Electronically Delivered

January 23, 2023

Licensee
Oak Terrace of Le Sueur LLC
811 South 4th Street
Le Sueur, MN 56058

RE: Project Number(s) SL32437015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on December 27, 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.

LICENSING ORDERS
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 . . ."

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

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:
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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,

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32437	A. BUILDING: _____ B. WING _____	12/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK TERRACE OF LE SUEUR LLC	811 SOUTH 4TH STREET LE SUEUR, MN 56058

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL32437015-0 On December 12, 2022, through December 14, 2022, and on December 27, 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 54 residents, 48 of whom received services under the provider's Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	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 December 12, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		

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0 630	Continued From page 2	0 630		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure development of an individual abuse prevention plan with the required content for four of four residents (R1, R2, R3, 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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1, R2, R3, and R4's records lacked assessment of the residents' susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults;	0 630		

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0 630	Continued From page 3 and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. R1 R1's diagnoses included myocardial infarction, type 2 diabetes, and Parkinson's. On December 13, 2022, at 7:34 a.m., the surveyor observed licensed practical nurse (LPN)-D administer R1's morning medications. R1's service plan, revised December 8, 2022, indicated R1 was considered a vulnerable adult due to living in an assisted living facility. R1's record lacked a written abuse prevention plan to include content described above. R2 R2's diagnoses included essential hypertension, and type 2 diabetes. On December 13, 2022, at 7:51 a.m., the surveyor observed LPN-D administer R2's morning medications and check R2's blood glucose. R2's service plan, dated September 20, 2022, indicated R2 was considered a vulnerable adult due to living in an assisted living facility. R2's record lacked a written abuse prevention plan to include content described above. R3 R3's diagnoses included depressive disorder, late onset Alzheimer's disease, hypertension, chronic ischemic heart disease, and history of stroke. On December 13, 2022, at 7:11 a.m., the surveyor observed LPN-G and unlicensed	0 630		

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0 630	Continued From page 4 personnel (ULP)-E assist R3 to transfer from bed into the wheelchair, wheel R3 into the bathroom, and assist R3 to complete morning cares. R3's bed had a pressure-reliving mattress and a fall matt on the floor next to the bed. On December 13, 2022, at 12:40 p.m., ULP-F told the surveyor R3 required the assistance of two staff for ADLs, (activities of daily living), was a fall risk, but once in the wheelchair, R3 would propel herself about. ULP-F said R3 was at risk for abuse because she was dependent upon staff for cares. R3's service plan, dated November 23, 2022, indicated R3 was considered a vulnerable adult due to living in an assisted living facility. R3's record lacked a written abuse prevention plan to include content described above. R4 R4's diagnoses included dementia without behavioral disturbance, mood disturbance, and anxiety. On December 13, 2022, at 9:09 a.m., the surveyor observed ULP-E and ULP-F take R4 to the bathroom. When ULP-E placed a gait belt around her, R4 asked "What the heck is that" and told ULP-E not to put it on too tight. ULP-E remained in the bathroom the entire time R4 was there. On December 13, 2022, ULP-E told the surveyor a few weeks ago R4 broke her hip, did not go rehab but came right back to the licensee following her hospitalization. ULP-E stated R4 needed assistance of two staff for toileting now, but otherwise needed cueing to complete hygiene and dressing. ULP-E said R4 was "not reliable" to	0 630		

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0 630	Continued From page 5 report what happens, noting that a when R4's family visited recently, R4 told them she hadn't eaten for three days. ULP-E said R4 would not be able to report abuse and likely would not know if she was being abused. R4's service plan, dated July 5, 2022, indicated R4 was considered a vulnerable adult due to living in an assisted living facility. R4's record lacked a written abuse prevention plan to include content described above. On December 13, 2022, at 1:15 p.m., director of nursing/registered nurse (DON/RN)-A stated R1, R2, R3, and R4 were vulnerable to be abused by other residents, staff, visitors, and anybody, because of where the live and their health conditions. DON/RN-A stated the current abuse plan form lacked assessment of the resident's susceptibility to abuse by others, including other vulnerable adults and if the resident would abuse others. DON/RN-A said the assessment form was used for all residents in the facility. The licensee's 6.05 Individual Abuse Prevention Plan, dated August 1, 2021, indicated the licensee will develop and implement an individual abuse prevention plan for each vulnerable adult. The plan would contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults, and the person's risk of abusing other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		

