



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 14, 2025

Licensee
Rosemount Court
3710 145th Street West
Rosemount, MN 55068

RE: Project Number(s) SL26024016

Dear Licensee:

On June 17, 2025, the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders from the survey completed on March 18, 2025. This follow-up survey verified that the agency is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jodi Johnson'.

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

KKM



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 17, 2025

Licensee
Rosemount Court
3710 145th Street West
Rosemount, MN 55068

RE: Project Number(s) SL26024016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 18, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

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

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

St - 0 - 2320 - 144g.91 Subd. 4 (b) - Appropriate Care And Services - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is**

\$3,500.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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

Rosemount Court

April 17, 2025

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The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a stylized flourish at the end.

Jodi Johnson, Supervisor

State Evaluation Team

Email: Jodi.Johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER ROSEMOUNT COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 3710 145TH STREET WEST ROSEMOUNT, MN 55068		
(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 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: SL26024016-0 On March 17, 2025, through March 18, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 23 residents; 19 receiving services under the Assisted Living Facility license. 2320: An immediate correction order was issued on March 18, 2025, at a level 3/Widespread (I). The licensee took action on March 18, 2025; however, the scope and level remains at I.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 420 SS=F	144G.40 Subdivision 1 Responsibility for housing and services	0 420			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 420	Continued From page 1 The facility is directly responsible to the resident for all housing and service-related matters provided, irrespective of a management contract. Housing and service-related matters include but are not limited to the handling of complaints, the provision of notices, and the initiation of any adverse action against the resident involving housing or services provided by the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide sufficient management, control, and operation of the housing and services provided by the facility. This had the potential to affect all residents. 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: The licensee had an assisted living license, effective May 1, 2024. The licensee's "Application for Assisted Living License", section titled "Official Verification of Owner or Authorized Agent", (page four and five of the application), identified an affirmative checkmark next to the statement, "I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659, governing the	0 420			

Minnesota Department of Health

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0 420	Continued From page 2 provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract." Another checkmark was noted at the statement, "I have examined this application and all attachments, and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct and complete. I will notify MDH, in writing, of any changes to this information as required." Page six was electronically signed by the owner agent on February 28, 2023. As a result of this survey, the following orders were issued under 0460, 0510, 0650, 0660, 0680, 0730, 0775, 0790, 0800, 0810, 0830, 1060, 1640, 1710, 1730, 1750, 1760, 1770, 1820, 1910, 1940, and 2320, which indicated the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.01 to 144G.95. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 420			
0 460 SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and	0 460			

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0 460	Continued From page 3 decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide a means for residents to request assistance for health and safety needs 24 hours a day, seven days a week. This had the potential to affect all current residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On March 17, 2025, at 9:30 a.m. during the entrance conference, licensed assisted living director (LALD)-A stated the licensee did not have	0 460			

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0 460	Continued From page 4 a call light or pendant system for residents to use to summon staff. LALD-A further stated the current residents were ambulatory and could go to staff if they needed anything or if the resident had a phone they could call the staff for assistance. LALD-A stated the licensee did not have a process in place to identify if all residents had a working phone available to them to call for assistance if needed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 460			
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical and nursing standards for infection control related to glove use and handwashing during medication	0 510			

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0 510	Continued From page 5 administration by one of one employee (unlicensed personnel (ULP)-C). This had the potential to affect all residents receiving medication administration. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On March 18, 2025, at 9:13 a.m., the surveyor observed ULP-C remove R1's medications from the locked medication cabinet. ULP-C poured R1's medications from the pre-filled medication box into her bare hand. ULP-C counted the medications in her hand and then put them into a medication cup and administered the medications to R1. On March 18, 2025, at 9:23 a.m., the surveyor observed ULP-C remove R2's medications from the locked medication cabinet. ULP-C poured R2's medications from the pre-filled medication box into her bare hand. ULP-C counted the medications in her hand and them put them into an envelope to send with R2 on an outing. On March 18, 2025, at 9:30 a.m., ULP-C stated she washed her hands frequently and felt her hands were clean when the medications were in her hand. ULP-C stated she should have washed her hands and worn gloves instead of putting the medications on her bare hand.	0 510			

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0 510	Continued From page 6 On March 18, 2025, at 1:19 p.m., clinical nurse supervisor (CNS)-B stated staff should not handle medications with bare hands. CNS-B stated if staff were to pour medications into their hands, they should perform hand hygiene and apply gloves prior to pouring the medications into their hands to count the medications. The licensee's Hand Washing policy dated August 1, 2021, indicated proper hand washing techniques should be used to protect the spread of infection. The licensee's Gloves policy dated August 1, 2021, indicated gloves must be worn whenever there may be direct contact between any employee and contaminated objects or as instructed. No other information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
0 650 SS=E	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, 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;	0 650			

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0 650	Continued From page 7 (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included all required content for two of two employees (unlicensed personnel (ULP)-C and 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: ULP-C ULP-C was hired on November 21, 2007, to provide direct care and services to the facility's residents. On March 17, 2025, at 10:17 a.m., the surveyor	0 650			

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0 650	Continued From page 8 observed ULP-C administer medications to R4. ULP-C's record lacked the following: - documentation of annual performance reviews that identify areas of improvement needed and training needs ULP-E ULP-E was hired on February 28, 2023, to provide direct care and services to the facility's residents. ULP-E's record lacked the following: - documentation of annual performance reviews that identify areas of improvement needed and training needs On March 18, 2025, at 2:13 p.m., program manager (PM)-F stated ULP-C and ULP-E's records lacked an annual performance review for 2024. The licensee's Employee Records policy dated August 1, 2021, indicated the employee record 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			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current	0 660			

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0 660	Continued From page 9 tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) to include a facility tuberculosis (TB) risk assessment. This practice resulted in a level two violation (a violation that did no 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: On March 17, 2025, at approximately 9:40 a.m., the surveyor requested the licensee's TB risk assessment. On March 17, 2025, at approximately 10:45 a.m.,	0 660			

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0 660	Continued From page 10 clinical nurse supervisor (CNS)-B stated they could not locate a TB risk assessment. The licensee's Tuberculosis Screening policy dated August 1, 2021, indicated the facility would maintain a current community TB risk assessment. The assessment would be updated annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also	0 680			

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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
0 680	Continued From page 11 working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's Emergency Preparedness plan dated November 11, 2024, did not include the following: - risk assessment which considered hazards like care related emergencies, cyber-attacks, normal supply of essential resources and medical supplies, should consider duration of interruptions, consider emerging infectious diseases (EIDs); - document risk assessment for an all hazards approach, including EIDs as applicable, categorize the various probable risks by likelihood of occurrence, develop strategies for addressing facility and community based risks (evacuation plans, staffing surges/shortages, back-up plans); - conduct exercises to test EP at least twice per	0 680			

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0 680	Continued From page 12 year, including unannounced staff drills using EP, including participating in an annual full-scale exercise community based or annual individual facility based functional exercise or if facility experiences an actual emergency requiring evacuation of plan, facility is exempt from engaging in its next required full scale exercise; conduct an additional annual exercise that may include a second full scale exercise community based or an individual; facility based functional exercise or mock disaster drill or table top exercise On March 18, 2025, at 3:21 p.m., program manager (PM)-F stated the licensee's current EP plan did not include the above content. The licensee's Emergency Preparedness Plan-Appendix Z Compliance policy dated August 1, 2021, indicated the licensee would have an effective and compliant emergency preparedness plan. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 730 SS=F	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	0 730			

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0 730	Continued From page 13 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 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:	0 730			

