Electronically Delivered

October 6, 2022

Administrator
Skyview Plaza
1100 Court Drive
Morris, MN 56267

RE: Project Number(s) SL26356015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on September 21, 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
St. Paul, MN 55164-0970

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

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: 218-332-5175 | 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
	26356	A. BUILDING: _____ B. WING _____	09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYVIEW PLAZA	1100 COURT DRIVE MORRIS, MN 56267

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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: SL26356015 On, September 19, 2022, through September 21, 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 31 residents, 16 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 had the potential to affect all 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 the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated September 20, 2022, for the specific	0 480		

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0 480	Continued From page 2 Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the	0 730		

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0 730	Continued From page 3 appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure follow up procedures for blood pressure monitoring was completed to meet the resident's needs for one of one resident (R4). 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: R4's diagnoses included, diabetes, hypertension (HTN-high blood pressure) and coronary artery disease (CAD-plaque buildup narrows or blocks one or more of your coronary arteries).	0 730		

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0 730	Continued From page 4 R4's medication administration record (MAR) dated September 1, 2022, through September 21, 2022, included: -blood pressure (BP) day shift. The MAR indicated during this time period R4's BPs ranged from 83/61 to 157/63. R4's record lacked evidence the registered nurse (RN) had been notified of BPs outside of the normal range. On September 21, 2022, at approximately 9:25 a.m., clinical nurse specialist/licensed assisted living director (CNS/LALD)-A showed a "Vital Sign Average Ranges" paper to the surveyor adding this is how ULPs are trained, "the following will be used as the average range, anything outside of these ranges should be rechecked and if still out of range the nurse should be notified." The form included: -BP systolic or top number above 146 or below 90, diastolic or bottom number above 96 or below 60. On September 20, 2022, at 1:57 p.m., CNS/LALD-A confirmed ULPs were not reporting BP reading as they should be. The licensee's Delegation of Nursing Tasks policy reviewed August 1, 2021, indicated when a treatment or therapy is delegated or assigned to unlicensed personnel, the registered nurse (RN) or authorized Licensed Health Professional must: -develop and maintain a current individualized treatment or therapy management record for each resident; -instruct the ULP in the proper methods to provide the treatment or perform the task with respect to each resident and determine that the unlicensed personnel have demonstrated the ability to competently follow the procedures; -develop written specific instructions for each	0 730		

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0 730	Continued From page 5 resident and document those instructions in the resident's record; and -communicated with the ULP about the individual needs of the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.	0 810		

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0 810	Continued From page 6 (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide the required fire safety training and evacuation plans for residents and staff. This has the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all residents). The findings include: On September 20, 2022, from approximately 1:20 p.m. to 2:50 p.m., survey staff toured the facility with Housing Manager (HM)-F and Maintenance (M)-G. During the facility tour, survey staff observed the facility fire safety and evacuation plan documentation was requested and was noted to lack the following. 1. The schedule and required records on training for employees on fire safety and evacuation upon hiring and twice per year thereafter. 2. The schedule and required records on training for residents who can assist their own evacuation on proper actions to take in the event of a fire for	0 810		

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0 810	Continued From page 7 their safety including movement, evacuation, and relocation. 3. The schedule and required records on evacuation drills for employees twice per year, per shift, with at least one evacuation drill every other month. On September 20, 2022, at approximately 2:30 p.m. M-G was not able to provide complete information listed above as requested. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01420 SS=D	144G.62 Subd. 2 Delegation of assisted living services (b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If an unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record. This MN Requirement is not met as evidenced by: Based on interview, and record review, the	01420		

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01420	Continued From page 8	01420		

licensee failed to ensure the registered nurse (RN) provided written instructions in the resident's record for the delegated task provided by the unlicensed personnel (ULP) for one of one resident (R4) with blood pressure 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).

R4's diagnoses included, diabetes, hypertension (HTN-high blood pressure) and coronary artery disease (CAD-plaque buildup narrows or blocks one or more of your coronary arteries).

R4's medication administration record (MAR) dated September 1, 2022, through September 21, 2022, included:
-blood pressure (BP) day shift. R4's MAR indicated R4's BPs ranged from 83/61 to 157/63 during the time period reviewed. R4's MAR or record did not include any instruction for BP monitoring and when to notify the RN.

