



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

April 10, 2025

Licensee  
Elk River Senior Living  
11124 183rd Circle Northwest  
Elk River, MN 55330

RE: Project Number(s) SL34079016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 12, 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.

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:

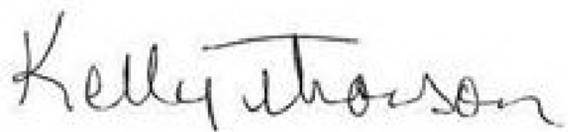
**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

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](mailto: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,



Kelly Thorson, Supervisor

State Evaluation Team

Email: [kelly.thorson@state.mn.us](mailto:kelly.thorson@state.mn.us)

Telephone: 320-223-7336 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELK RIVER SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11124 183RD CIRCLE NW ELK RIVER, MN 55330</b>
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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
0 000	<p><b>Initial Comments</b></p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p><b>INITIAL COMMENTS:</b></p> <p>SL34079016-0</p> <p>On March 10, 2025, through March 12, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 94 residents; 58 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>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.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 480 SS=F	<b>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</b>	0 480		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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0 480	<p>Continued From page 1</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;</p> <p>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;</p> <p>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;</p> <p>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>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.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated March 10, 2025 for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer</p>	0 480		
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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 780 SS=F	<p><b>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</b></p> <p>for dwellings or sleeping units, as defined in the State Fire Code:</p> <ul style="list-style-type: none"> <li>(i) provide smoke alarms in each room used for sleeping purposes;</li> <li>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</li> <li>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</li> <li>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</li> <li>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed provide interconnected smoke alarms in required locations. This deficient condition had the ability to affect all staff and residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	0 780		

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0 780	<p>Continued From page 4</p> <p>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).</p> <p>The findings include:</p> <p>On March 12, 2025, at approximately 10:30 a.m., the surveyor toured the facility with regional culinary director (RCD)-D. During the tour, the surveyor observed the smoke alarms were tested for interconnection by the licensee, in dwelling unit 312 smoke alarms were not interconnected as required by state statute.</p> <p>On March 12, 2025, RCD-D acknowledged the observation while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 780		
01370 SS=D	<p>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</p> <p>(a) Training and competency evaluations for all unlicensed personnel must include the following:                      (1) documentation requirements for all services provided;                      (2) reports of changes in the resident's condition to the supervisor designated by the facility;                      (3) basic infection control, including blood-borne pathogens;                      (4) maintenance of a clean and safe environment;                      (5) appropriate and safe techniques in personal hygiene and grooming, including:</p>	01370		

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01370	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>(i) hair care and bathing;</li> <li>(ii) care of teeth, gums, and oral prosthetic devices;</li> <li>(iii) care and use of hearing aids; and</li> <li>(iv) dressing and assisting with toileting;</li> <li>(6) training on the prevention of falls;</li> <li>(7) standby assistance techniques and how to perform them;</li> <li>(8) medication, exercise, and treatment reminders;</li> <li>(9) basic nutrition, meal preparation, food safety, and assistance with eating;</li> <li>(10) preparation of modified diets as ordered by a licensed health professional;</li> <li>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</li> <li>(12) awareness of confidentiality and privacy;</li> <li>(13) understanding appropriate boundaries between staff and residents and the resident's family;</li> <li>(14) procedures to use in handling various emergency situations; and</li> <li>(15) awareness of commonly used health technology equipment and assistive devices.</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure required training was completed for one of two employees (unlicensed personnel (ULP)-B).</p> <p>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</p>	01370		
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01370	<p>Continued From page 6</p> <p>limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On March 11, 2025, at 8:10 a.m., the surveyor observed ULP-B assist a resident with obtaining vitals, blood glucose monitoring, and medication administration.</p> <p>ULP-B was hired on September 1, 2023, to provide direct care services to the residents of the facility.</p> <p>ULP-B's employee record lacked documentation of the following required training to be completed: -understanding appropriate boundaries between staff, residents and the resident's family.</p> <p>On March 12, 2025, clinical nurse supervisor (CNS)-A stated she agrees the required training topic was missing from the employee record, this is because she was trained by another nurse that no longer works for the company, and it must have been missed.</p> <p>The licensee's 5.02 Competency Training Evaluations policy dated August 1, 2022, indicated training and competency evaluations for all unlicensed personnel will include: - understanding appropriate boundaries between staff, residents and the resident's family.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01370		