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0 730	Continued From page 14 Based on interview and record review, the licensee failed to include the required content in a discharge summary for one of one discharged resident (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, 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 of the residents). The findings include: R3 was admitted to the licensee on September 21, 2009, and discharged on January 3, 2025. R3's discharge summary dated January 3, 2025, lacked the following required content: -a summary of the resident's stay that includes diagnoses, course of illnesses, allergies, treatments and therapies and pertinent lab, radiology, and consultation results; -a final summary of the resident's status from the latest assessment or review under Minnesota Statutes, section 144G.70, if applicable, that includes the resident status, including baseline and current mental, behavioral, and functional status; -a reconciliation of all predischage medications with the resident's post discharge prescribed and over-the-counter medications; and -a post discharge plan that is developed with the resident and, with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The post discharge plan must indicate where the	0 730			

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0 730	Continued From page 15 resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any post discharge medical and nonmedical services the resident will need. On March 18, 2025, at 11:01 a.m., clinical nurse supervisor (CNS)-B stated R3's discharge summary did not include all the required content as listed above. CNS-B further stated the same discharge summary document was used for all residents upon discharge. The licensee's Resident Discharge Summary policy dated August 1, 2021, indicated the discharge summary would include: -a summary of the resident's stay that includes diagnoses, courses of illnesses, allergies, treatments, and therapies, and pertinent lab, radiology, and consultation results -a final summary of the resident's status from the latest assessment or review, if applicable, which includes the resident status, including baseline and current mental, behavioral, and functional status -a reconciliation of all pre-discharge medications with the resident's post-discharge prescribed and over-the-counter medications -a post-discharge care pan that is developed with the resident and, with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The post-discharge care plan will indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any post-discharge medical and nonmedical services the resident will need. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 730			

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0 730	Continued From page 16 (21) days	0 730			
0 775 SS=E	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to comply with the requirements of Minnesota State Fire Code Rules, Chapter 7511. This deficient condition had the potential to affect more than a limited number of 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On March 18, 2025, at 12:15 p.m., the surveyor toured the facility with maintenance supervisor (MS)-G. During the facility tour, the surveyor observed the following: - An orange extension cord was attached to the wall and plugged into a power strip in the mechanical room. An extension cord was plugged into a power strip in occupied resident room 105. During the facility tour interview, MS-G	0 775			

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0 775	Continued From page 17 verified the extension cord observations. Improper use of extension cords creates a fire hazard. Extension cords shall not be used as a permanent power source. - Numerous burnt cigarettes had been disposed of on the ground in the yard. In the gazebo, burnt cigarettes had been disposed of inside a garbage can containing a plastic liner and waste materials. Improper disposal of smoking materials creates a fire hazard. During the facility tour interview, MS-G verified the above listed observations. On March 18, 2025, the licensee provided maintenance records to the surveyor for review. - Record review of the available documentation indicated the most recent inspection report for the fire alarm system was dated 2023. Documentation to support that a fire alarm system inspection had been completed within the last year was not provided. During an interview on March 18, 2025, at 2:45 p.m., program manager (PM)-F stated if a more recent inspection report was located, it would be emailed to the surveyor. No further information was received. - Record review of the available documentation indicated the emergency light tests had not been recorded. No testing records were provided. During an interview on March 18, 2025, at 2:45 p.m., testing records for the emergency lights were requested by the surveyor from PM-F. PM-F stated if these records were located, they would be emailed to the surveyor. No further information was received. All emergency lights shall be tested monthly and the 30 minute test completed annually. These testing records shall be documented. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775			

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0 790	Continued From page 18	0 790			
0 790 SS=E	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to maintain the portable fire extinguishers as required by statute. This deficient condition had the potential to affect more than a limited number or 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On March 18, 2025, at 12:15 p.m., the surveyor toured the facility with maintenance supervisor (MS)-G. During the facility tour, the surveyor	0 790			

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0 790	Continued From page 19 observed monthly inspections had not been recorded on the back of the tags attached to the portable fire extinguishers. During the facility tour interview on March 18, 2025, MS-G stated monthly inspections had been completed but these inspections were not recorded. Fire extinguisher inspections must be conducted and documented every month to ensure each extinguisher is in its designated place, that it has not been tampered with, and there is no obvious physical damage or condition that would interfere with its use or operation. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790			
0 800 SS=E	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect more than a limited number of residents, staff, and visitors.	0 800			

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0 800	Continued From page 20 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On March 18, 2025, at 12:15 p.m., the surveyor toured the facility with maintenance supervisor (MS)-G. During the facility tour, the surveyor observed the following: - The laundry room doors with self-closing devices were propped open and unoccupied. Devices used to hold open laundry room doors must not prohibit the required operation and closing feature of the door. - In the second floor laundry room, the clothes dryer vent was disconnected. Dryer vents must be maintained to prevent lint buildup on laundry room surfaces and to exhaust moisture to the exterior of the facility. - There were several holes in the mechanical room ceiling and walls. These holes shall be covered to maintain the fire rating for the ceiling and walls. - The ceiling tile was cracked and chipped around the illuminated exit sign in the main floor corridor. - The wall panel had been removed in the closet of occupied resident room 201. - One of the air conditioning unit covers was loose on the exterior of the facility. During the facility tour interview, MS-G verified the above listed observations.	0 800			

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0 800	Continued From page 21	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) staff 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) Staff 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. (f) Evacuation drills are required for staff 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.	0 810			

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0 810	Continued From page 22 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with required content, and provide required training and drills. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On March 18, 2025, the licensee provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN - The FSEP failed to include the location and number of resident rooms evident by a review of the posted floor plans. On March 18, 2025, at 12:15 p.m., the surveyor toured the facility with maintenance supervisor (MS)-G. During the facility tour, the surveyor observed numbers were posted at the doors for each resident room and the posted floor plans did not label the resident rooms. During the facility tour interview, MS-G verified resident rooms were not identified on the posted floor plans. Resident room numbers are required to be included on the fire safety and evacuation floor plan and correspond with the numbers installed at the resident room doors to provide efficient communication for exiting in the event of a fire or similar emergency. - Record review of the available documentation	0 810			

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0 810	Continued From page 23 indicated the licensee failed to develop the FSEP with employee procedures specific to the facility's building layout and environmental risks. The FSEP included a 4.05 fire policy dated August 1, 2021, that was a template from a third party provider. The employee procedures in this fire policy were limited to the RACE (Remove, Alarm, Confine, Extinguish/Evacuate) acronym. During an interview on March 18, 2025, at 2:45 p.m., program manager (PM)-F verified the FSEP required revision. TRAINING Record review indicated the licensee failed to provide training to employees on the FSEP at least twice per year evident by a review of training records lacking the required frequency. One FSEP training for employees had been completed in the past 12 months. During an interview on March 18, 2025, at 2:45 p.m., program manager (PM)-F stated employee FSEP training was completed once per year and verified the training frequency was not met. DRILLS Record review indicated the licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month evident by a review of completed fire drill reports lacking the required frequency. Four fire drills were recorded in 2024. These drills were completed in January, April, July, and November. During an interview on March 18, 2025, at 2:45 p.m., program manager (PM)-F verified the evacuation fire drill frequency for 2024 was not met. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			

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0 830	Continued From page 24	0 830			
0 830 SS=D	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to submit a Minnesota Department of Health plan review application for a resident room remodeling project. This had the potential to directly affect one resident and a limited number of staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at 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 March 18, 2025, at 12:15 p.m., the surveyor toured the facility with maintenance supervisor (MS)-G. During the facility tour, the surveyor observed the bathroom for resident room 210 was currently under construction. During the facility tour interview on March 18, 2025, MS-G stated the bathroom was being remodeled to	0 830			