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0 650	Continued From page 6	0 650		
0 650 SS=E	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included required content of annual performance reviews for two of four employees	0 650		

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0 650	Continued From page 7 (licensed practical nurse (LPN)-D) and unlicensed personnel (ULP)-E). 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: LPN-D LPN-D was hired under the comprehensive home care license on November 21, 2016, and began providing assisted living services on August 1, 2021. LPN-D's employee record lacked evidence or documentation of annual performance reviews that identifed areas of improvement needed and training needs for the years of 2020, 2021, and 2022. Review of records indicated LPN-D actively provided assisted living services to the licensee's current residents. ULP-E ULP-E was hired under the comprehensive home care license on February 12, 2019, and began providing assisted living services on August 1, 2021. On December 13, 2022, at 7:26 a.m., the surveyor observed ULP-E transfer R4 into a	0 650		

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0 650	Continued From page 8 wheelchair, then toilet, and provide dressing, grooming, and oral cares for R4. ULP-E's employee record contained an annual performance review dated April 19, 2019. The record lacked evidence or documentation of annual performance reviews that identified areas of improvement needed and training needs for the years of 2020, 2021, and 2022. On December 14, 2022, at 2:29 p.m., director of nursing/registered nurse (DON/RN)-A stated the licensee did not have anything documented related to the missing performance reviews. DON/RN-A said when she came on during COVID, there was a lot of change with management and it was discussed about what the licensee wanted to do and work with our staff, "but it went by the wayside" and there would not be a completed performance review in past couple of years. The licensee's Employee Records policy dated August 1, 2021, indicated the employee records for each person would include documentation of annual performance reviews that identify areas of improvement needed and training needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
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	0 800		

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0 800	Continued From page 9 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 maintain the physical environment, including, 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. This deficient condition had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: On a facility tour on December 27, 2022, at approximately 12:15 p.m. with Director of Maintenance (DM)-M and Assisted Living Director (LALD)-L it was observed that the exterior exit path leading through the gated area from the marked exit door in the memory care craft room, exit door at ground level in stairway enclosure near resident room 9, exit door at ground level in stairway near resident room 114 and exit door near commercial kitchen were not maintained clear of snow and ice creating obstructions to egress. Keeping this exterior exit path leading to	0 800		

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0 800	Continued From page 10 the public way and the exterior door landings clear of ice and snow helps provide unobstructed exiting for occupants and access for emergency responders in the event of an emergency. On the same facility tour it was also observed that a door hinge was missing on the entry door to resident room 103. The hinge is a part of the listed fire rated door assembly and is required to be installed as designed. The resident room doors are part of a fire rated wall assembly. These deficient conditions were visually verified by DM-M and LALD-L accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
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.	0 810		

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0 810	Continued From page 11 (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for 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 a record review and interview, the licensee failed to provide required employee and resident training on fire safety and evacuation and failed to conduct the required evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). A record review and interview were conducted on December 27, 2022, at approximately 11:15 a.m. of documents provided by Director of Maintenance (DM)-M and Assisted Living Director (LALD)-L on the fire safety and evacuation plan, fire safety and evacuation training, and	0 810		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 810	Continued From page 12 evacuation drills for the facility. Findings include: Record review of the available documentation indicated that employees did not receive training on the facility fire safety and evacuation plan upon initial hire and twice per year thereafter. Record review of the available documentation indicated that the licensee did not provide training to residents who are capable of self-evacuation on the proper actions to be taken in the event of a fire in regard to movement, evacuation, and relocation. Record review of the available documentation did not indicate that evacuation drills had been conducted twice per year per shift and at least once every other month as required. All deficiencies were verified by DM-M and LALD-L during the interview at approximately 11:15 a.m. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 940 SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to	0 940		

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	32437	A. BUILDING: _____ B. WING _____	12/27/2022

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0 940	Continued From page 13 provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for four of four residents (R1, R2, R3, R4). This had potential to affect residents of the facility. 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	0 940		