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01380	Continued From page 7	01380		
01380 SS=D	<p><b>144G.61 Subd. 2 (b) Training and evaluation of unlicensed person</b></p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p> <ul style="list-style-type: none"> <li>(1) observing, reporting, and documenting resident status;</li> <li>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</li> <li>(3) reading and recording temperature, pulse, and respirations of the resident;</li> <li>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;</li> <li>(5) safe transfer techniques and ambulation;</li> <li>(6) range of motioning and positioning; and</li> <li>(7) administering medications or treatments as required.</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure required training was completed for one of two employees (unlicensed personnel (ULP)-B).</p> <p>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).</p> <p>The findings include:</p>	01380		

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01380	<p>Continued From page 8</p> <p>On March 11, 2025, at 8:10 a.m., the surveyor observed ULP-B assist a resident with obtaining vitals, blood glucose monitoring, and medication administration.</p> <p>ULP-B was hired on September 1, 2023, to provide direct care services to the residents of the facility.</p> <p>ULP-B's employee record lacked documentation of the following required training to be completed: - recognizing physical, emotional, cognitive, and developmental needs of the resident.</p> <p>On March 12, 2025, clinical nurse supervisor (CNS)-A stated she agrees the required training topic was missing from the employee record, this is because she was trained by another nurse that no longer works for the company, and it must have been missed.</p> <p>The licensee's 5.02 Competency Training Evaluations policy dated August 1, 2022, indicated training and competency evaluations for all unlicensed personnel will include: - recognizing physical, emotional, cognitive, and developmental needs of the resident.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01380		
01420 SS=D	<p>144G.62 Subd. 2 Delegation of assisted living services</p> <p>(b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to</p>	01420		

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01420	<p>Continued From page 9</p> <p>the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prior to delegating nursing tasks the registered nurse (RN) conducted training and competency evaluations for one of one unlicensed personnel (ULP-D).</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B was hired on September 1, 2023, to provide direct care services to the residents of the facility.</p> <p>ULP-B's record lacked documentation to indicate ULP-B had received training and demonstrated</p>	01420		

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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
01420	<p>Continued From page 10</p> <p>competency for the following treatments: - catheter care.</p> <p>On March 12, 2025, clinical nurse supervisor (CNS)-A stated she agrees the required training and competency for catheter care was missing from the employee record, this is because she was trained by another nurse that no longer works for the company, and it must have been missed.</p> <p>The licensee's 5.02 Competency Training Evaluations policy dated August 1, 2022, indicated additional nursing tasks that are frequently delegated to unlicensed personnel that would require training and competency testing by a RN include: - catheter procedures.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01420		
01470 SS=D	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p>	01470		

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01470	<p>Continued From page 11</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual</p>	01470		

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01470	<p>Continued From page 12</p> <p>and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living licensing requirements and regulations prior to providing services for one of two employees unlicensed personnel (ULP)-B.</p> <p>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).</p> <p>The findings include:</p> <p>On March 11, 2025, at 8:10 a.m., the surveyor observed ULP-B assist a resident with obtaining vitals, blood glucose monitoring, and medication administration.</p> <p>ULP-B was hired on September 1, 2023, to provide direct care services to the residents of the facility.</p> <p>ULP-B's employee record lacked documented evidence of the following: - review of the provider's policies and procedures; and</p>	01470		

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01470	<p>Continued From page 13</p> <p>- assisted living bill of rights.</p> <p>On March 12, 2025, at 2:40p.m., clinical nurse supervisor (CNS)-A stated she agrees that ULP-B's employee record is missing the policy and procedure review and the assisted living bill of rights orientation topics, this is due to a RN that no longer works for them was responsible for this employees training and it must have been missed.</p> <p>The licensee's 5.01 Orientation of Staff and Supervisors policy dated August 1, 2021, indicated all the licensee's employees must complete the orientation to assisted living facility requirements before providing assisted living services to residents. The orientation must contain the following topics:</p> <ul style="list-style-type: none"> <li>- An introduction and review of the facilities policies and procedures related to the provision of assisted living services by the individual staff person; and</li> <li>- The assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01470		
01500 SS=F	<p>144G.63 Subd. 5 Required annual training</p> <p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual</p>	01500		

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01500	<p>Continued From page 14</p> <p>training must include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p>	01500		

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01500	<p>Continued From page 15</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for two of two employees (unlicensed personnel (ULP)-B and ULP-C).</p> <p>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).</p> <p>The findings include:</p> <p>On March 11, 2025, at 8:10 a.m., the surveyor observed ULP-B assist a resident with obtaining vitals, blood glucose monitoring, and medication administration.</p> <p>ULP-B was hired on September 1, 2023, to provide direct care services to the residents of the facility.</p> <p>On March 11, 2025, at 9:30 a.m., the surveyor</p>	01500		