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0 830	Continued From page 25 make it handicapped accessible. MS-G explained the kitchen would also be updated to make it more accessible. MS-G stated building permits had already been applied for. The owner (O)-H provided copies of the plans and permits for the project and verified during an interview on March 18, 2025, at approximately 1:35 p.m., a plan review application had not been submitted to Minnesota Department of Health Engineering Services for the project. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 830			
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to	01060			

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01060	Continued From page 26 provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (R1). 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 of the residents).	01060			

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01060	Continued From page 27 The findings include: R1 was admitted on August 27, 2021, with diagnoses that included diabetes and depression. R1's service plan dated February 20, 2024, indicated R1 received services to include reminders for hair care, grooming and bathing, medication setup, medication administration, and blood sugar checks. R1's hospital discharge summary dated August 19, 2024, indicated R1 was hospitalized August 12, 2024, through August 19, 2024. R1 discharged from the hospital to a skilled nursing facility for short term rehabilitation. R1 returned to the licensee on September 6, 2024 (25 days later). R1's record lacked a written notice that contains, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. In addition, R1's record lacked notification to the Office of Ombudsman for Long-Term Care the	01060			

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01060	Continued From page 28 resident had been relocated and had not returned to the facility within four days. On March 18, 2025, at 1:31 p.m., program manager (PM)-F stated R1's record lacked evidence a written notice related to R1's emergency relocation had been completed and provided, and further lacked notification to the Office of Ombudsman for Long-Term Care that the resident had been relocated and had not returned to the facility within four days. PM-F further stated they were not aware of this requirement. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01060			
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan	01640			

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01640	Continued From page 29 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 interview and record review, the licensee failed to ensure a written service plan was signed and revised to reflect the current services provided for one of two 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) 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: R2 was admitted on May 31, 2011, with diagnoses that included diabetes and schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly). R2's medication administration record (MAR) dated March 2025, indicated R2's blood glucose was checked three times a day and R2's Libre continuous glucose sensor was changed by staff every 14 days. R2's service plan dated January 29, 2024, indicated R2 received services to include medication management. The service plan did not include blood glucose checks or Libre glucose sensor management. The service plan was not	01640			

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01640	Continued From page 30 signed by the licensee. On March 17, 2026, at 11:043 a.m., clinical nurse supervisor (CNS)-B stated R2's service plan did not accurately reflect the current services being provided to R2. CNS-B further stated R2's service plan had not been signed by the licensee. The licensee's Service Plan policy dated August 1, 2022, indicated the service plan and any revisions shall include a signature or other authentication by [licensee] and by the resident, or resident's representative, documenting agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
01710 SS=E	144G.71 Subd. 3 Individualized medication monitoring and reas The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management reassessment at least annually for two of two residents (R1 and R2) who received medication management services.	01710			

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01710	Continued From page 31 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 March 17, 2025, at 9:30 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to the licensee's residents. R1 R1 was admitted on August 27, 2021, with diagnoses that included diabetes and depression. On March 17, 2025, at 12:31 p.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1. R1's service plan dated February 20, 2024, indicated R1 received medication administration. R1's record lacked an annual face-to-face medication reassessment to include an identification and review of all medications the resident was known to be taking including, a review of the indications for use, side effects, contraindications, allergic or adverse reactions, and interventions needed in management of medications to prevent diversion. R2 R2 was admitted on May 31, 2011, with	01710			

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01710	Continued From page 32 diagnoses that included diabetes and schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly). On March 18, 2025, at 9:23 a.m., the surveyor observed ULP-C administer medications to R2. R2's service plan dated January 29, 2024, indicated R2 received medication administration. R2's record lacked an annual face-to-face medication reassessment to include an identification and review of all medications the resident was known to be taking including, a review of the indications for use, side effects, contraindications, allergic or adverse reactions, and interventions needed in management of medications to prevent diversion. On March 18, 2025, at 10:51 a.m., CNS-B stated R1 and R2's annual medication management assessments could not be located in their resident charts. The licensee's Medication Management-Assessment, Monitoring and Reassessment policy dated August 1, 2021, indicated the licensee would monitor and reassess the resident's medication management services as needed when the resident presents with symptoms or other issues that may be medication-related and, at ma minimum, annually. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710			

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01730	Continued From page 33	01730			
01730 SS=E	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 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.	01730			

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01730	Continued From page 34 (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 an individualized medication management plan with the required content for two of two residents (R1 and 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 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: R1 R1 was admitted on August 27, 2021, with diagnoses that included diabetes and depression. On March 17, 2025, at 12:31 p.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1. R1's service plan dated February 20, 2024, indicated R1 received services to include medication administration and medication setup. R1's Medication Administration Record (MAR) dated March 2025, included the following	01730			

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01730	Continued From page 35 medications: -levothyroxine 75 micrograms (mcg); take one tablet by mouth once daily (thyroid) -Tab-A-Vite; take one tablet by mouth once daily (supplement) -Vitamin D3 25 mcg; take one capsule by mouth once daily (supplement) -lisinopril 10 milligrams (mg): take one tablet by mouth once daily -Invokana 300 mg; take one tablet by mouth once daily (diabetes) -citalopram 20 mg; take one tablet by mouth every morning (depression) -hydrocodone/APAP 7.5-325 mg; take one tablet every 12 hours as needed (pain) -Lispro Insulin; inject 5 units subcutaneously three times daily before meals (diabetes) -Metformin 500 mg; take two tablets by mouth twice daily with meals (diabetes) -Senexon-S 8.6-50 mg; Take one to two tablets by mouth twice daily (constipation) -fluticasone nasal spray 50 mcg; inhale one spray into affected nostril twice daily (allergies) -Oyst-Calcium/D 500 mg/200 units; take one tablet by mouth twice daily with meals (supplement) -Victoza 18 mg/3 milliliter (ml); Inject 1.2 mg subcutaneously once daily (diabetes) -nortriptyline 25 mg; take one capsule by mouth at bedtime (depression) -topiramate 200 mg; take one tablet by mouth at bedtime (migraine) -Xarelto 20 mg; take one tablet by mouth once daily with food (blood thinner) -simvastatin 40 mg; take one tablet by mouth every evening (cholesterol) -montelukast 10 mg; take one tablet by mouth once daily (asthma) -Lantus Insulin 100 units/ml; inject 24 units subcutaneously at bedtime (diabetes)	01730			

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01730	Continued From page 36 -risperidone 0.5 mg; take one tablet by mouth at bedtime (anxiety) -melatonin 5 mg; take two tablets by mouth at bedtime (sleep) -Ventolin HFA 90 mcg; inhale two puffs by mouth every six hours as needed (shortness of breath) -methocarbamol 500 mg; take one tablet by mouth every six hours as needed (muscle spasms) -Senna-Time 8.6 mg; take one tablet by mouth once daily as needed (constipation) -Ventolin HF 90 mcg; inhale two puffs by mouth every four hours as needed (shortness of breath) -Miralax 17 grams; mix 17 grams in liquid once daily as needed (constipation) -acetaminophen 500 mg; take one to two tablets every six hours as needed (pain) -olanzapine 2.5 mg; take one tablet by mouth as needed (visual hallucinations) -hydroxyzine pamoate 25 mg; take one capsule by mouth twice daily as needed (anxiety) R1's record lacked an individualized medication management plan to include the following required content: - a statement describing the medication management services that will be provided; - description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a registered nurse or appropriate licensed health professional when	01730			