On September 21, 2022, at approximately 9:25 a.m., clinical nurse specialist/licensed assisted living director (CNS/LALD)-A showed a "Vital Sign Average Ranges" paper to the surveyor adding this is how ULPs are trained, "the following will be used as the average range, anything outside of these ranges should be rechecked and if still out of range the nurse should be notified." The form included:
-BP systolic or top number above 146 or below

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01420	Continued From page 9 90, diastolic or bottom number above 96 or below 60. On September 21, 2022, at approximately 9:30 a.m., director of home care operations (DHH)-D confirmed there were no specific directions for staff to follow regarding R4's BP monitoring. The licensee's Delegation of Nursing Tasks policy reviewed August 1, 2021, indicated when a treatment or therapy is delegated or assigned to unlicensed personnel, the RN or authorized Licensed Health Professional must: -develop and maintain a current individualized treatment or therapy management record for each resident; -instruct the ULP in the proper methods to provide the treatment or perform the task with respect to each resident and determine that the unlicensed personnel have demonstrated the ability to competently follow the procedures; -develop written specific instructions for each resident and document those instructions in the resident's record; and -communicated with the ULP about the individual needs of the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01420		
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.	01640		

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01640	Continued From page 10 (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. (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 two of three residents (R2, R4) service plans were revised to include provided services. 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:	01640		

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01640	Continued From page 11 R2 R2's diagnoses included, chronic obstructive pulmonary disease (COPD) [a progressive lung disease characterized by long-term respiratory symptoms and airflow limitation], dependence on supplemental oxygen, atrial fibrillation (abnormal electrical discharges throughout the upper chambers of the heart), and gastroesophageal reflux disease (GERD-chronic disease/lower esophageal sphincter becomes weak or relaxed at times causing when stomach acid to rise into the esophagus). R2's Service Plan dated August 22, 2022, indicated the resident received the following service: medication observation (inhalers/nebulizer medication) [device that changes medication from a liquid to a mist that can be inhaled it into the lungs] three times a day. R2's provider's orders, undated, include: - budesonide (used to help reduce inflammation in the lungs) inhalation suspension (neb treatment) 0.5 milligrams (mg)/2 milliliters (ml) two times per day (bid). Every day at 7:00 a.m.-10:00 a.m., and 700 p.m.-11:00 p.m; and - formoterol fumarate (prevent or decrease wheezing and trouble breathing) inhalation nebulization solution 20 microgram (mcg)/2 ml bid. Every day at 7:00 a.m.-10:00 a.m., and 700 p.m. -11:00 p.m. R2's Monthly Task Log dated September 1, 2022, through September 21, 2022, included: -resident is using more than one inhaler or nebulizer med, the meds must always be given in a specific order, they are numbered in the order to be given on resident's counter, 2 times per day, morning and evening.	01640		

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01640	Continued From page 12 On September 20, 2022, at 8:08 a.m., the surveyor observed unlicensed personnel (ULP)-B remove seven (7) pills from a pre-filled seven day medication planner and put them into a medication cup and set the medication cup by R2. ULP-B told R2 she would be back later for his "neb" as she exited his room. On September 20, 2022, at approximately 2:40 p.m., clinical nurse supervisor/assisted living director (CNS/LALD)-A confirmed R2's service plan was not updated to reflect current services provided. R4 R4's diagnoses included, diabetes, hypertension (HTN-high blood pressure) and coronary artery disease (CAD-plaque buildup narrows or blocks one or more of your coronary arteries). R4's Service Plan dated July 21, 2022, included: -diabetes management, diabetes management: instructions to staff- call nurse if blood sugar (BS) below 60 or above 300, three times per day, every day. R4's providers orders dated September 15, 2022, included BS check three times per day with meals, every day at 8:00 a.m., 11:30 a.m., 5:15 p.m. and one time a day at 8:00 p.m.-10:00 p.m., before bed. R4's medication administration record (MAR) dated September 1, 2022, through September 21, 2022, included: -BS check three times per day with meals. Every day at 8:00 a.m., 11:30 a.m., 5:15 p.m.; and -BS check one time per day, every day at 8:00 p.m.-10:00 p.m.	01640		

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01640	Continued From page 13 On September 20, 2022, at 8:18 a.m., the surveyor observed ULP-B place a BS test strip into a BS meter (device that will test blood sample to determine blood glucose level), and clean R4's 4th finger of right hand with an alcohol wipe, use a lancet (small needle used to poke the skin [usually on a finger] to get a small drop of blood) to obtain a sample. ULP-B wiped the first drop of blood away and applied the second drop the BS test strip. R4's BS result was 233 milligrams (mg)/deciliter (dL). On September 20, 2022, at 1:54 p.m., CNS/LALD-A confirmed R4's service plan did not include BS monitoring four times a day. The licensee's Content, Development and Revision of the Service Plan policy dated August 1, 2021, indicated the service plan is developed taking into account the resident's current goals and his/her direction for service assistance in accordance with person-centered planning. The service plan, including each revision, was be entered into the resident's record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The	01730		

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01730	Continued From page 14 facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and	01730		

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01730	Continued From page 15	01730		

maintain a current individualized medication management plan for each resident to include a description of the storage of medication for one of three residents (R2).

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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 September 19, 2022, at approximately 1:50 p.m., clinical nurse supervisor/assisted living director (CNS/LALD)-A stated the licensee provided medication management services to residents at the facility.