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01500	<p>Continued From page 16</p> <p>observed ULP-C assist a resident with obtaining vitals and medication administration.</p> <p>ULP-C was hired on October 10, 2022, to provide direct care services to the residents of the facility.</p> <p>ULP-B and ULP-C's employee record lacked evidence annual training had been completed as required in the following area: - review of provider's policies and procedures.</p> <p>On March 12, 2025, at 3:30 p.m., clinical nurse supervisor (CNS)-A stated all the staff are missing the review of the policies and procedures this is due to an oversight and a change in the training process.</p> <p>The licensee's 5.06 Annual Required Staff Training policy dated August 1, 2021, indicated the following training elements must be included every 12 months to all staff who perform direct care services: -review of the facilities policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures.</p> <p>No further information was provided.</p> <p><b>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</b></p>	01500		
01940 SS=D	<p><b>144G.72 Subd. 3 Individualized treatment or therapy managemen</b></p> <p>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</p>	01940		

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01940	<p>Continued From page 17</p> <p>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:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(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.</p> <p>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 one of three residents (R1).</p> <p>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</p>	01940		
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01940	<p>Continued From page 18</p> <p>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).</p> <p>The findings include:</p> <p>On March 11, 2025, at 3:00 p.m., during an interview with R1, the surveyor observed R1 wearing a ankle foot orthotic (AFO) brace on her right leg. R1 stated she wears the brace every day and the staff put it on for her.</p> <p>R1 was admitted to the licensee on November 9, 2020, and started receiving assisted living services on August 1, 2021, with diagnoses including type 2 diabetes, cerebral infarction, hemiplegia (paralysis or weakness on one side of the body), and memory deficit.</p> <p>R1's Service Plan dated September 23, 2024, indicated R1 received services to include medication administration, dressing, grooming, bathing, toileting, and transfer assist.</p> <p>R1's medication administration record/treatment administration record (MAR/TAR) dated March 1, 2025, through March 11, 2025, indicated staff provided treatment assistance with R1's ankle foot orthosis (AFO) brace daily.</p> <p>R1's individualized treatment management plan dated January 16, 2025, lacked the following required content for AFO brace:</p> <ul style="list-style-type: none"> <li>- documentation of specific resident instructions relating to the treatment or therapy administration;</li> <li>- procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatment or therapy</li> </ul>	01940		

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01940	<p>Continued From page 19</p> <p>services; and</p> <ul style="list-style-type: none"> <li>- any resident-specific requirements related 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.</li> </ul> <p>On March 12, 2025, at 2:30 p.m., clinical nurse supervisor (CNS)-A stated she agrees R1's individualized treatment plan was missing some of the required items such as specific instructions and when and how to notify a nurse if a problem with the treatment occurs, these must have been missed when the nurse put the service in.</p> <p>The licensee's 7.05 Treatment &amp; Therapy Management Plan policy dated August 1, 2021, indicated the licensee will develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <ul style="list-style-type: none"> <li>- documentation of specific resident instructions relating to the treatments or therapy administration;</li> <li>- procedures for notifying a RN when a problem arises with treatments or therapy services;</li> <li>- resident-specific requirements relating to documentation of treatment or therapy received;</li> <li>- verification that all treatment and therapy was administered as prescribed; and</li> <li>- monitoring of treatment or therapy to prevent possible complications or adverse reactions.</li> </ul> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01940		

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01950	Continued From page 20	01950		
01950 SS=D	<p><b>144G.72 Subd. 4 Administration of treatments and therapy</b></p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prior to delegating nursing tasks of treatment administration, the unlicensed personnel (ULP) were trained in the proper methods to perform treatments and the ULP demonstrated competency back to the registered nurse (RN) for one of two employees (unlicensed personnel (ULP)-B) who provided direct care to R1.</p> <p>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</p>	01950		

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01950	<p>Continued From page 21</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on November 9, 2020, and started receiving assisted living services on August 1, 2021, with diagnoses including type 2 diabetes, cerebral infarction, hemiplegia (paralysis or weakness on one side of the body), and memory deficit.</p> <p>R1's Service Plan dated September 23, 2024, indicated R1 received services to include medication administration, dressing, grooming, bathing, toileting, and transfer assist.</p> <p>R1's medication administration record/treatment administration record (MAR/TAR) dated March 1, 2025, through March 11, 2025, indicated ULP-B provided treatment assistance with R1's ankle foot orthosis (AFO) brace on March 3, 10, and 11, 2025.</p> <p>ULP-B was hired on September 1, 2023, to provide direct care services to the residents of the facility.</p> <p>ULP-B's record lacked documentation to indicate ULP-B had received training and demonstrated competency for the following treatments:</p> <ul style="list-style-type: none"> <li>- AFO braces;</li> <li>- modified diets; and</li> <li>- continuous positive airway pressure (CPAP)/bilevel positive airway pressure (BIPAP).</li> </ul> <p>On March 12, 2025, at 2:40 p.m., clinical nurse supervisor (CNS)-A stated ULP-B's record lacked</p>	01950		

