



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 4, 2025

Licensee
Diane's Place LLC
10300 180th Lane Northwest
Elk River, MN 55330

RE: Project Number(s) SL36845016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 7, 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:

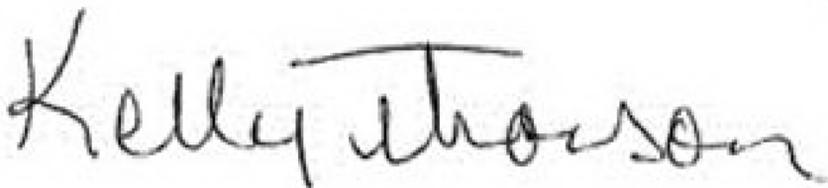
<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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 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

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

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36845 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/07/2025 |
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| NAME OF PROVIDER OR SUPPLIER DIANE'S PLACE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 10300 180TH LANE NW ELK RIVER, MN 55330 |
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| 0 000 | <p>Initial Comments</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>SL36845016-0</p> <p>On March 3, 2025, through March 6, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were six resident(s); all of whom were 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>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 SUBDIVISION 1-3.</p> | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness | 0 680 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| 0 680 | <p>Continued From page 1</p> <p>(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 working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>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.</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 a widespread scope (when</p> | 0 680 | | |
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| 0 680 | <p>Continued From page 2</p> <p>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>The licensee's emergency disaster preparedness plan dated 2023, lacked evidence of the following required content:</p> <ul style="list-style-type: none"> -Documentation of the date of review and any updates made to the EP policies/procedures (P/P) based on the EP, risk assessment & communication plan; and -Conduct exercises to test the EP at least twice per year, including unannounced staff drills using the EP and including a second full-scale exercise that is community-based or an individual, facility based functional exercise OR mock disaster drill OR table-top exercise, and analyze the facility's response to and maintain documentation of all drills, tabletop exercises and emergency events & revise plan as needed. <p>On March 4, 2025, at 9:08 a.m., licensed assisted living director (LALD)-C acknowledged that the licensee was missing the above items and stated it was because, "We were more focused on resident cares."</p> <p>The licensee's Emergency Preparedness policy, dated July 22, 2021, indicated the EP would include the above mentioned items.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 680 | | |

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| 0 775 | Continued From page 3 | 0 775 | | |
| 0 775 SS=F | <p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to keep the facility in compliance with the Minnesota Fire Code. The deficient conditions has 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 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>Findings include:</p> <p>On facility tour with licensed assisted living director (LALD)-C on March 6, 2025, between 10:45 a.m. and 11:30 a.m. the following deficient conditions were observed:</p> <p>FIRE SPRINKLER SYSTEM:</p> <p>The surveyor observed during record review that the LALD-C was unable to provide documentation for the fire sprinkler system annual inspections.</p> <p>LALD-C stated she was unaware that the fire sprinkler system was not being inspected annually.</p> | 0 775 | | |

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| 0 775 | Continued From page 4 | 0 775 | | |
| 0 810 SS=F | <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p> <p>144G.45 Subd. 2 (b-f) Fire protection and physical environment</p> <p>(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.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> | 0 810 | | |

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| 0 810 | <p>Continued From page 5</p> <p>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 the required content. This had the potential to directly affect all residents, staff, and visitors.</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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On March 06, 2025, at 11:37 a.m., licensed assisted living director (LALD)-C provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p>The FSEP (fire safety and evacuation plan) included standard employee procedures but failed to provide specific employee and resident actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The provided FSEP was a general guidance for fire response including responding to a fire alarm but did not provide specific employee and resident actions to take in the event of a fire or similar emergency geared to this facility.</p> <p>LALD-C stated that she understood the plans</p> | 0 810 | | |

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| 0 810 | Continued From page 6 requirements and that she would work on getting this up to date. TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 0 810 | | |
| 01440 SS=F | 144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. 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) completed supervision of an unlicensed personnel within 30 calendar days | 01440 | | |