R2's diagnoses included, chronic obstructive pulmonary disease (COPD) [a progressive lung disease characterized by long-term respiratory symptoms and airflow limitation], dependence on supplemental oxygen, atrial fibrillation (abnormal electrical discharges throughout the upper chambers of the heart), and gastroesophageal reflux disease (GERD-chronic disease/ lower esophageal sphincter becomes weak or relaxed at times causing when stomach acid to rise into the esophagus).

R2's Service Plan dated August 22, 2022, indicated the resident received the following services:
- medication observation (inhalers/ nebulizer

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01730	Continued From page 16 med) three times a day; - nurse setup-med planner one day every two weeks, staff to document medication administration in the medication administration record (MAR); - nurse to contact preferred pharmacy regarding medication set up, and verify all medication that come in from pharmacy; - staff to observe for side effects and report to nurse; and - controlled substances three times per day, unlicensed personnel (ULP) to count medications at the start and end of each shift, controlled medications are kept under double locks. R2's prescriber orders, printed September 20, 2022, included aspirin (heart health) 81 milligrams (mg), Ativan (anxiety) 0.5 mg, budesonide (used to help reduce inflammation in the lungs) inhalation suspension (nebulizer treatment- neb) 0.5 mg/2 milliliters (ml), twice a day (bid) Ferrex (supplement) 150 mg, folic acid (supplement) 1 mg, formoterol fumarate (prevent or decrease wheezing and trouble breathing) inhalation nebulization solution 20 microgram (mcg)/2 ml bid, metoprolol tartrate (blood pressure) 50 mg (bid), Mucinex (COPD) 600 mg daily, omeprazole (GERD) 30 mg daily, prednisone (inflammation/COPD) 10 mg daily, Simvastatin (cholesterol) 10 mg daily, and Tylenol PM (insomnia) 500-25 mg daily. R2's Medication Management assessment dated May 16, 2022, included: -resident needs assistance with medication storage: not applicable, resident does not take medication; and -resident medication storage location: not applicable, resident does not take medication.	01730		

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01730	Continued From page 17 On September 19, 2022, at 4:24 p.m., the surveyor and CNS/LALD-A entered R2's room. On the kitchen counter was a plastic basket with medications and two seven-day dosage boxes. The surveyor inquired about the medications on the counter, CNS/LALD-A stated R2 was newer to services. On September 20, 2022, at 2:37 p.m., director of home health operations (DHH)-D reviewed R2's record and stated R2 did not have a medication management plan developed to include medication storage. DHH-D added the registered nurse (RN) completing the assessment did not mark the correct box on the assessment. On September 21, 2022, at approximately 9:20 a.m., the surveyor noted the medications had been moved from R2's counter and were not visible. The licensee's Individualized Medication, Treatment and Therapy Management policy reviewed May 17, 2022, indicated the Care Center would develop and maintain a current individualized medication management record for each resident based on the resident's assessment that would contain: -a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; and documentation of specific resident instructions relating to the administration of medication, treatment and therapy services. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		

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01750	Continued From page 18	01750		
01750 SS=F	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. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and maintain a current individualized medication management plan for each resident to include specified instructions for one of three residents (R4). 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: R4's diagnoses included, diabetes, hypertension (HTN-high blood pressure) and coronary artery disease (CAD-plaque buildup narrows or blocks	01750		

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01750	Continued From page 19 one or more of your coronary arteries). R4's Service Plan dated July 21, 2022, included: -staff will provide assistance with diabetic testing/assistance with insulin administration. Staff will provide assistance with diabetic testing/assistance with insulin administration, see electronic medication administration record (eMAR). R4's eMAR dated September 1, 2022, through September 20, 2022, included Basaglar (long acting insulin) KwikPen 100 units (U)/milliliter (ml), pen-injector into subcutis (bottom layer of tissue or skin, beneath the outer skin, which consists mostly of fatty cells) layer of skin, one time per day, every day and Novolog (fast acting insulin) FlexPen 100 U/ml, into subcutis layer of skin, one time per day, every day. R4's providers orders dated September 15, 2022, included: Basaglar Kwikpen subcutaneous solution pen-injector 100 U/ml insulin 24 U in the morning and 20 U at bedtime, and Novolog pen subcutaneous solution cartridge 100 U/ml 10 U three times per day with meals every day at 8:00 a.m., 12:00 p.m., and 5:00 p.m. R4's assessment dated July 28, 2022, indicated R4 needs assistance with insulin injections from health care professional. On September 20, 2022, at approximately 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-B dial 24 units of Basaglar insulin and hand the insulin pen to R4. R4 placed the insulin pen on her left abdomen and counted out loud. R4 stopped counting and handed the Basaglar insulin pen to ULP-B. ULP-B then handed R4 a Nolovog insulin pen ULP-B had	01750		