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01730	Continued From page 37 a problem arises with medication management services; and - any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication to use to prevent possible complications or adverse reactions. R2 R2 was admitted on May 31, 2011, with diagnoses that included diabetes and schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly). On March 18, 2025, at 9:23 a.m., the surveyor observed ULP-C administer medications to R2. R2's service plan dated January 29, 2024, indicated R2 received services to include medication administration and medication setup. R2's MAR dated March 2025, included the following medications: -Mounjaro injection; inject 10 mg subcutaneously once a week (diabetes) -Jardiance 10 mg; take one tablet by mouth once daily (blood thinner) -sertraline 100 mg; take two tablets by mouth once daily (depression) -Vitamin D3 25 mcg; take one capsule by mouth once daily (supplement) -lisinopril 10 mg; take one tablet by mouth once daily (blood pressure) -Lispro Insulin 100 units/ml; inject 22 units before lunch daily (diabetes) -Metformin 500 mg; take one tablet by mouth once daily (diabetes) -Lantus Insulin; inject 18 units subcutaneously every evening (diabetes)	01730			

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01730	Continued From page 38 -Lispro Insulin; inject 26 units before dinner (diabetes) -clozapine 50 mg; take one tablet by mouth at bedtime, take with 100 mg tablet to equal 150 mg (schizophrenia) -rosuvastatin 5 mg; take one tablet every other day (cholesterol) -topiramate 50 mg; take two tablets by mouth daily (migraine) -clonazepam 0.5 mg; take one tablet by mouth once daily as needed (anxiety) R2's record lacked an individualized medication management plan to include the following required content: - a statement describing the medication management services that will be provided; - description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication to use to prevent possible complications or adverse reactions. On March 18, 2025, at 10:48 a.m., clinical nurse	01730			

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01730	Continued From page 39 supervisor (CNS)-B stated R1 and R2 should each have an individualized medication management plan; however, the plans could not be located. The licensee's Medication Management Individualized Plan dated August 1, 2021, indicated the licensee would develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: a. a statement describing the medication management services that will be provided b. a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions c. documentation of specific resident instructions relating to the administration of medications d. identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis e. identification of medication management tasks that may be delegated to unlicensed personnel f. procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services, and g. 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 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			

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NAME OF PROVIDER OR SUPPLIER ROSEMOUNT COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 3710 145TH STREET WEST ROSEMOUNT, MN 55068			
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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 ensure the registered nurse documented resident-specific instructions for one of two residents (R1) whose medication administration was delegated to unlicensed personnel (ULP). In addition, the licensee failed to ensure insulin via prefilled insulin pen was administered according to manufacturer instructions by one of one ULP (ULP-C). 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 of the residents). The findings include:	01750			

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01750	Continued From page 41 RESIDENT SPECIFIC INSTRUCTIONS: R1 R1 was admitted on August 27, 2021, with diagnoses that included diabetes and depression. On March 18, 2025, at 9:13 a.m., the surveyor observed ULP-C administer medications to R1. R1's service plan dated February 20, 2024, indicated R1 received services to include medication administration. R1's Medication Administration Record (MAR) dated March 2025, included the following medications: -Ventolin HFA 90 microgram (mcg); inhale two puffs by mouth every six hours as needed (shortness of breath), prescriber order dated October 21, 2024. -Ventolin HF 90 mcg; inhale two puffs by mouth every four hours as needed (shortness of breath), prescriber order dated October 21, 2024. -acetaminophen 500 milligrams (mg); take 1-2 tablets every six hours as needed (pain), prescriber order dated November 6, 2024. -Senexon-S 8.6-50 mg; Take 1-2 tablets by mouth twice daily (constipation), prescriber order dated October 21, 2024. The licensee failed to have resident-specific instructions regarding whether to give Ventolin HFA inhaler every four hours versus every six hours as needed, and when to give one or two tablets of acetaminophen and Senexon-s. On March 18, 2025, at 11:20 a.m., clinical nurse supervisor (CNS)-B stated there were no specific instructions regarding when to give R1's Ventolin	01750			

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01750	Continued From page 42 HFA inhaler (every four hours versus every six hours) as needed. CNS-B further stated there were no specific instructions on specific doses for acetaminophen or Senexon-S as listed above. The licensee's Medication and Treatment Orders policy dated August 1, 2021, indicated an order for medication or treatment must contain the name of the resident, a description of the medication, treatment or therapy to be provided and the frequency, duration, and other information needed to carry out the order. INSULIN ADMINISTRATION: R1's signed prescriber orders dated January 16, 2025, included the following medication order: -Insulin Lispro 100 units/milliliter (ml); inject 5 units subcutaneously three times daily before meals. On March 17, 2025, at 12:31 p.m., ULP-C handed R1 her Lispro insulin pen and told R1 to dial 5 units of insulin. R1 removed the cap from the pen and attached a new needle to the port. R1 did not cleanse the end of the port with an alcohol swab prior to attaching the needle. R1 dialed the insulin pen to 5 units, gave the insulin pen to ULP-C to verify it was the correct dose. ULP-C verified the insulin pen was dialed to the prescribed 5 units. R1 then self-injected the insulin. R1 did not prime the insulin pen prior to dialing the prescribed dose. ULP-C did not instruct R1 to prime the insulin pen prior to dialing the prescribed dose. On March 17, 2025, at 1:16 p.m., ULP-C stated R1 dialed her own insulin pen; however, the ULP were to supervise, provide direction as needed	01750			

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01750	Continued From page 43 and verify the correct dose was dialed prior to the resident self-injecting the insulin. ULP-C stated she was unaware that the port of the insulin pen should be cleansed with an alcohol swab prior to attaching the needle. ULP-C further stated they were not taught to prime the insulin pen prior to dialing the prescribed dose. On March 18, 2025, at 10:38 a.m., CNS-B stated being recently hired and was unsure if the ULP or residents were taught to cleanse the port of the insulin pen with an alcohol swab prior to attaching the new needle. CNS-B stated she was also unsure if the ULP or residents were taught to prime insulin pens prior to dialing the prescribed dose. The manufacturer instructions for use for the insulin Lispro dated July 2023, indicated the following: -Step 1: Pull the pen cap straight off. Wipe the rubber seal with an alcohol swab. -Step 2: Check the liquid in the pen. Insulin Lispro should look clear and colorless. Do not use if it is cloudy, colored, or has particles or clumps in it. -Step 3: Select a new needle. Pull off the paper tab from the outer needle shield. -Step 4: Push the capped needle straight onto the pen and twist the needle on until it is tight. -Step 5: Pull off the outer needle shield. Do not throw it away. Pull off the inner needle shield and throw it away. -Step 6: Prime before each injection. To prime your pen, turn the dose knob to selected two units. -Step 7: Hold your pen with the needle pointing up. Tap the cartridge holder gently to collect air bubbles at the top. -Step 8: Continue holding your pen with needle pointing up. Push the dose knob in until it stops,	01750			

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01750	Continued From page 44 and "0" is seen in the dose window. Hold the dose knob in and count to 5 slowly. You should see the insulin at the tip of the needle. -Step 9: Turn the dose knob to select the number of units you need to inject. The dose indicator should line up with your dose. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not 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 documentation included the effectiveness for as needed (PRN) medication administration for one of two residents (R1) was completed. This practice resulted in a level two violation (a	01760			