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| 01440 | <p>Continued From page 7</p> <p>of beginning to provide delegated tasks for two of two unlicensed personnel ((ULP)-B and ULP-E).</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 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>ULP-B ULP-B was hired on April 5, 2024, to provide direct care services to residents.</p> <p>On March 4, 2025, from 6:45 a.m. through 7:15 a.m., surveyor observed ULP-B assist residents with breakfast.</p> <p>ULP-E ULP-E was hired on December 10, 2024, to provide direct care services to residents.</p> <p>ULP-B and ULP-E's record lacked evidence a RN conducted direct supervision of ULPs within 30 days of performing delegated tasks.</p> <p>On March 4, 2025, at 8:00 a.m., licensed assisted living director (LALD)-C stated, "We don't have a 30-day supervision for [ULP-B] but [ULP-E] would have been under the new nurse supervisor, so I have a message out to her to ask, before I start digging."</p> <p>On March 4, 2025, at 8:29 a.m., LALD-C stated, "[Clinical nurse supervisor (CNS)-D] texted me</p> | 01440 | | |

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| 01440 | <p>Continued From page 8</p> <p>and said she has not completed any 30-day supervisory for staff. The previous CNS I know would do them for some of the staff, but they were not done within the 30-day time frame because the dates are all over the place."</p> <p>The licensee's Supervision: Unlicensed Staff policy, dated July 22, 2021, indicated, "Direct supervision of home health aides performing delegated tasks will be provided within 30 days after the individual begins working for the assisted living provider and thereafter as needed based on performance."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01440 | | |
| 01910 SS=D | <p>144G.71 Subd. 22 Disposition of medications</p> <p>(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.</p> <p>(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.</p> <p>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable,</p> | 01910 | | |

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| 01910 | <p>Continued From page 9</p> <p>quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of medication to include the medication strength, prescription number, quantity, date of disposition, and names of staff and other individuals involved in the disposition for one of one discharged 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 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 January 17, 2023, and discharged on June 6, 2023.</p> <p>R1's Discharge/Transfer Summary, indicated R1 received services including assistance with toileting and medication administration.</p> <p>R1's record lacked a medication disposition 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.</p> | 01910 | | |
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|--------------------|--|---------------|---|--------------------|
| 01910 | <p>Continued From page 10</p> <p>On March 4, 2025, at 12:58 p.m., licensed assisted living director (LALD)-C stated, "I am pretty sure we do not have the disposition of medications for [R1] because we would have filled it out on the computer printed it and signed it, and when I pulled it up on the computer it wasn't filled out. We have it on others at our other place, so I know it's a thing, we just don't have hers."</p> <p>The licensee's Disposition and Disposal of Medications, dated July 22, 2021, indicated, "Upon disposition, [licensee] will document the following information in the clinical record a. Name, strength and prescription number of medication, as applicable b. Quantity c. Method of disposition or to whom the medications were given d. Date of disposition e. Name(s)/signature(s) of staff or other individuals involved in disposition f. If applicable, to whom the medications were given(sic)"</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01910 | | |



Type: Full
Date: 03/03/25
Time: 11:30:00
Report: 1051251053

Food and Beverage Establishment Inspection Report

Location:

Diane'S Place Llc
10300 180th Lane Nw
Elk River, MN55330
Sherburne County, 71

Establishment Info:

ID #: 0037474
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7634441881
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

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 37 Degrees Fahrenheit - Location: AMBIENT
Violation Issued: No

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

MET WITH NURSE EVALUATOR, TESA BROWN.

DISCUSSED THE FOLLOWING WITH THE FOOD SERVICE DIRECTOR, CHRISTINE:

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

Type: Full
Date: 03/03/25
Time: 11:30:00
Report: 1051251053
Diane'S Place Llc

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 1051251053 of 03/03/25.

Certified Food Protection Manager: Christine Lorraine Cook

Certification Number: 8785 Expires: 05/06/28

Inspection report reviewed with person in charge and emailed.

Signed: _____

Christine Lorraine Cook

Signed:  _____

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