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01750	Continued From page 20 dialed to 10 units. R4 put the pen to her right abdomen and counted. R4 stopped counting and handed the Nolovog insulin pen to ULP-B. On September 20, 2022, at 2:05 p.m., clinical nurse supervisor/assisted living director (CNS/LALD)-A confirmed there was no specific directions for staff to follow regarding R4's insulin administration; priming [removing air bubbles from the needle, and ensures that the needle is open and working] of insulin pen and the level of assistance ULPs are to give R4. On September 21, 2022, at 9:05 a.m., CNS/LALD-A added, "we" [facility] are small and "we" [nursing staff] know each resident and their needs confirming R4's record and other resident records lacked specific directions for staff regarding medication administration. The licensee's Individualized Medication, Treatment and Therapy Management policy reviewed May 17, 2022, indicated the Care Center would develop and maintain a current individualized medication record for each resident based on the resident's assessment that must contain the following: documentation of specific resident instructions relating to the administration of medications, treatment and therapy services. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01760 SS=E	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted	01760		

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01760	Continued From page 21 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 all the required documentation was correct for one of three residents (R2). In addition, the licensee failed to ensure medication was administered per the manufacturer's instructions for one of one resident (R4). 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: MEDICATION DOCUMENTATION/TRANSCRIPTION	01760		

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01760	Continued From page 22 R2's diagnoses included, chronic obstructive pulmonary disease (COPD) [a progressive lung disease characterized by long-term respiratory symptoms and airflow limitation], dependence on supplemental oxygen, atrial fibrillation (abnormal electrical discharges throughout the upper chambers of the heart), and gastroesophageal reflux disease (GERD-chronic disease/ lower esophageal sphincter becomes weak or relaxed at times causing when stomach acid to rise into the esophagus). R2's Service Plan dated August 22, 2022, indicated the resident received the following service: nurse setup-medication (med) planner: "Nurse will review and set up medications at least every 2 weeks for staff administration. Document date of setup on a copy of a printed medication administration record (MAR) (drug, dose, route, admin, time printed on the MAR) with the nurse's initials on first and last doses of set up with connecting line(s) between to indicate the quantity of dose (s) setup. Staff will document med administration in the MAR." R2's provider's orders, dated February 4, 2022, included: Ativan oral tablet 0.5 milligrams (mg), 0.25 milliliter by mouth as needed, every 3 hours as needed (PRN). R2's medication administration record (MAR) dated September 1, 2022, included: -Ativan oral tablet 0.5 milligrams (mg); Ativan oral tablet 0.5 mg oral tablet; 0.25 milliliter (ml) by mouth as needed; and -special instructions: take 0.25 ml under the tongue every 3 hours as needed for anxiety. On September 20, 2022, at 8:08 a.m., the surveyor observed unlicensed personnel (ULP)-B	01760		

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remove seven (7) pills from a pre-filled seven-day medication planner and put them into a medication cup and set the medication cup by R2.

On September 21, 2022, at 9:04 a.m., director of home care operations (DHH)- D verified R2's record included R2's Ativan was documented as tablet not as liquid. Clinical nurse specialist/licensed assisted living director (CNS/LALD)-A stated the computer system used only allowed for the Ativan route to be tablet or injectable, adding she will contact the software provider for correction.

FOLLOWING MANUFACTURER'S INSTRUCTIONS

R4's diagnoses included, diabetes, hypertension (HTN-high blood pressure) and coronary artery disease (CAD-plaque buildup narrows or blocks one or more of your coronary arteries).

R4's Service Plan dated July 21, 2022, included: staff will provide assistance with diabetic testing/assistance with insulin administration.

R4's providers orders dated September 15, 2022, included: Basaglar (long-acting insulin) Kwikpen subcutaneous solution pen-injector 100 units (U)/milliliter (ml) insulin 24 U in the morning and 20 U at bedtime, and Novolog (fast acting insulin) Pen subcutaneous solution cartridge 100 u/ml 10 U three times per day with meals every day at 8:00 a.m., 12:00 p.m., and 5:00 p.m.

On September 20, 2022, at approximately 8:20 a.m., the surveyor observed ULP-B dial 24 U of Basaglar insulin and hand the insulin pen to R4. R4 placed the insulin pen on her left abdomen

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01760	Continued From page 24	01760		

and counted out loud. R4 stopped counting and handed the Basaglar insulin pen to ULP-B. ULP-B then handed R4 a Nolovog insulin pen ULP-B had dialed to 10 U. R4 put the pen to her right abdomen and counted. R4 stopped counting and handed the Nolovog insulin pen to ULP-B. ULP-B was not observed to prime (removing air bubbles from the needle and ensures that the needle is open and working) the insulin pens prior to dialing up the prescribed insulin dosages.

On September 20, 2022, directly following the above-mentioned observation ULP-B stated, once started [insulin pen] there are no bubble in the pen, adding she was not trained to do any "air shots."

On September 20, 2022, at 8:58 a.m., CNS/LALD-A and registered nurse (RN)-C reviewed the process for insulin pen administration which included priming the insulin pen prior to dialing up the prescribed dose.

