATE EMPLOYEES ON THE IMPORTANCE OF REPORTING TO MANAGEMENT ANY ILLNESS THEY HAVE OR HAVE HAD RECENTLY. MANAGEMENT SHOULD EXCLUDE ANY WORKERS ILL WITH VOMITING OR DIARRHEA FROM HANDLING FOOD, AND THEY SHOULD KEEP AN UP TO DATE EMPLOYEE ILLNESS LOG.

3 THERE SHOULD BE A PERSON IN CHARGE A THE ESTABLISHMENT DURING ALL HOURS OF OPERATION. THIS PERSON SHOULD ENSURE THAT EMPLOYEES ARE PRACTICING GOOD HAND WASHING PROCEDURES, INCLUDING BEING KNOWLEDGEABLE ABOUT WHEN HAND WASHING SHOULD BE DONE AND HOW TO PROPERLY WASH HANDS.

4. EMPLOYEES SHOULD USE SPATULA, TONGS, DELI TISSUE, GLOVES OR SOME OTHER APPROVED MEANS TO PREVENT ANY DIRECT BARE HAND CONTACT WITH READY TO EAT FOODS.

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 1008221034 of 07/18/22.

Certified Food Protection Manager: Sherrie L Bennet

Certification Number: FM67414 Expires: 04/13/25

Signed: emailed
Establishment Representative

Signed: Inspector ID# 1008

Public Health Sanitarian 3
Fergus Falls District Office
651-201-4500
health.foodlodging@state.mn.us

Report #: 1008221034

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
PO Box 64495
St Paul, Minnesota

No. of RF/PHI Categories Out	0	**Date**	07/18/22
No. of Repeat RF/PHI Categories Out	0	**Time In**	13:30:08
Legal Authority MN Rules Chapter 4626		**Time Out**	

Meadow Creek Hospitality Llc	**Address** 4000 County Road 15 Sw	**City/State** Montevideo, MN	**Zip Code** 56265	**Telephone** 3202699000
License/Permit # 0039400	**Permit Holder**	**Purpose of Inspection** Full	**Est Type**	**Risk Category**

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

	Compliance Status		COS	R
	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	X	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		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) emailed **Date:** 07/20/22

Inspector (Signature) Inspector ID# 1008