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01760	Continued From page 45 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted on August 27, 2021, with diagnoses that included diabetes and depression. On March 17, 2025, at 12:31 p.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1. R1's service plan dated February 20, 2024, indicated R1 received medication administration. R1's signed prescriber orders included the following medications: -methocarbamol 500 mg; take one tablet by mouth every six hours PRN (as needed) for muscle spasms, order dated October 21, 2024. -acetaminophen 500 mg; take 1-2 tablets every six hours PRN (pain), order dated November 26, 2024. -olanzapine 2.5 mg; take one tablet by mouth PRN (visual hallucinations), order dated October 21, 2024. R1's Medication Administration Record (MAR) dated March 2025, indicated the following: -R1 received acetaminophen on March 12, 2025. -R1 received olanzapine on March 1, 2, 2025. -R1 received methocarbamol on March 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 and 16, 2025 R1's record lacked documentation of PRN	01760			

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01760	Continued From page 46 effectiveness for the above PRN administrations. On March 18, 2025, at 1:30 p.m., clinical nurse supervisor (CNS)-B stated R1's record lacked documentation of PRN effectiveness for all PRN medications administered to R1. CNS-B further stated staff were expected to document PRN effectiveness for all PRN medications administered. The licensee's PRN Medications policy dated August 1, 2021, indicated the following: 8. Document on the medication record or in the PRN medication notes sheet: a. when the PRN medication was given b. why the PRN medication was given c. any unusual reactions or symptoms that are reported following the administration of the medication d. follow up communication with resident e. report any reactions or side effects to the nurse. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01770 SS=F	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:	01770			

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01770	Continued From page 47 Based on observation, interview, and record review, the licensee failed to ensure documentation of medication set up included all the required content for two of two residents (R1 and R2) who received medication setup 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 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: On March 18, 2025, at 9:30 a.m. during the entrance conference, clinical nurse supervisor (CNS)-B stated the licensee provided medication management services which also included medication set up. R1 R1 was admitted on August 27, 2021, with diagnoses that included diabetes and depression. R1's service plan dated February 20, 2024, indicated R1 received medication administration and medication setup. R1's Medication Administration Record (MAR) dated March 2025, included the following medications: -levothyroxine 75 micrograms (mcg); take one tablet by mouth once daily (thyroid) -Tab-A-Vite; take one tablet by mouth once daily (supplement) -Vitamin D3 25 mcg; take one capsule by mouth	01770			

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01770	Continued From page 48 once daily (supplement) -lisinopril 10 milligrams (mg): take one tablet by mouth once daily (heart) -Invokana 300 mg; take one tablet by mouth once daily (diabetes) -citalopram 20 mg; take one tablet by mouth every morning (depression) -hydrocodone/APAP 7.5-325 mg; take one tablet every 12 hours as needed (pain) -Lispro Insulin; inject 5 units subcutaneously three times daily before meals (diabetes) -metformin 500 mg; take two tablets by mouth twice daily with meals (diabetes) -Senexon-S 8.6-50 mg; Take one to two tablets by mouth twice daily (constipation) -fluticasone nasal spray 50 mcg; inhale one spray into affected nostril twice daily (allergies) -Oyst-Calcium/D 500 mg/200 units; take one tablet by mouth twice daily with meals (supplement) -Victoza 18 mg/3 milliliter (ml); Inject 1.2 mg subcutaneously once daily (diabetes) -nortriptyline 25 mg; take one capsule by mouth at bedtime (depression) -topiramate 200 mg; take one tablet by mouth at bedtime (migraine) -Xarelto 20 mg; take one tablet by mouth once daily with food (blood thinner) -simvastatin 40 mg; take one tablet by mouth every evening (cholesterol) -montelukast 10 mg; take one tablet by mouth once daily (asthma) -Lantus Insulin 100 units/ml; inject 24 units subcutaneously at bedtime (diabetes) -risperidone 0.5 mg; take one tablet by mouth at bedtime (anxiety) -melatonin 5 mg; take two tablets by mouth at bedtime (sleep) -Ventolin HFA 90 mcg; inhale two puffs by mouth every six hours as needed (shortness of breath)	01770			

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01770	Continued From page 49 -methocarbamol 500 mg; take one tablet by mouth every six hours as needed (muscle spasms) -Senna-Time 8.6 mg; take one tablet by mouth once daily as needed (constipation) -Ventolin HF 90 mcg; inhale two puffs by mouth every four hours as needed (shortness of breath) -Miralax 17 grams; mix 17 grams in liquid once daily as needed (constipation) -acetaminophen 500 mg; take one to two tablets every six hours as needed (pain) -olanzapine 2.5 mg; take one tablet by mouth as needed (visual hallucinations) -hydroxyzine pamoate 25 mg; take one capsule by mouth twice daily as needed (anxiety) R1's MAR indicated "Mediset: staff assisting with mediset set-up: initial on date(s) mediset is filled". -Unlicensed personnel (ULP)-D's initials were documented on March 4, 2025, indicating the completion of medication setup for R1. R1's record lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration. R2 R2 was admitted on May 31, 2011, with diagnoses that included diabetes and schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly). R2's service plan dated January 29, 2024, indicated R2 received services to include medication administration and medication setup. R2's MAR dated March 2025, included the following medications: -Mounjaro injection; inject 10 mg subcutaneously	01770			

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01770	Continued From page 50 once a week (diabetes) -Jardiance 10 mg; take one tablet by mouth once daily (blood thinner) -sertraline 100 mg; take two tablets by mouth once daily (depression) -Vitamin D3 25 mcg; take one capsule by mouth once daily (supplement) -lisinopril 10 mg; take one tablet by mouth once daily (blood pressure) -Lispro Insulin 100 units/ml; inject 22 units before lunch daily (diabetes) -metformin 500 mg; take one tablet by mouth once daily (diabetes) -Lantus Insulin; inject 18 units subcutaneously every evening (diabetes) -Lispro Insulin; inject 26 units before dinner (diabetes) -clozapine 50 mg; take one tablet by mouth at bedtime, take with 100 mg tablet to equal 150 mg (schizophrenia) -rosuvastatin 5 mg; take one tablet every other day (cholesterol) -topiramate 50 mg; take two tablets by mouth daily (migraine) -clonazepam 0.5 mg; take one tablet by mouth once daily as needed (anxiety) R2's MAR indicated "Mediset: staff assisting with mediset set-up: initial on date(s) mediset is filled". -ULP-D's initials were documented on March 4, 2025, indicated the completion of medication setup for R2. R2's record lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration. On March 18, 2025, at 11:05 a.m., CNS-B stated she sets up medications for two weeks at a time	01770			

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01770	Continued From page 51 for 13 of the 19 residents receiving medication management services. CNS-B stated she documented the medication set up on the MAR; however, the documentation for medication setup did not include the required content. The licensee's Medication Management-Dosage Box Setup policy dated August 1, 2021, indicated when the licensed nurse completed setting up the medications into the dosage box, the se-up is documented on the MAR. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) Days	01770			
01820 SS=E	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the licensee managed for two of two residents (R1 and 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 a pattern scope (when more than a limited number of residents are affected, more	01820			