The manufacturer's instructions for the use of Basaglar Kwikpen insulin, dated July 2021, directed for the Basaglar insulin pen to be primed with two units prior to dialing the prescribed dosage. If this was not completed before each injection too much or too little insulin may be administered.

The manufacturer's instructions for the use of Novolog Flex Pen insulin, dated 2018, directed for the Novolog insulin pen to be primed with two units prior to dialing the prescribed dosage. If this was not completed before each injection too much or too little insulin may be administered.

The licensee's Administration of Medications, Treatment and Therapy by ULP policy reviewed

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01760	Continued From page 25 February 15, 2022, indicated the RN had instructed the ULP in the proper methods to administer the medications, treatment, and therapy and the ULP had demonstrated the ability to competently follow the procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01770 SS=D	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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:	01770		

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01770	Continued From page 26 R2's diagnoses included, chronic obstructive pulmonary disease (COPD) [a progressive lung disease characterized by long-term respiratory symptoms and airflow limitation], dependence on supplemental oxygen, atrial fibrillation (abnormal electrical discharges throughout the upper chambers of the heart), and gastroesophageal reflux disease (GERD-chronic disease/ lower esophageal sphincter becomes weak or relaxed at times causing when stomach acid to rise into the esophagus). R2's Service Plan dated August 22, 2022, indicated the resident received the following service: nurse setup-medication (med) planner: "Nurse will review and set up medications at least every 2 weeks for staff administration. Document date of setup on a copy of a printed medication administration record (MAR) (drug, dose, route, admin, time printed on the MAR) with the nurse's initials on first and last doses of set up with connecting line(s) between to indicate the quantity of dose (s) setup. Staff will document med administration in the MAR." R2's provider's orders, dated February 4, 2022, included: -Ativan (anxiety) oral tablet 0.5 milligrams (mg), 25 milliliter (ml) by mouth as needed, every 3 hours as needed (PRN); and -morphine sulfate (moderate to severe pain) 100 mg/5 ml, 0.25 ml by mouth as needed every four hours PRN. R2's record included Controlled Substance Inventory tracking forms, one for Ativan and one for morphine, which registered nurse (RN)-C confirmed were used for medication set-up for controlled medications. The tracking forms included:	01770		

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01770	Continued From page 27 Date, prescription number (RX#) number, drug name and strength, drug count of medication set up in syringes, drug count of medication in the bottle, total drug count of the medication set up in syringes plus in the medication bottle, and nurse's signature. R2's record lacked documentation by the licensed nurse at the time of medication setup to include documentation of the time/s to be administered, and route of administration. On September 20, 2022, at 8:08 a.m., the surveyor observed unlicensed personnel (ULP)-B remove pills from a pre-filled seven-day medication planner and put them into a medication cup and set the medication cup by R2. On September 20, 2022, at approximately 12:10 p.m., RN-C confirmed R2's controlled substance form used for medication set up, failed to include the times of medications administration, and the route of the medications. The licensee's Documentation of Medications, Treatment and Therapy Management Services policy, undated, indicated the facility would ensure that all medications, treatments and therapy management services, as ordered by provider and delegated by RN, are documented according to professional standards. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770		

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01880	Continued From page 28	01880		
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 the medication refrigerator maintained an acceptable temperature to ensure the medications were stored according to manufacturer's recommendations for three of three residents (R4, R5, R3). 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: During the entrance conference on September 19, 2022, at approximately 1:50 p.m., clinical nurse supervisor/assisted living director (CNS/LALD)-A stated the licensee provided medication management services to residents at the facility. R4 On September 19, 2022, at 2:18 p.m., the surveyor observed R4's refrigerator with CNS/LALD-A. CNS/LALD-A checked the	01880		

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01880	Continued From page 29	01880		

thermometer inside the refrigerator and verified a reading of 33 degrees Fahrenheit (F). CNS/LALD-A was not sure what the temperature should be, adding temperature logs were kept in the computer. CNS/LALD-A verified R4's refrigerator contained four unopened syringes of (long-acting insulin/diabetes medication) 100 units (U)/milliliter (ml) insulin pens and three unopened syringes of Novolog (fast acting) 100 U/ml insulin pens.

R4's refrigerator temperature logs, dated September 1 through September 18, 2022, indicated the following: 12 of 18 opportunities for documenting refrigerator temperature were recorded, and of the 12 opportunities, 7 were recorded as below 36 degrees F. CNS/LALD-A confirmed the temperature readings were not in the acceptable range.

R5
On September 19, 2022, at 2:19 p.m., the surveyor observed R5's refrigerator with CNS/LALD-A. CNS/LALD-A was asked what the current temperature of R5's refrigerator was. CNS/LALD-A was not able to locate a thermometer inside of the refrigerator. CNS/LALD-A stated the evening resident assistants (RA)s are to check the temperature, adding she was not sure of the process, she had never received a phone call regarding the refrigerator temperatures.

