Electronically Delivered

August 20, 2024

Licensee
Legacy of Brownsdale
105 Latham Street Northeast
Brownsdale, MN 55918

RE: Project Number(s) SL33988015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 25, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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 . . ."

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

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

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33988	A. BUILDING: _____ B. WING _____	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY OF BROWNSDALE	105 LATHAM ST NE BROWNSDALE, MN 55918

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL33988015 On July 22, 2024, through, July 25, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were thirty-three residents receiving services under the provider's Assisted Living Facility license.	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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 22, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and	0 510		

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0 510	Continued From page 2 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 infection control program that complies with accepted health care, medical, and nursing standards for infection control. The deficient practice had the potential to affect all residents, employees, 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 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 July 23, 2024, at 11:48 a.m., the surveyor observed unlicensed personnel (ULP)-B provide medication and treatment administration to R1, which included blood glucose testing and insulin administration. ULP-B did not perform hand hygiene when donning (putting on) and doffing (taking off) gloves.	0 510		

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0 510	Continued From page 3 During observation on July 23, 2024, at 11:55 a.m., ULP-B obtained R1's blood glucose meter from resident's locked medication drawer in the licensee's medication cart. ULP-B did not sanitize hands with hand sanitizer or wash hands before proceeding to get a pair of gloves from a box of gloves. ULP-B donned gloves to both hands, took a needle from a box and applied to a finger lancet auto injector. ULP-B took two alcohol wipes, the blood glucose meter, and the finger lancet auto injector to R1. ULP-B obtained R1's blood glucose level then proceeded to return to the medication cart, removed needle from finger lancet injector, placed it in a hazardous waste container, removed gloves and proceeded to document results of blood glucose using a laptop. ULP-B did not sanitize or wash hands during this process. During interview on July 23, 2024, at 12:25 p.m., ULP-B stated she viewed video trainings on hand washing, glove use, and blood glucose testing when she was hired May 19, 2023. ULP-B stated she observed other ULPs perform the tasks noted above for two weeks. After two weeks of observing, ULP-B stated she was competency tested by a registered nurse that had previously worked for the licensee. On July 23, 2024, at 2:20 p.m., owner (O)-D stated all ULPs were required to watch training videos through Educare (an online training platform), observe staff for two weeks, and then an RN would ensure staff were performing the delegated tasks before they are able to work on their own. The licensee's Handwashing policy dated March 2018, indicated handwashing would be performed before and after any gloving.	0 510		

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0 510	Continued From page 4 No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On July 23, 2024, at 12:10 p.m., the surveyor was walking down the hallway where the licensee's employee offices were located. The surveyor noted the nursing office door was open and there were no employees in the office. Upon entering the nursing office, the surveyor noted a bin on top of a cabinet that had multiple medications in their containers. The bin was not secured behind a	01880		

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01880	Continued From page 5 locked drawer or door. During interview on July 23, 2024, at 1:10 p.m., licensed practical nurse (LPN)-C stated she was in the process of destroying the medications found in a bin, on top of a cabinet, in the nursing office, as the medications were discontinued or expired. LPN-C stated she had not gotten around to destroying the medications. LPN-C stated the office door should have been closed and locked when nobody was in the office. During interview on July 23, 2024, owner (O)-D stated staff were educated that all medications were to be locked in a drawer or a cabinet when not in use. The licensee's Medication Storage policy dated January 1, 2021, indicated when secured storage of medications is necessary, the RN will identify where the medications will be stored, how they will be secured or locked under proper temperature controls, and who has access to the medications. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

Minnesota Department of Health
Environmental Health - FPLS

Rochester

Type: Full
Date: *07/22/24*
Time: 12:13:48
Report: 1038241081

Food and Beverage Establishment Inspection Report

Location:
Legacy Of Brownsdale
105 Latham St Ne
Brownsdale, MN55918
Mower County, 50

Establishment Info:
ID #: 0038321
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072031818
ID #:

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

The following orders were issued during this inspection.

3-300A Protection from Contamination: limit hand contact, tasting
3-301.11A ***** Priority 1 *****
MN Rule 4626.0225A Discontinue bare hand contact with ready-to-eat foods. Use deli tissue, spatulas, tongs, single-use gloves or other dispensing equipment.

STAFF HANDLING READY TO EAT FOOD WITH BAR HANDS, CORRECTED DURING INSPECTION

Comply By: 07/22/24

3-400B Destroying Organisims: reheating
3-403.11A ***** Priority 1 *****
MN Rule 4626.0360A Reheat previously cooked, refrigerated, TCS food for hot holding within 2 hours to a temperature of at least 165 degrees F (74 degrees C) for 15 seconds.

HAMBURGERS NOT PROPERLY REHEATED
Comply By: 07/22/24

3-500B Microbial Control: hot and cold holding
3-501.16A1 ***** Priority 1 *****
MN Rule 4626.0395A1 Maintain all hot, TCS foods at 135 degrees F (57 degrees C) or above. Roasts may be held at 130 degrees F (54 degrees C) or above if cooked or reheated in accordance with the specified time and temperature requirements in 4626.0340B.

HAMBURGERS NOT TO TEMP
Comply By: 07/22/24

Type: Full
Date: *07/22/24*
Time: 12:13:48
Report: 1038241081
Legacy Of Brownsdale

Food and Beverage Establishment Inspection Report

2-100 Supervision

2-102.12AMN

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

NO ONE ON STAFF SEVERAL IN TRAINING

Comply By: 07/22/24

4-500 Equipment Maintenance and Operation

4-501.12

MN Rule 4626.0740 Resurface scratched or scored cutting blocks and boards or discard if they can no longer be effectively cleaned and sanitized or resurfaced.

CUTTING BOARDS ARE HEAVILY SCORED

Comply By: 07/22/24

Surface and Equipment Sanitizers

Hot Water: = at 165 Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

Hot Water: = at Degrees Fahrenheit
Location:
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Line
Temperature: 42 Degrees Fahrenheit - Location: Peach Slices
Violation Issued: No

Process/Item: Hot Holding
Temperature: 95 Degrees Fahrenheit - Location: Hamburgers
Violation Issued: No

Process/Item: Hot Holding
Temperature: 166 Degrees Fahrenheit - Location: Tomato Sause
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 41 Degrees Fahrenheit - Location: Peppers Green
Violation Issued: No

Process/Item: Walk-In Freezer
Temperature: 0 Degrees Fahrenheit - Location: Fries
Violation Issued: No

Process/Item: Cooking
Temperature: 280 Degrees Fahrenheit - Location: Fries
Violation Issued: No

Type: Full
Date: *07/22/24*
Time: 12:13:48
Report: 1038241081
Legacy Of Brownsdale

Food and Beverage Establishment Inspection Report

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

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 1038241081 of 07/22/24.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Signed:_____
Establishment Representative

Signed:_____
Rob Davis
Sanitarian 2
Rochester District Office
507-810-9902
rob.davis@state.mn.us