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01820	Continued From page 52 than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R1 R1 was admitted on August 27, 2021, with diagnoses that included diabetes and depression. R1's service plan dated February 20, 2024, indicated R1 received medication administration. R1's Medication Administration Record (MAR) dated March 2025, included the following medications: -levothyroxine 75 micrograms (mcg); take one tablet by mouth once daily (thyroid) -Tab-A-Vite; take one tablet by mouth once daily (supplement) -Vitamin D3 25 mcg; take one capsule by mouth once daily (supplement) -lisinopril 10 milligrams (mg): take one tablet by mouth once daily -Invokana 300 mg; take one tablet by mouth once daily (diabetes) -citalopram 20 mg; take one tablet by mouth every morning (depression) -hydrocodone/APAP 7.5-325 mg; take one tablet every 12 hours as needed (pain) -Lispro Insulin; inject 5 units subcutaneously three times daily before meals (diabetes) -metformin 500 mg; take two tablets by mouth twice daily with meals (diabetes) -Senexon-S 8.6-50 mg; Take one to two tablets by mouth twice daily (constipation) -fluticasone nasal spray 50 mcg; inhale one spray into affected nostril twice daily (allergies) -Oyst-Calcium/D 500 mg/200 units; take one tablet by mouth twice daily with meals	01820			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER ROSEMOUNT COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 3710 145TH STREET WEST ROSEMOUNT, MN 55068		
(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
01820	Continued From page 53 (supplement) -Victoza 18 mg/3 milliliter (ml); Inject 1.2 mg subcutaneously once daily (diabetes) -nortriptyline 25 mg; take one capsule by mouth at bedtime (depression) -topiramate 200 mg; take one tablet by mouth at bedtime (migraine) -Xarelto 20 mg; take one tablet by mouth once daily with food (blood thinner) -simvastatin 40 mg; take one tablet by mouth every evening (cholesterol) -montelukast 10 mg; take one tablet by mouth once daily (asthma) -Lantus Insulin 100 units/ml; inject 24 units subcutaneously at bedtime (diabetes) -risperidone 0.5 mg; take one tablet by mouth at bedtime (anxiety) -melatonin 5 mg; take two tablets by mouth at bedtime (sleep) -Ventolin HFA 90 mcg; inhale two puffs by mouth every six hours as needed (shortness of breath) -methocarbamol 500 mg; take one tablet by mouth every six hours as needed (muscle spasms) -Senna-Time 8.6 mg; take one tablet by mouth once daily as needed (constipation) -Ventolin HF 90 mcg; inhale two puffs by mouth every four hours as needed (shortness of breath) -Miralax 17 grams; mix 17 grams in liquid once daily as needed (constipation) -acetaminophen 500 mg; take one to two tablets every six hours as needed (pain) -olanzapine 2.5 mg; take one tablet by mouth as needed (visual hallucinations) -hydroxyzine pamoate 25 mg; take one capsule by mouth twice daily as needed (anxiety) R1's signed prescriber orders included the following: -levothyroxine 75 mcg; take one tablet by mouth	01820			

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NAME OF PROVIDER OR SUPPLIER ROSEMOUNT COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 3710 145TH STREET WEST ROSEMOUNT, MN 55068		
(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
01820	Continued From page 54 once daily (thyroid), prescriber order dated October 21, 2024. -Tab-A-Vite; take one tablet by mouth once daily (supplement), prescriber order dated October 21, 2024. -lisinopril 10 mg; take one tablet by mouth once daily, prescriber order dated September 16, 2024. -Invokana 300 mg; take one tablet by mouth once daily (diabetes), prescriber order dated October 21, 2024. -citalopram 20 mg; take one tablet by mouth every morning (depression), prescriber order dated October 23, 2024. -Lispro Insulin; inject 5 units subcutaneously three times daily before meals (diabetes), prescriber order dated January 16, 2025. -Senexon-S 8.6-50 mg; Take one to two tablets by mouth twice daily (constipation), prescriber order dated October 21, 2024. -Victoza 18 mg/3 ml; Inject 1.2 mg subcutaneously once daily (diabetes), prescriber order dated October 21, 2024. -nortriptyline 25 mg; take one capsule by mouth at bedtime (depression), prescriber order dated October 23, 2024. -topiramate 200 mg; take one tablet by mouth at bedtime (migraine), prescriber order dated October 15, 2024. -Xarelto 20 mg; take one tablet by mouth once daily with food (blood thinner), prescriber order dated October 21, 2024. -montelukast 10 mg; take one tablet by mouth once daily (asthma), prescriber order dated October 21, 2024. -Lantus Insulin 100 units/ml; inject 24 units subcutaneously at bedtime (diabetes), prescriber orders dated November 12, 2024. -risperidone 0.5 mg; take one tablet by mouth at bedtime (anxiety), prescriber order dated December 4, 2024.	01820			

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NAME OF PROVIDER OR SUPPLIER ROSEMOUNT COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 3710 145TH STREET WEST ROSEMOUNT, MN 55068		
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01820	Continued From page 55 -melatonin 5 mg; take two tablets by mouth at bedtime (sleep), prescriber order dated December 4, 2024. -Ventolin HFA 90 mcg; inhale two puffs by mouth every six hours as needed (shortness of breath), prescriber order dated October 21, 2024. -methocarbamol 500 mg; take one tablet by mouth every six hours as needed (muscle spasms), prescriber order dated October 21, 2024. -Senna-Time 8.6 mg; take one tablet by mouth once daily as needed (constipation), prescriber order dated April 24, 2024. -Ventolin HF 90 mcg; inhale two puffs by mouth every four hours as needed (shortness of breath), prescriber order dated October 21, 2024. -Miralax 17 grams; mix 17 grams in liquid once daily as needed (constipation), prescriber order dated September 10, 2024. -acetaminophen 500 mg; take one to two tablets every six hours as needed (pain), prescriber order dated November 6, 2024. -olanzapine 2.5 mg; take one tablet by mouth as needed (visual hallucinations), prescriber order dated October 21, 2024. -hydroxyzine pamoate 25 mg; take one capsule by mouth twice daily as needed (anxiety), prescriber order dated October 23, 2024. R1's record lacked signed prescriber orders for the following medications: -Vitamin D3 25 mcg; take one capsule by mouth once daily (supplement) -hydrocodone/APAP 7.5-325 mg; take one tablet every 12 hours as needed (pain) -metformin 500 mg; take two tablets by mouth twice daily with meals (diabetes) -fluticasone nasal spray 50 mcg; inhale one spray into affected nostril twice daily (allergies) -Oyst-Calcium/D 500 mg/200 units; take one	01820			

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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
01820	Continued From page 56 tablet by mouth twice daily with meals (supplement) -simvastatin 40 mg; take one tablet by mouth every evening (cholesterol) R2 R2 was admitted on May 31, 2011, with diagnoses that included diabetes and schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly). R2's service plan dated January 29, 2024, indicated R2 received medication administration and medication setup. R2's MAR dated March 2025, included the following medications: -Mounjaro injection; inject 10 mg subcutaneously once a week (diabetes) -Jardiance 10 mg; take one tablet by mouth once daily (blood thinner) -sertraline 100 mg; take two tablets by mouth once daily (depression) -lisinopril 10 mg; take one tablet by mouth once daily (blood pressure) -Lispro Insulin 100 units/ml; inject 22 units before lunch daily (diabetes) -metformin 500 mg; take one tablet by mouth once daily (diabetes) -Lantus Insulin; inject 18 units subcutaneously every evening (diabetes) -Lispro Insulin; inject 26 units before dinner (diabetes) -clozapine 50 mg; take one tablet by mouth at bedtime, take with 100 mg tablet to equal 150 mg (schizophrenia) -rosuvastatin 5 mg; take one tablet every other day (cholesterol) -topiramate 50 mg; take two tablets by mouth daily (migraine)	01820			