CNS/LALD-A stated she would check with other registered nurse (RN)-C to inquire if RAs had called regarding refrigerator temperatures.

CNS/LALD-A verified R5's refrigerator contained 9 unopened latanoprost 0.05% eye solution (medication to treat high pressure in the eye).

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01880	Continued From page 30 R5's refrigerator temperature logs, dated September 1 through September 18, 2022, indicated the following: 11 of the 18 opportunities for documenting refrigerator temperatures were recorded, and of the 11 opportunities, 8 were recorded as below 36 degrees F. "No thermometer" was documented 4 times. CNS/LALD-A confirmed temperature readings were to be taken and documented daily. R3 On September 19, 2022, at 2:26 p.m., the surveyor observed R3's refrigerator with CNS/LALD-A. CNS/LALD-A checked the thermometer inside the refrigerator and verified a reading of 34 degrees F. CNS/LALD-A verified the refrigerator contained 5 unopened Novolog (fast acting insulin pens/ diabetes medication) 100 U/ ml pens and two bottles of acidophilus probiotic/good bacteria), one bottle was opened, and one bottle was unopened. CNS/LALD-A commented the acidophilus was set up 2 weeks at a time. R3's refrigerator temperature logs, dated August 1, 2022, through September 2, 2022, indicated the following: 30 of 33 opportunities for documenting refrigerator temperature were recorded, and of the 30 opportunities, 16 were recorded as below 36 degrees F. CNS/LALD-A confirmed the temperature readings were not in the acceptable range. On September 19,2022 at 2:54 p.m., CNS/LALD-A verified R3, R4, and R5's refrigerator temperatures were outside of acceptable range, and some were missing temperature records.	01880		

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01880	Continued From page 31 The manufacturer's instructions for Basaglar dated July 2021, indicated unopened pens should be stored in the refrigerator between 36 to 46 degrees F. Do not freeze. The manufacturer's instructions for Novolog dated 2018, indicated unopened pens should be stored in the refrigerator, if frozen or overheated, throw it away. The manufacturer's instructions for latanoprost eye drops dated September 16, 2015, indicated the drop solution should be stored at 36-46 degrees F. The manufacturer's instructions for acidophilus dated August 27, 2021, indicated manufactures recommend refrigerating probiotics, which can help keep the bacteria alive longer than storing them at room temperature The licensee's Storage of Medications policy reviewed January 6, 2021, indicated the RN would provide education to the resident/resident's representative on proper storage of medication in their apartment including the need to be refrigerated, or stored in a cool, dry area, and according to manufacturer's recommendations and RN would identify where the medications would be stored, how they would be secured or locked under proper temperature controls. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=D	144G.71 Subd. 20 Prescription drugs	01890		

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01890	Continued From page 32 A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications labels contained legible information including the expiration date for time sensitive medications for one of three residents (R5). 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 September 19, 2022, at 2:19 p.m., the surveyor toured the facility with clinical nurse specialist/licensed assisted living director (CNS/LALD)-A including a review of the medication in R5's apartment. CNS/LALD-A observed and confirmed the following: - opened timolol maleate (used to treat high pressure inside the eye) 0.5 % solution did not have a label which indicated the date the eye drop solution had been opened and when the solution would expire; and	01890		

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01890	Continued From page 33 - opened brimonidine tartrate (used lower high fluid pressure in the eye) 0.2% solution did not have a label which indicated the date the eye drop solution had been opened and when the solution would expire. On September 19, 2022, directly following the above observation CNS/LALD-A confirmed all time sensitive medication should be dated with a when opened and expiration date. The manufacturer's instructions for dated March 20, 2020, directed to discard the eye drop solution 28 days after opening the bottle. The manufacturer's instructions for brimonidine tartrate dated May 4, 2017, directed to discard the eye drops 4 weeks after opening. The licensee's Storage of Medications policy reviewed January 6, 2021, indicated the medications must be kept in its original container berating the original prescription label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration date of time-dated drug, directions for use, resident's name, prescriber's name, date of issue and name and address of the licensed pharmacy that issued the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the	01910		

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01910	Continued From page 34 resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of all medications to include all the required content for one of one discharged resident (R6) 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 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:	01910		

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01910	Continued From page 35 R6 was admitted for services on February 16, 2022, and discharged on April 3, 2022. R6's service plan dated March 4, 2022, indicated the resident received mediation management services to include nurse setup of medications. R6's medication administration record (MAR) dated April 1, 2022, included the following medications: brimonidine tartrate 0.2% (reduce eye pressure), one drop two times per day, calcium (supplement) 600 milligram (mg) daily, Effexor XR (antidepressant) 75 mg daily, latanoprost solution 0.005% (reduce eye pressure) daily, vitamin 12 (supplement) 1000 microgram (mcg) daily, vitamin D 50 mcg daily and nicotine polacrilex lozenge (smoking sensation) 2 mg every one hour as needed. R6's Discharge Medication Record identified on April 3, 2022, the following medication were listed: brimonidine tartrate, calcium, Effexor XR, latanoprost, vitamin B12, vitamin D3, nicotine lozenge. The documented disposition included the medication name, strength, prescription number, quantity, date, and name of staff involved in the disposition. R6's record lacked documentation to whom the medications were given. On September 20, 2022, at 3:54 p.m., clinical nurse specialist/licensed assisted living director (CNS/LALD)-A verified R6's discharge record failed to include to whom the medications were released. The licensee's Disposition or Disposal of Medications policy, undated, indicated staff would document in the resident's record the name of the	01910		