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0 940	Continued From page 14 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1, R2, R3, and R4's assisted living contracts lacked disclosure of whether the facility required a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required. R1 R1 was admitted for services on April 22, 2022. R1's assisted living contract was signed by R1's representative on April 21, 2022 R2 R2 was admitted for services on March 4, 2019, and began receiving assisted living services August 1, 2021. R2's assisted living contract was signed by R2 on August 1, 2021. R3 R3 was admitted for services on October 12, 2021. R3's assisted living contract was signed by R3's representative October 11, 2021. R4 R4 was admitted for services on July 6, 2022. R4's assisted living contract was signed by R4's representative July 4, 2022. On December 14, 2022, at 3:05 p.m., licensed assisted living director (LALD)-A stated their facility does not require residents to pay privately for a period of time before accepting public	0 940		

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0 940	Continued From page 15 assistance and thought since they don't require it, the contract language was "Okay." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 940		
0 950 SS=E	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated	0 950		

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0 950	Continued From page 16 representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document on the assisted living contract that a resident named or declined to name a designated representative for two of three residents (R2, R3) 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 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: The licensee's assisted living contract contained required language that offered the resident opportunity to name a designated representative. On the contract was space to write down and list the designated contact chosen by the resident and also a box for the resident to initial if the resident chose not to name a representative. R2 R2's service plan, revised September 20, 2022, indicated services included assistance with activities of daily living, housekeeping, laundry, medication, and treatment management. R2's assisted living contract was signed by R2 on August 1, 2021. R2's agreement did not list a designated representative, and the box to initial if	0 950		

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0 950	Continued From page 17 R2 declined to name a designated representative was left blank. On December 14, 2022, at 11:11 a.m., director of nursing/registered nurse (DON/RN)-A said the section of R2's contract in naming a representative was not filled out completely. DON/RN-A noted on the contract R2 had started to initial the box, but it was not filled out. R3 R3's service plan, dated November 23, 2022, indicated services included assistance with activities of daily living, mobility, medication and treatment management. R3's assisted living contract was signed by R3's representative on October 11, 2021. R3's agreement did not list a designated representative and the box to initial if R3 declined to name a designated representative was left blank. On December 14, 2022, at 3:18 p.m., licensed assisted living director (LALD)-A said residents and their representatives were given explanation about and had opportunity to fill out and name a designated rep and stated it was "my fault" the form was not completed. LALD-A said the form was a "DocuSign" (electronic) document that was emailed and when the licensee instructed families to fill out the form, it skipped some pages. LALD-A said they did not go back to catch anything missed. The licensee's 1.08 Designated Representative policy, dated August 1, 2021, indicated a signed designated representative form must be filled out documenting the resident's choice in designated representative.	0 950		

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0 950	Continued From page 18 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced	01650		

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01650	Continued From page 19 by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included all required content for four of four residents (R1, R2, R3, R4). This had the potential to affect all 53 residents who received assisted living services from the licensee. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1, R2, R3, and R4's service plans lacked the following content: -the fees for services and the frequency of each service according to the resident's current assessment and resident preferences; -the identification of staff or categories of staff who will provide the services; -the schedule and methods of monitoring assessments of the resident; -the schedule and methods of monitoring staff providing services; -a contingency plan that includes: -the action to be taken if the scheduled service cannot be provided; -information and a method to contact the facility; -the names and contact information of the persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has	01650		

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01650	Continued From page 20 authority to sign for the resident in an emergency; and -the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. R1 R1's diagnoses included myocardial infarction, type 2 diabetes, and Parkinson's. On December 13, 2022, at 7:34 a.m., the surveyor observed licensed practical nurse (LPN)-D administer R1's morning medications. R1's service plan, revised December 8, 2022, indicated services included assistance with activities of daily living, housekeeping, laundry, medication, and treatment management. R1's service plan lacked content as listed above. R2 R2's diagnoses included essential hypertension, and type 2 diabetes. On December 13, 2022, at 7:51 a.m., the surveyor observed LPN-D administer R2's morning medications and check R2's blood glucose. R2's service plan, revised September 20, 2022, indicated services included assistance with activities of daily living, housekeeping, laundry, medication, and treatment management. R2's service plan lacked content as listed above. R3 R3's diagnoses included depressive disorder, late onset Alzheimer's disease, hypertension, chronic	01650		