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01950	<p>Continued From page 22</p> <p>training and competency for these treatments, this is because she was trained by another nurse that no longer works for the company, and they must have been missed.</p> <p>The licensee's 7.15 Medication and Treatment - Administration and Delegation policy, dated August 1, 2021, indicated when administration of medications or treatment/therapy is delegated or assigned to ULP, the licensee will ensure that registered nurse (RN) has:</p> <ul style="list-style-type: none"> <li>- instructed the ULP in the proper methods with respect to each resident to administer the medications or perform the treatment or therapy and the ULP has demonstrated the ability to competently follow the procedures.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01950		



Type: Full  
Date: 03/10/25  
Time: 11:00:00  
Report: 1051251062

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Elk River Senior Living  
11124 183rd Circle NW  
Elk River, MN55330  
Sherburne County, 71

**Establishment Info:**

ID #: 0034976  
Risk: High  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Elk River Operations, LLC

Phone #: 7632767076

ID #: 50452

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.

### 6-300 Physical Facility Numbers and Capacities

#### 6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

AT TIME OF INSPECTION, THERE IS NO HANDWASH SIGN IN THE EMPLOYEE RESTROOMS.

Comply By: 03/14/25

### Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit

Location: WIPING CLOTH BUCKET

Violation Issued: No

Hot Water: = at 169 Degrees Fahrenheit

Location: DISHMACHINE

Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Cold Line

Temperature: 41 Degrees Fahrenheit - Location: HARD-BOILED EGGS

Violation Issued: No

Process/Item: Cold Line

Temperature: 38 Degrees Fahrenheit - Location: SLICED TURKEY DELI

Violation Issued: No

Type: Full  
Date: 03/10/25  
Time: 11:00:00  
Report: 1051251062  
Elk River Senior Living

# Food and Beverage Establishment Inspection Report

---

Process/Item: Upright Cooler  
Temperature: 38 Degrees Fahrenheit - Location: HARD-BOILED EGGS-MEMORY CARE  
Violation Issued: No

---

Process/Item: Prep Cooler  
Temperature: 40 Degrees Fahrenheit - Location: SLICED CHEESE  
Violation Issued: No

---

Process/Item: Hot Holding  
Temperature: 145 Degrees Fahrenheit - Location: SPAGHETTI  
Violation Issued: No

---

Process/Item: Hot Holding  
Temperature: 166 Degrees Fahrenheit - Location: CHICKEN PATTY  
Violation Issued: No

---

Process/Item: Hot Holding  
Temperature: 136 Degrees Fahrenheit - Location: CREAM TOMATO SAUCE  
Violation Issued: No

---

Process/Item: Upright Cooler  
Temperature: 38 Degrees Fahrenheit - Location: HARD-BOILED EGGS-LEFT  
Violation Issued: No

---

Process/Item: Upright Cooler  
Temperature: 41 Degrees Fahrenheit - Location: BLUE CHEESE CUP-RIGHT  
Violation Issued: No

---

Process/Item: Walk-In Cooler  
Temperature: 39 Degrees Fahrenheit - Location: GROUND BEEF  
Violation Issued: No

---

Process/Item: Walk-In Cooler  
Temperature: 38 Degrees Fahrenheit - Location: SLICED CHEESE  
Violation Issued: No

---

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

MET WITH NURSE EVALUATOR, SARABETH REMKER.

DISCUSSED THE FOLLOWING WITH THE PERSON IN CHARGE, JEREMY:

EMPLOYEE ILLNESS LOG  
VOMIT CLEAN-UP PROCEDURE  
HANDWASHING & GLOVE USE

Type: Full  
Date: 03/10/25  
Time: 11:00:00  
Report: 1051251062  
Elk River Senior Living

# Food and Beverage Establishment Inspection Report

**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 1051251062 of 03/10/25.

Certified Food Protection Manager: Anna L. Johnson

Certification Number: FM57406 Expires: 03/03/27

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_  
Jeremy

Signed:  \_\_\_\_\_  
Kai Yang  
Public Health Sanitarian 1  
St. Cloud  
320 640-3532  
Kai.Yang@state.mn.us