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01910	Continued From page 36 person to whom the medications were given, the time and date, the name of each medication and the amount of medication remaining. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
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 (3) communicated with the unlicensed personnel about the individual needs of the resident. 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	01950		

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01950	Continued From page 37	01950		

plan to include the required content for one of one resident (R4.)

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:

R4's diagnoses included, diabetes, hypertension (HTN-high blood pressure) and coronary artery disease (CAD-plaque buildup narrows or blocks one or more of your coronary arteries).

R4's Service Plan dated July 21, 2022, included:
-diabetes management, diabetes management: instructions to staff- call nurse if blood sugar (BS) below 60 or above 300.

R4's assessment dated July 28, 2022, included, Section: diabetes:
- condition requires regular glucose (sugar) testing and monitoring; and
- resident assistant (RA) will complete BS testing as ordered.

R4's prescriber orders dated September 15, 2022, included BS check three times per day with meals, every day at 8:00 a.m., 11:30 a.m., 5:15 p.m., and one time a day at 8:00 p.m.-10:00 p.m., before bed.

R4's medication administration record (MAR) dated September 1, 2022, through September 21,

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01950	Continued From page 38 2022, included: - BS check three times per day with meals. Every day at 8:00 a.m., 11:30 a.m., 5:15 p.m.; and - BS check one time per day, every day at 8:00 p.m.-10:00 p.m. R4's MAR lacked specific direction for unlicensed personnel (ULP) regarding BS findings. On September 20, 2022, at 8:18 a.m., the surveyor observed ULP-B place a BS test strip into a BS meter (device that will test blood sample to determine blood glucose level), and clean R4's 4th finger of right hand with an alcohol wipe, use a lancet (small needle used to poke the skin [usually on a finger] to get a small drop of blood) to obtain a sample. ULP-B wiped the first drop of blood away and applied the second drop the BS test strip. R4's BS result was 233 milligrams (mg)/deciliter (dL). On September 21, 2022, at approximately 9:30 a.m., director of home care operations (DHH)-D confirmed there was no specific directions for staff to follow regarding R4's BS monitoring. The licensee's Individualized Medication, Treatment and Therapy Management policy reviewed May 17, 2022, indicated the Care Center would develop and maintain a current individualized medication record for each resident based on the resident's assessment that must contain the following: documentation of specific resident instructions relating to the administration of medications, treatment, and therapy services. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		

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01960	Continued From page 39	01960		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure treatment or therapies were administered as directed and failed to document the reason they were not administered, and any follow up procedures provided to meet the resident's needs for one of three residents (R4). 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: R4's diagnoses included, diabetes, hypertension (HTN-high blood pressure) and coronary artery	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26356	A. BUILDING: _____ B. WING _____	09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYVIEW PLAZA	1100 COURT DRIVE MORRIS, MN 56267

(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
01960	Continued From page 40 disease (CAD-plaque buildup narrows or blocks one or more of your coronary arteries). R4's providers order dated August 27, 2022, included COVID Symptom check: one time per day, vitals: new body aches or headaches, new cough or sore throat, new gastric distress (GI-group of digestive disorders), nausea/vomiting (n/v), abdomen (abd) pain, shortness of breath (sob), oxygen saturation, pulse, temperature. R4's medication administration record (MAR) dated September 1, 2022, through September 21, 2022, indicated COVID symptom check was documented 16 times out of the 21 opportunities. R4's "Vitals All" tracking sheet completed September 1, 2022, through September 15, 2022; indicated: - 10 of the 15 opportunities oxygen levels were documented in R4's record; and - 10 of the 15 opportunities temperature monitoring was documented in R4's record. On September 20, 2022, at 1:57 p.m., clinical nurse specialist/licensed assisted living director (CNS/LALD)-A verified ULPs were not completing monitoring as required. The licensee's Administration of Medication, Treatment and Therapy By Unlicensed Personnel (ULP) policy dated July 25, 2021, indicated ULPs providing assistance with medication, treatment and therapy administration would be trained and competency tested by registered nurse (RN) to include: -documentation, after assisting with self-administration of medication or medications, treatment and therapy administration, consistent	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26356	A. BUILDING: _____ B. WING _____	09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYVIEW PLAZA	1100 COURT DRIVE MORRIS, MN 56267