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01820	Continued From page 57 -clonazepam 0.5 mg; take one tablet by mouth once daily as needed (anxiety) R2's signed prescriber orders included the following: -Mounjaro injection; inject 10 mg subcutaneously once a week (diabetes), prescriber order dated November 12, 2024. -Vitamin D3 25 mcg; take one capsule by mouth once daily (supplement), prescriber order dated October 16, 2024. -lisinopril 10 mg; take one tablet by mouth once daily (blood pressure), prescriber order dated October 16, 2024. -Lispro Insulin 100 units/ml; inject 22 units before lunch daily (diabetes), prescriber order dated November 12, 2024. -Lantus Insulin; inject 18 units subcutaneously every evening (diabetes), prescriber orders dated May 7, 2024. -Lispro Insulin; inject 26 units before dinner (diabetes), prescriber order dated November 12, 2024. -rosuvastatin 5 mg; take one tablet every other day (cholesterol), prescriber order dated January 22, 2025. -topiramate 50 mg; take two tablets by mouth daily (migraine), prescriber order dated May 13, 2024. R2's record lacked signed prescriber orders for the following medications: -Jardiance 10 mg; take one tablet by mouth once daily (blood thinner) -sertraline 100 mg; take two tablets by mouth once daily (depression) -metformin 500 mg; take one tablet by mouth once daily (diabetes) -clozapine 50 mg; take one tablet by mouth at bedtime, take with 100 mg tablet to equal 150 mg	01820			

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01820	Continued From page 58 (schizophrenia) -clonazepam 0.5 mg; take one tablet by mouth once daily as needed (anxiety) On March 18, 2025, at 11:17 a.m., CNS-B stated R1 and R2's records lacked signed prescriber orders as listed above. The licensee's Medication and Treatment Orders policy dated August 1, 2021, indicated the RN was responsible for assuring that current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			
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 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,	01910			

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01910	Continued From page 59 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 document in the resident's record the disposition of the medications as required for one of one discharged resident (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, 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: R3 was admitted to the licensee on September 21, 2009, and discharged on January 3, 2025. R3's Medication Administration Record (MAR) dated January 2025, indicated R3 received the following medications: -amlodipine besylate 10 milligrams (mg); take one tablet by mouth once daily (blood pressure) -loratadine 10 mg; take one tablet by mouth once daily (allergies) -lisinopril 40 mg; take one tablet by mouth once daily (blood pressure) -metformin 500 mg; take one tablet by mouth once daily with breakfast (diabetes) -spironolactone 25 mg; take one tablet by mouth once daily (blood pressure)	01910			

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01910	Continued From page 60 -Oyst-Calcium/Vitamin D 500 mg/200 international units; take one tablet by mouth twice daily (supplement) -risperidone 3 mg; take one tablet by mouth at bedtime (anxiety/depression) -memantine 5 mg; take one tablet by mouth once daily (dementia) -ketotifen 0.025% ophthalmic solution; instill one drop in both eyes twice daily as needed (dry eyes) -acetaminophen 325 mg; take one to two tablets by mouth every six hours as needed for pain R3's record lacked a medication disposition record at the time of discharge to include 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. On March 18, 2025, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated R3's record should have included a disposition of medications; however, it could not be located. The licensee's Resident Discharge Summary policy dated August 1, 2021, indicated the licensee would provide a reconciliation of all pre-discharged medications with the resident's post-discharge prescribed and over-the-counter medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910			

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01940	Continued From page 61	01940			
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; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of two	01940			

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01940	Continued From page 62 residents (R1 and 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 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: R1 R1 was admitted on August 27, 2021, with diagnoses that included diabetes, anxiety and depression. On March 17, 2025, at 12:31 p.m., the surveyor observed unlicensed personnel (ULP)-C supervise R1 check her blood sugar. R1's service plan dated February 20, 2024, indicated R1 received assistance with blood glucose check four times a day. R1's physician orders dated February 26, 2025, included the following: -Blood Glucose checks four times a day -Libre continuous glucose sensor; change every 14 days R1's record lacked a treatment management plan to include the following required content: - statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy	01940			

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01940	Continued From page 63 administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - 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. R2 R2 was admitted on May 31, 2011, with diagnoses that included diabetes and schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly). R2's service plan dated January 29, 2024, did not include blood glucose checks. R2's signed prescriber orders dated November 12, 2024, included: -Blood glucose checks three times a day -Free Style Libre; change sensor every 14 days R2's medication administration record (MAR) dated March 2025, indicated R2's blood glucose was checked three times a day and R1's Libre continuous glucose sensor was changed by staff every 14 days. R2's record lacked a treatment management plan to include the following required content: - statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy	01940			

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01940	Continued From page 64 administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On March 18, 2025, at 10:52 a.m., clinical nurse supervisor (CNS)-B stated R1 and R2's record lacked an individualized treatment plan to include the required content listed above. The licensee's Treatment and Therapy Management Policy dated August 1, 2021, indicated the licensee would develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: a. a statement of the type of services that will be provided b. documentation of specific resident instructions relating to the treatments or therapy administration c. identification of treatment or therapy tasks that will be delegated to unlicensed personnel d. procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services e. any resident-specific requirements relating to documentation of treatment and therapy received f. verification that all treatment and therapy was administered as prescribed	01940			

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01940	Continued From page 65 g. monitoring of treatment or therapy to prevent possible complications or adverse reactions No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			
02320 SS=I	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure care and services were provided according to acceptable health care and medical or nursing standards for two of two residents (R1 and R2) who received medication setup services. This resulted in an immediate correction order issued on March 18, 2025. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at 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).	02320			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER ROSEMOUNT COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 3710 145TH STREET WEST ROSEMOUNT, MN 55068			
(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
02320	Continued From page 66 The findings include: On March 17, 2025, at 9:35 a.m. during the entrance conference, clinical nurse supervisor (CNS)-B stated the licensee provided medication management services which also included medication setup. R1 R1 was admitted on August 27, 2021, with diagnoses that included diabetes and depression. R1's service plan dated February 20, indicated R1 received services to include medication administration and medication setup. R1's Medication Administration Record (MAR) dated March 2025, included the following medications: -levothyroxine 75 micrograms (mcg); take one tablet by mouth once daily (thyroid) -Tab-A-Vite; take one tablet by mouth once daily (supplement) -Vitamin D3 25 mcg; take one capsule by mouth once daily (supplement) -lisinopril 10 milligrams (mg): take one tablet by mouth once daily -Invokana 300 mg; take one tablet by mouth once daily (diabetes) -citalopram 20 mg; take one tablet by mouth every morning (depression) -hydrocodone/APAP 7.5-325 mg; take one tablet every 12 hours as needed (pain) -Lispro Insulin; inject 5 units subcutaneously three times daily before meals (diabetes) -Metformin 500 mg; take two tablets by mouth twice daily with meals (diabetes) -Senexon-S 8.6-50 mg; Take one to two tablets by mouth twice daily (constipation)	02320			

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02320	Continued From page 67 -fluticasone nasal spray 50 mcg; inhale one spray into affected nostril twice daily (allergies) -Oyst-Calcium/D 500 mg/200 units; take one tablet by mouth twice daily with meals (supplement) -Victoza 18 mg/3 milliliter (ml); Inject 1.2 mg subcutaneously once daily (diabetes) -nortriptyline 25 mg; take one capsule by mouth at bedtime (depression) -topiramate 200 mg; take one tablet by mouth at bedtime (migraine) -Xarelto 20 mg; take one tablet by mouth once daily with food (blood thinner) -simvastatin 40 mg; take one tablet by mouth every evening (cholesterol) -montelukast 10 mg; take one tablet by mouth once daily (asthma) -Lantus Insulin 100 units/ml; inject 24 units subcutaneously at bedtime (diabetes) -risperidone 0.5 mg; take one tablet by mouth at bedtime (anxiety) -melatonin 5 mg; take two tablets by mouth at bedtime (sleep) -ventolin HFA 90 mcg; inhale two puffs by mouth every six hours as needed (shortness of breath) -methocarbamol 500 mg; take one tablet by mouth every six hours as needed (muscle spasms) -Senna-Time 8.6 mg; take one tablet by mouth once daily as needed (constipation) -ventolin HF 90 mcg; inhale two puffs by mouth every four hours as needed (shortness of breath) -Miralax 17 grams; mix 17 grams in liquid once daily as needed (constipation) -acetaminophen 500 mg; take one to two tablets every six hours as needed (pain) -olanzapine 2.5 mg; take one tablet by mouth as needed (visual hallucinations) -hydroxyzine pamoate 25 mg; take one capsule by mouth twice daily as needed (anxiety)	02320			