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01650	Continued From page 21 ischemic heart disease and history of stroke. On December 13, 2022, at 7:11 a.m., the surveyor observed LPN-G and unlicensed personnel (ULP)-E assist R3 to transfer from bed into the wheelchair, wheel R3 into the bathroom, then complete morning cares for R3. R3's service plan, dated November 23, 2022, indicated services included assistance with activities of daily living, bed mobility, medication and treatment management, housekeeping, and laundry services. R3's service plan lacked content described above. R4 R4's diagnoses included dementia without behavioral disturbance, mood disturbance, and anxiety. On December 13, 2022, at 9:09 a.m., the surveyor observed ULP-E and ULP-F take R4 to the bathroom. When ULP-E placed a gait belt around her, R4 asked "What the heck is that" and told ULP-E not to put it on too tight. R4's service plan, dated July 5, 2022, indicated services included assist of one staff with activities of daily living, bed mobility, medication and treatment management, housekeeping and laundry services. R4's service plan lacked content described above. On December 14, 2022, at 3:26 p.m., licensed assisted living director (LALD)-A said following a survey at a sister facility, they revised resident service plans, but at this facility they did not use the new form or update resident plans. LALD-A said the revised, current service plans should have been sent out.	01650		

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01650	Continued From page 22 The licensee's Service Plan policy dated August 1, 2021, identified a service plan would include: -Fees for services and the frequency of each to be provided based on the most recent assessment and resident preferences; -The identification of staff or categories of staff who will provide the services; -Schedule and method for the next planned assessment or monitoring; -Schedule and method for the next planned monitoring of staff providing services; and -A contingency plan that includes: -Actions the licensee will take if scheduled service cannot be provided; -Information regarding how the resident can contact the licensee; -Names and contact information of persons the resident wishes to have notified in an emergency; -Names and contact information the resident wishes, if any, to have notified in an emergency or if there is a significant adverse change in the resident's condition; -Identification and contact information of who the resident has authorized, if any, to sign for the resident in an emergency; -How the facility will support documented resident health care directive decisions, if any, including circumstances when emergency medical services are not to be summoned. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan	01730		

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01730	Continued From page 23 (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered 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	01730		

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01730	Continued From page 24 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 interview and record review, the licensee failed to develop an individualized medication management record with all required content for four of four residents (R1, R2, R3, 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: During the entrance conference on December 12, 2022, at 11:13 a.m., director of nursing/registered nurse (DON/RN)-A said the licensee provided medication management services to residents at the facility. R1, R2, R3, and R4's medication management plans lacked identification of medication management tasks that may be delegated to unlicensed personnel. The residents' plans indicated "facility staff" administered medications, did not define facility staff and whether that meant licensed nurse or unlicensed personnel. R1 R1's diagnoses included myocardial infarction, type 2 diabetes, and Parkinson's.	01730		

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01730	Continued From page 25 R1's service plan, revised December 8, 2022, and medication management plan, dated April 22, 2022, each indicated R1 received services including medication administration by facility staff. R1's prescriber orders, dated November 17, 2022, indicated R1 received buspirone twice daily, fiber laxative daily, divalproex sodium twice daily, donepezil daily, lactobacillus acidophilus twice daily, isosorbide mono nitrite daily, lactase three times daily, magnesium oxide twice daily, and Metformin twice daily. Review of R1's medication administration records (MAR) from December 1, 2022, through December 13, 2022, indicated R1 received medications as listed above. R2 R2's diagnoses included essential hypertension, and type 2 diabetes. R2's service plan, revised September 20, 2022, and medication management plan, dated August 1, 2022, each indicated R2 received services including medication administration by facility staff. R2's prescriber orders, dated November 21, 2022, indicated R2 received Pantoprazole twice daily, aspirin EC daily, calcium with vitamin D daily, Amlodipine Besylate daily, ferrous sulfate daily, isosorbide mono daily, venlafaxine HCl (hydrochloride) daily, vitamin C daily, Novolog Flex pen sliding scale dose daily, vitamin D3 daily, Metoprolol Tartrate twice daily, torsemide daily, Gabapentin twice daily, and probiotic twice daily.	01730		

