



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 31, 2024

Licensee
The Pillars of Mankato
3125 Prairie Rose Drive
Mankato, MN 56001

RE: Project Number(s) SL34399016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 24, 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 complaint investigation 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

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2024
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NAME OF PROVIDER OR SUPPLIER THE PILLARS OF MANKATO	STREET ADDRESS, CITY, STATE, ZIP CODE 3125 PRAIRIE ROSE DRIVE MANKATO, MN 56001
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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>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</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>INITIAL COMMENTS:</p> <p>SL34399016-0</p> <p>On April 22, 2024, through April 24, 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 124 residents; 75 receiving services under the provider's Assisted Living/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 License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the</p>	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</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) 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>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 22, 2024, 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 to the FBEIR for any compliance dates.</p>	0 480		
01880 SS=D	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and</p>	01880		

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01880	<p>Continued From page 2</p> <p>permit only authorized personnel to have access.</p> <p>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 for one of four residents (R4) with medication management services.</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>R4 was admitted on October 1, 2021.</p> <p>R4's Service Plan Agreement dated March 11, 2024, indicated R4 received zMedication (sic) Check service identified by clinical nurse supervisor (CNS)-D as licensee's medication management service.</p> <p>R4's Basic Assessment/ULP [unlicensed personnel] Services dated March 11, 2024, read under Medication Management section, "1. Does the resident plan to self administer any medications? A. No."</p> <p>R4's Comprehensive Assessment/Licensed Services dated March 11, 2024, read under Medication Management section, "Where are medications stored? D. Medications are kept in a locked medication cart."</p>	01880		

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01880	<p>Continued From page 3</p> <p>On April 23, 2024, at 6:15 a.m., surveyor observed one bottle of Advil PM (brand name for ibuprofen, a common over the counter medication to treat pain and aid in sleep) and one bottle of Tylenol (brand name for acetaminophen, a common over the counter medication to treat pain) on R4's kitchen counter. The bottles both contained a number of pills which appeared to be their identified medication.</p> <p>On April 23, 2024, at 11:05 a.m., CNS-D stated R4 should not have the medications in their room. CNS-D stated licensee provided medication management to R4 and R4's assessment indicated R4's medications would be securely stored in a medication cart. CNS-D stated R4's family most likely provided the medications to R4 to be nice, but licensee should have clearly communicated to R4's family licensee is responsible for all medication administration for R4. CNS-D stated unlicensed personnel (ULP) are trained to look for medications and secure them, but ULPs missed the identified medications.</p> <p>The licensee's Storage of Medication and Key Security policy dated April 19, 2023, indicated medications would be stored according to each resident's assessment.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01880		
01970 SS=D	<p>144G.72 Subd. 6 Treatment and therapy orders</p> <p>There must be an up-to-date written or</p>	01970		

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01970	<p>Continued From page 4</p> <p>electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain written or electronically signed treatment or therapy orders from an authorized prescriber one of three residents (R5) with treatments.</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>R5 was admitted on October 28, 2019.</p> <p>R5's Service Plan Agreement dated January 1, 2024, indicated R5 received the service TED Hose/Wrap (thromboembolic deterrent hose, a compression sock used to prevent clots forming in the lower legs) since August 9, 2022.</p> <p>R5's Service Checkoff List dated April 2024, indicated unlicensed personnel (ULP) were to wash R5's TED Hose every evening at 8:00 p.m.</p>	01970		
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01970	<p>Continued From page 5</p> <p>On April 24, 2024, at 10:00 a.m., clinical nurse supervisor (CNS)-D stated licensee had misplaced or removed R5's TED Hose order from R5's record. CNS-D stated licensee was unable to locate an authorized prescriber's up-to-date order for R5's TED Hose. CNS-D stated R5 did see a provider routinely and the TED hose have been noted in the record, but signed orders were not located.</p> <p>The licensee's Mediation and Treatment Implementation policy dated August 1, 2021, indicated the licensee would maintain current signed orders for all treatments licensee administered.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01970		

Type: Full
Date: 04/22/24
Time: 10:49:04
Report: 1028241055

Food and Beverage Establishment Inspection Report

Page 1

Location:

Pillars of Mankato
3125 Prairie Rose Drive
Mankato, MN56001
Blue Earth County, 07

Establishment Info:

ID #: 0035142
Risk: Medium
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Pillars of Mankato, LLC

Phone #: 5073446777
ID #: 50884

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.

3-500C Microbial Control: date marking

3-501.17B ** Priority 2 **

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

Roast beef in the Walk-In Cooler must be marked with the date that the package was opened and used or discarded within 7 calendar days. No date was present on the package.

Comply By: 04/22/24

4-600 Cleaning Equipment and Utensils

4-601.11A ** Priority 2 **

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch. The blade of the tabletop mounted can opener must be cleaned to remove encrusted food residue.

Corrected on Site

7-100 Toxic Labeling

7-102.11 ** Priority 2 **

MN Rule 4626.1595 Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.

All spray bottles must be labeled with the common name of the product they contain.

Comply By: 04/22/24

Type: Full
Date: 04/22/24
Time: 10:49:04
Report: 1028241055
Pillars of Mankato

Food and Beverage Establishment Inspection Report

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

The top of the dish machine must be cleaned to remove calcium carbonate accumulation.

Comply By: 04/22/24

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

The floor surfaces underneath the cooking equipment must be swept and cleaned to remove plastic utensils and food debris.

Comply By: 04/22/24

Surface and Equipment Sanitizers

Hot Water: = at 182 Degrees Fahrenheit

Location: Dish Machine

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Walk-In Freezer

Temperature: -9 Degrees Fahrenheit - Location: Ambient

Violation Issued: No

Process/Item: Walk-In Cooler

Temperature: 39 Degrees Fahrenheit - Location: Hard-Boiled Eggs

Violation Issued: No

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

This Inspection was conducted in conjunction with a survey conducted at the same time by the Health Regulation Division.

Type: Full
Date: 04/22/24
Time: 10:49:04
Report: 1028241055
Pillars of Mankato

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 1028241055 of 04/22/24.

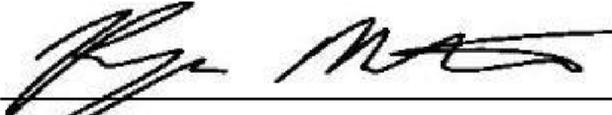
Certified Food Protection Manager: Jessica Greenwood

Certification Number: FM66642 Expires: 07/22/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

Jessica Greenwood
Culinary Director

Signed:  _____

Ryan Miller
Environmental Health Spec. II
Mankato
Ryan.Miller@state.mn.us