(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
01960	Continued From page 41 with agency procedures for documenting the MAR. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		
02310 SS=F	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for storage of oxygen, which had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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: R2 On September 19, 2022, at 4:24 p.m., the surveyor toured the facility with clinical nurse	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26356	A. BUILDING: _____ B. WING _____	09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYVIEW PLAZA	1100 COURT DRIVE MORRIS, MN 56267

(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 42 specialist/licensed assisted living director (CNS/LALD)-A and observed in R2's room: - one small oxygen (O2) tank, unsecured, sitting on a small counter along with a microwave oven; - one small O2 tank was sitting on the kitchen table, not secured; - one small O2 tank in the basket of R2's electric scooter sitting near the door, - one large O2 tank secured in a holder sitting near the table and chairs; and - four large O2 tanks laying on the floor, unsecured, in the living room behind a recliner chair. On September 19, 2022, at 4:29 p.m., CNS/LALD-A stated the O2 tanks should be stored in closet and verified the O2 tanks were unsecured. R7 On September 21, 2022, at 9:20 a.m., the surveyor observed two large O2 tanks in R7's closet unsecured, and one large O2 tank in a holder in R7's closet. On September 21, 2022, at 9:58 a.m., CNS/LALD-A stated R7 only uses the tanks at night, "those are for if the power goes out". CNS/LALD-A confirmed the O2 tanks should have been stored in a rack. Minnesota Department of Health guidance, Oxygen Cylinder Storage Requirements, dated April 16, 2020, indicated oxygen cylinders must be secured (chains or racks) to prevent them from falling over. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26356	A. BUILDING: _____ B. WING _____	09/21/2022

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02310	Continued From page 43 days	02310		

MN Department of Health
Food, Pools, and Lodging Services
PO Box 64975
St. Paul, MN 55164-0975
218-332-5150

Type: Full
Date: *09/20/22*
Time: 12:39:49
Report: 7935221245

Food and Beverage Establishment Inspection Report

Location:
Skyview Plaza
1100 Court Drive
Morris, MN56267
Stevens County, 75

Establishment Info:
ID #: 0021075
Risk: Low
Announced Inspection: No

License Categories:

Expires on: / /

Operator:
Service Options for Seniors, I

Phone #: 3205894663
ID #: 50941

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.

4-700 Sanitizing Equipment and Utensils

4-702.11 ** Priority 1 **

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.

THREE COMPARTMENT SINK QUAT SOLUTION WAS 100 PPM. TIME TO CHANGE WATER TO 200 - 400 PPM.

Comply By: 09/20/22

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

PERSON IN CHARGE IS SIGNED UP FOR COURSE IN DULUTH IN OCTOBER.

Comply By: 11/15/22

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

3-304.14D

MN Rule 4626.0285D Provide an approved sanitizing solution for storage of the wet wiping cloths that is free of food debris and visible soil.

QUAT SOLUTION WAS 100 PPM. TIME TO CHANGE WIPING CLOTH BUCKET WATER TO 200 - 400 PPM.

Comply By: 09/20/22

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

REPAIR SERVICE KITCHEN DISH MACHINE. ALL DISHES ARE CURRENTLY BEING BROUGHT DOWNSTAIRS TO DISH MACHINE.

Comply By: 10/31/22

6-200 Physical Facility Design and Construction

6-202.14

MN Rule 4626.1390 Provide necessary walls and ceiling to completely enclose toilet rooms and a tight-fitting, self-closing device on the toilet room door.

EMPLOYEE BATHROOM IN DOWNSTAIRS KITCHEN NEEDS SELF-CLOSING DEVICE.

Comply By: 09/30/22

Surface and Equipment Sanitizers

Hot Water: = at 173 Degrees Fahrenheit
Location: dish machine
Violation Issued: No

Quaternary Ammonia: = 100 ppm at Degrees Fahrenheit
Location: wiping cloth solution
Violation Issued: No

Quaternary Ammonia: = 100 ppm at Degrees Fahrenheit
Location: three comp sink
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: arctic air
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: arctic air
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: saturn
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: coleslaw
Violation Issued: No

Process/Item: Hot Holding
Temperature: 182 Degrees Fahrenheit - Location: chicken
Violation Issued: No

Type: Full
Date: *09/20/22*
Time: 12:39:49
Report: 7935221245
Skyview Plaza

Food and Beverage Establishment Inspection Report

Process/Item: Hot Holding
Temperature: 167 Degrees Fahrenheit - Location: baked potato
Violation Issued: No

Process/Item: Hot Holding
Temperature: 144 Degrees Fahrenheit - Location: green bean casserole
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	1	0	4

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

I acknowledge receipt of the MN Department of Health inspection report number 7935221245 of 09/20/22.

Certified Food Protection Manager: NEED

Certification Number: _____ Expires: / /

Signed: _____ Signed: 7935

Establishment Representative

7935

651-201-4500
health.foodlodging@state.mn.us