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01730	Continued From page 26 Review of R2's MAR from December 1 through December 13, 2022, indicated R2 received medications as listed above. R3 R3's diagnoses included depressive disorder, late onset Alzheimer's disease, hypertension, chronic ischemic heart disease, and history of stroke. R3's service plan, revised December 8, 2022, and medication management plan, dated September 16, 2022, each indicated R3 received services including medication administration by facility staff. R3's prescriber orders dated October 16, 2022, indicated R3's medications included Lorazepam (brand name drug for anxiety) two times daily, and as needed ondansetron (indicated for nausea), acetaminophen (for pain) and Refresh Tears (eye drops). Review of R3's medication administration record for December 2022, indicated the resident received scheduled anti-anxiety medication twice daily and had received as-needed pain medication one time. R4 R4's diagnoses included dementia without behavioral disturbance, mood disturbance, and anxiety. R4's service plan, dated July 5, 2022, and R4's medication management plan, dated July 5, 2022, each indicated R4 received medication services including medication administration by facility staff.	01730		

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	32437	A. BUILDING: _____ B. WING _____	12/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01730	Continued From page 27 R4's prescriber orders, dated December 6, 2022, indicated R4 received Lovenox (an injectable medication to prevent blood clotting), sertraline (mood stabilizer), scheduled and as needed acetaminophen (pain) and medication and an as-needed anti-diarrhea medication. Review of R4's medication administration record (MAR) from December 1 through December 13, 2022, indicated R4 received a daily Lovenox injection and a scheduled medication for mood and a pain medication. The record did not identify who was to administer the injection. On December 14, 2022, licensed practical nurse (LPN)-K said there are unlicensed staff who are trained to pass medications, but not all medications, and stated for example, R4's ordered Lovenox would only be administered by one of the nurses. LPN-K said it possible an unlicensed staff could pass out R4's other medications, but only the nurse would do the injection. LPN-K said the MAR only described details of the medication and when it was to be administered, not by whom. On December 14, 2022, at 2:08 p.m., DON/RN-A stated regarding both treatment and medication management, there are a "handful" of unlicensed personnel (ULP) trained to pass medications, including insulin. DON/RN-A stated even though the ULPs are trained for insulin, if there is a nurse on duty, the ULP would not give the insulin and added, only the nurses would be allowed to give the Lovenox injection. DON/RN-A stated there should be parameters on the MAR and also, the MAR should be clear and spell out if the unlicensed aide can pass the medication, or if that is only to be done by a licensed staff. DON/RN-A stated the medication management	01730		

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	32437	A. BUILDING: _____ B. WING _____	12/27/2022

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01730	Continued From page 28 plans lacked the required language as detailed above. The licensee's Individualized Medication Management Plan and Record policy, dated August 1, 2021, indicated the facility would develop an individualized medication management plan and record, based on the nursing assessment and the plan would be part of the service plan. The policy indicated the medication management plan included documentation of specific resident instructions relating to the administration of medications and identification of medication management tasks that may be delegated to unlicensed personnel. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01940 SS=E	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration;	01940		

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01940	Continued From page 29 (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized treatment management record with the required content for two of four residents (R1, R2) who received ordered treatments. 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: During the entrance conference on December 12, 2022, at 11:13 a.m., director of nursing/registered nurse (DON/RN)-A stated the licensee provided	01940		

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01940	Continued From page 30 treatment and therapy services to residents, if they were ordered. R1 and R2's record lacked evidence an individualized treatment or therapy management plan was developed for the residents' treatments that contained required content, including documentation of specific resident instructions relating to the treatment administration when testing blood sugar. R1 and R2's record lacked parameters as to when to notify the nurse if the residents' blood sugars were too high or too low. R1 R1's diagnoses included myocardial infarction, type 2 diabetes, and Parkinson's. R1's service plan, revised December 8, 2022, indicated services included assistance with activities of daily living, housekeeping, laundry, medication, and treatment management. R1's treatment administration record (TAR) from December 1, 2022, through December 12, 2022, indicated a daily check of blood glucose by facility staff. R1's record lacked evidence of an individualized treatment or therapy management plan for R1's scheduled blood glucose checks that included the required content as listed above. R2 R2's diagnoses included essential hypertension and type 2 diabetes. R2's service plan, revised September 20, 2022, indicated services included assistance with activities of daily living, housekeeping, laundry, medication, and treatment management.	01940		