Minnesota Department of Health

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02320	Continued From page 68 R1's MAR indicated "Mediset: staff assisting with mediset set-up: initial on date (s) mediset is filled". -Unlicensed personnel (ULP)-D's initials were documented on March 4, 2025, indicated the completion of medication setup for R1. R2 R2 was admitted on May 31, 2011, with diagnoses that included diabetes and schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly). R2's service plan dated January 29, 2024, indicated R2 received services to include medication administration and medication setup. R2's MAR dated March 2025, included the following medications: -Mounjaro injection; inject 10 mg subcutaneously once a week (diabetes) -Jardiance 10 mg; take one tablet by mouth once daily (blood thinner) -sertraline 100 mg; take two tablets by mouth once daily (depression) -Vitamin D3 25 mcg; take one capsule by mouth once daily (supplement) -lisinopril 10 mg; take one tablet by mouth once daily (blood pressure) -Lispro Insulin 100 units/ml; inject 22 units before lunch daily (diabetes) -Metformin 500 mg; take one tablet by mouth once daily (diabetes) -Lantus Insulin; inject 18 units subcutaneously every evening (diabetes) -Lispro Insulin; inject 26 units before dinner (diabetes) -clozapine 50 mg; take one tablet by mouth at bedtime, take with 100 mg tablet to equal 150 mg	02320			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/18/2025
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02320	Continued From page 69 (schizophrenia) -rosuvastatin 5 mg; take one tablet every other day (cholesterol) -topiramate 50 mg; take two tablets by mouth daily (migraine) -clonazepam 0.5 mg; take one tablet by mouth once daily as needed (anxiety) R2's MAR indicated "Mediset: staff assisting with mediset set-up: initial on date (s) mediset is filled". -ULP-D's initials were documented on March 4, 2025, indicated the completion of medication setup for R2. On March 18, 2025, at 11:05 a.m., CNS-B stated she sets up medications for two weeks at a time for 13 of the 19 residents receiving medication management services. CNS-B stated she documented the medication set up on the MAR. The surveyor inquired whose initials were documented for medication setup for R1 and R2. Program manager (PM)-F stated there was a short period of time before CNS-B was hired that ULP-D or himself (PM-F) completed the medication setup for the residents because they didn't have a nurse on-site to set them up. PM-F stated he was not aware that ULP could not setup medications for later use. The licensee did not ensure care and services were provided according to acceptable health care and nursing standards when setting up medications for later use was completed by a ULP instead of a licensed nurse, pharmacy, or authorized prescriber. The licensee's Medication Management-Dosage Box Setup policy dated August 1, 2021, indicated a licensed nurse would set up resident dosage	02320			

Minnesota Department of Health

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02320	Continued From page 70 boxes timely and accurately. 144G.08, Subd. 41 Medication setup. "Medication setup" means arranging medications by a nurse, pharmacy, or authorized prescriber for later administration by the resident or by the facility staff. No further information was provided. TIME PERIOD TO CORRECT: IMMEDIATE On March 18, 2025, the licensee implemented actions to mitigate the risk to R1 and R2. Scope and severity remain at I.	02320			



Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164
651-201-4500

Type: Full
Date: 03/18/25
Time: 11:08:47
Report: 7963251017

Food and Beverage Establishment Inspection Report

Page 1

Location:

Rosemount Court
3710 145th Street West
Rosemount, MN55068
Dakota County, 19

Establishment Info:

ID #: 0037682
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6514540161
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Chlorine: = 100PPM at Degrees Fahrenheit
Location: SPRAY BOTTLE
Violation Issued: No

Hot Water: = at 179 Degrees Fahrenheit
Location: DISHWASHER RINSE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: SL TURKEY
Temperature: 40 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: MILK
Temperature: 38 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

DISCUSSED:

- EMPLOYEE ILLNESS POLICY AND LOG
- HANDWASHING
- SANITIZER USE AND TEST KITS
- VERIFYING DISH MACHINE UTENSIL SURFACE SANITIZING TEMPERATURES
- THERMOMETER USE AND CALIBRATION
- SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL

Type: Full
Date: 03/18/25
Time: 11:08:47
Report: 7963251017
Rosemount Court

Food and Beverage Establishment Inspection Report

Page 2

FOODS,
NO UNPASTEURIZED JUICE, MILK, ETC)

*NO VIOLATIONS OBSERVED DURING INSPECTION. THIS IS A COMMERCIAL KITCHEN SPACE.

**IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT, OR CALL ON THEIR BEHALF. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

REPORT WAS DISCUSSED WITH PERSON IN CHARGE ON SITE AND WITH THE MDH NURSE

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 7963251017 of 03/18/25.

Certified Food Protection Manager Renee Fogerty

Certification Number: FM 54058 Expires: 06/29/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Renee Fogerty
PIC

Signed: _____



Peggy Spadafore
Sanitarian Supervisor
metro
651-201-4500
peggy.spadafore@state.mn.us

Report #: 7963251017

DEPARTMENT OF HEALTH

Minnesota Department of Health

Food, Pools and Lodging Services Section

625 N Robert St

St Paul, MN 55164

No. of RF/PHI Categories Out

0

Date

03/18/25

No. of Repeat RF/PHI Categories Out

0

Time In

11:08:47

Legal Authority MN Rules Chapter 4626

Time Out

Rosemount Court

Address

3710 145th Street West

City/State

Rosemount, MN

Zip Code

55068

Telephone

6514540161

License/Permit #

0037682

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS=corrected on-site during inspection

R= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

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

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R= repeat violation

COS

R

Safe Food and Water

30

IN

OUT

N/A

Pasteurized eggs used where required

31

Water & ice obtained from an approved source

32

IN

OUT

N/A

Variance obtained for specialized processing methods

Food Temperature Control

33

Proper cooling methods used; adequate equipment for temperature control

34

IN

OUT

N/A

N/O

Plant food properly cooked for hot holding

35

IN

OUT

N/A

N/O

Approved thawing methods used

36

Thermometers provided & accurate

Food Identification

37

Food properly labled; original container

Prevention of Food Contamination

38

Insects, rodents, & animals not present

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

COS

R

Proper Use of Utensils

43

In-use utensils: properly stored

44

Utensils, equipment & linens: properly stored, dried, & handled

45

Single-use/single service articles: properly stored & used

46

Gloves used properly

Utensil Equipment and Vending

47

Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48

Warewashing facilities: installed, maintained, & used; test strips

49

Non-food contact surfaces clean

Physical Facilities

50

Hot & cold water available; adequate pressure

51

Plumbing installed; proper backflow devices

52

Sewage & waste water properly disposed

53

Toilet facilities: properly constructed, supplied, & cleaned

54

Garbage & refuse properly disposed; facilities maintained

55

Physical facilities installed, maintained, & clean

56

Adequate ventilation & lighting; designated areas used

57

Compliance with MCIAA

58

Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Date: 03/18/25

Inspector (Signature)