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01940	Continued From page 31 On December 13, 2022, at 7:51 a.m., the surveyor observed licensed practical nurse (LPN)-D administer R2's morning medications and check R2's blood glucose R2's record lacked evidence of an individualized treatment or therapy management plan for R2's scheduled blood glucose checks that included all required content as listed above. On December 14, 2022, at approximately 2:12 p.m., DON/RN-A stated their treatment plans did not have all required content. The licensee's 7.05 Treatment & Therapy Management Plan policy, dated August 1, 2021, indicated the facility will prepare and include in the service plan a written statement of treatment services that will be provided to the resident. The policy directed the individualized treatment management record would include: -a statement of the type of services that will be provided -documentation of specific resident instructions relating to the treatments or therapy administration; -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; -any resident-specific requirements relating to documentation of treatment and therapy received; -verification that all treatment and therapy was administered as prescribed; -monitoring of treatment or therapy to prevent possible complications or adverse reactions. No further information was provided.	01940		

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01940	Continued From page 32 TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

DEPARTMENT OF HEALTH

Type: Full
Date: *12/13/22*
Time: 09:20:00
Report: 1033221199

Food and Beverage Establishment Inspection Report

Location:
Oak Terrace Of Le Sueur Llc
811 South 4th Street
Le Sueur, MN56058
Le Sueur County, 40

Establishment Info:
ID #: 0038162
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5075938500
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

3-500D Microbial Control: disposition of food

3-501.18A ** Priority 1 **

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

Broccoli cheddar in walk in cooler is past the seven days. Container was dated for 12/5/2022.

Comply By: 12/13/22

5-200B Plumbing: cross connections

5-203.14A ** Priority 1 **

MN Rule 4626.1085A Water used under pressure in equipment in food and beverage establishments must be drained to a sanitary sewer through an air gap. Examples: refrigeration cooling water, water softener, and drained steam jacketed kettles.

Garden hose attached to main water line in the basement is put directly in the floor drain.

Comply By: 12/13/22

2-500 Responding to contamination events

2-501.11 ** Priority 2 **

MN Rule 4626.0123 Provide employees with procedures to follow for cleanup of vomit or fecal matter in the establishment. The procedures must minimize the spread of contamination to food and surfaces within the facility, and minimize the exposure of employees and consumers to contamination.

Facility does not have a cleanup procedure document for employees.

Comply By: 12/25/22

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

Quaternary ammonium test kit is expired.

Comply By: 01/03/23

2-100 Supervision

2-102.12AMN

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

Facility does not have a CFPM employed.

Comply By: 02/14/23

2-400 Hygenic Practices

2-402.11

MN Rule 4626.0115 Food employees must wear an effective hair restraint, such as a hat, hair covering or hair net, a beard restraint and clothing to keep hair from contacting exposed food, clean equipment, utensils, linens, and unwrapped single-service or single-use articles.

Employee does not have a hair restraint.

Comply By: 12/13/22

4-500 Equipment Maintenance and Operation

4-502.13

MN Rule 4626.0830 Discontinue re-use of any single-service and single-use articles.

Facility is reusing single use plastic containers to store food.

Comply By: 12/13/22

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

Floor tiles in kitchen are cracked.

Comply By: 02/26/23

Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Quaternary Ammonium: = 400 at Degrees Fahrenheit
Location: Spray Bottle
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 0> Degrees Fahrenheit - Location: Freezer
Violation Issued: No

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 34 Degrees Fahrenheit - Location: Cream of Potato Soup-Walk In Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 0> Degrees Fahrenheit - Location: Basement Freezer
Violation Issued: No

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

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

I acknowledge receipt of the inspection report number 1033221199 of 12/13/22.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Inspection report reviewed with person in charge and emailed.

Signed:_____
Establishment Representative

Signed:_____
Isaiah Armendariz
Environmental Health Specialist
Mankato District Office
507-344-2743
isaiah.armendariz@state.mn.us