



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 22, 2025

Licensee
Friendship Village Bloomington
8130 Highwood Drive
Bloomington, MN 55438

RE: Project Number(s) SL37122016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 13, 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,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: jess.schoenecker@state.mn.us

Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER FRIENDSHIP VILLAGE BLOOMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 8130 HIGHWOOD DRIVE BLOOMINGTON, MN 55438		
(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</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: Project # SL37122016</p> <p>On March 10, 2025, through March 13, 2025, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were seventy-two (72) residents 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 Facilities with Dementia Care. 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>		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (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; (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; (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; (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; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	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 11, 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			
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and	01060			

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01060	<p>Continued From page 4</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one or one resident (R2).</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>R2 admitted for assisted living services on July 1, 2024.</p> <p>R2's Service Plan Report with print date February 26, 2025, indicated R2 received services for toilet assistance, bathing assistance, medication management, and catheter management.</p> <p>R2's Progress Notes dated January 24, 2025, to February 20, 2025, indicated "Called resident's spouse to find out when resident is returning from</p>	01060			

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01060	<p>Continued From page 5</p> <p>appt this morning following Hernia surgery. Per spouse resident is staying overnight. Spouse stated that resident has been some low sats and is on supplemental O2. Also is not vitally stable. Will be staying another night, spouse inquired about (Transitional Care Unit) TCU stay. Resident returning S/P hospitalization with subsequent TCU stay after hernia surgery w/complication. During recent hospitalization a Foley catheter was placed. Resident uses Foley catheter with plug, the bladder is used as a reservoir, the plug is removed from the catheter Q3H, and the bladder is emptied."</p> <p>R2's record lacked a written notice that contains, at a minimum:</p> <ul style="list-style-type: none">- the reason for the relocation.- the name and contact information for the location to which the resident has been relocated and any new service provider.- contact information for the Office of Ombudsman for Long-Term Care.- if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known.- a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. <p>In addition, R2's record lacked notification to the Office of Ombudsman for Long-Term Care with in four days that R2 had been relocated and had not returned to the facility.</p> <p>On March 12, 2025, at 12:30 p.m., registered nurse (RN)-A acknowledged R2 was</p>	01060			

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01060	<p>Continued From page 6</p> <p>hospitalized/TCU from January 24, 2025, to February 19, 2025. RN-A stated a written notice had not been provided with the required content, and the OOLTC had not been notified. In addition, RN-A stated they were aware of the required content mentioned above, but resident had planned surgery with complication, so they assumed an emergency relocation plan wasn't needed.</p> <p>The licensee Emergency Relocation policy dated April 5, 2023, indicated when a licensee enacts an emergency relocation, the facility must deliver, as soon as practicable, a written notice to the resident, their legal representative, and their designated representative. This form must include the following information:</p> <p>1-resident name and date of relocation. 2-location of relocation including contact information; 3-reason for relocation; 4-estimated length of stay if known; 5-notification to the following parties: a. the resident b. resident legal representative (if there is a legal representative) c. resident designated representative (if there is a designated representative) d. office of the Ombudsman for LTC (if stay is greater than 4 days) e. office of the Ombudsman for Mental Health (if stay is greater than 4 days) 6-if the facility refuses to provide housing or assisted living services to the resident after their relocation, the written notice must include a statement that the resident has the right to appeal and the contact information for where the resident must submit their appeal; and 7-Signature of the employee including job title who initiated the emergency relocation.</p>	01060			

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01060	Continued From page 7 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060			
01290 SS=D	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and a clearance received in affiliation with the assisted living with dementia care licensee's current health facility identification (HFID) for two of two employees (registered nurse (RN)-A, unlicensed personnel (ULP))-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01290			

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01290	<p>Continued From page 8</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 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>RN-A RN-A was hired on December 19, 2023, to perform care and services for residents of the assisted living with dementia care facility.</p> <p>RN-A was licensed as a RN by the Minnesota Board of Nursing on September 18, 2014.</p> <p>RN-A's employee record included a background study clearance, affiliated a skilled nursing facility owned by the same owner with HFID 00806.</p> <p>RN-A's employee record lacked evidence of current, cleared background studies affiliated with the licensee's current assisted living with dementia care HFID 37122.</p> <p>ULP-B ULP-B was hired on October 19, 2024, to perform care and services for residents of the assisted living with dementia care facility.</p> <p>ULP-B's employee record included a background study clearance, affiliated a skilled nursing facility owned by the same owner with HFID 00806.</p> <p>ULP-B's employee record lacked evidence of current, cleared background studies affiliated with the licensee's current assisted living with dementia care HFID 37122.</p>	01290			

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01290	<p>Continued From page 9</p> <p>On March 12, 2025, at 1:00 p.m., licensed assisted living director (LALD)-C stated RN-A and ULP-B's background studies were conducted under licensee's owner's skilled nursing facility HFID 00806 instead of the assisted living license HFID 37122. LALD-C stated they were aware of the required background studies to affiliated with the licensee's current HFID but it was oversight.</p> <p>The licensee's Background Checks policy dated August 1, 2022, indicated "All employees; as well as contractors, and regularly scheduled volunteers of the facility with direct resident contact will undergo a background study through DHS [Department of Human Services]. Only those with satisfactory results will continue to work with the facility and its residents."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290			
01530 SS=D	<p>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</p> <p>(a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working</p>	01530			

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01530	<p>Continued From page 10</p> <p>hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the required eight (8) hours of dementia care training was completed for direct-care employee within 160 hours of employment start date 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>ULP-B was hired on October 19, 2024, and was observed providing direct care services to residents on March 11, 2025, at 9:00 a.m.</p>	01530			

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01530	<p>Continued From page 11</p> <p>ULP-B's "Workday Learning Transcript" dated January 1, 2025, indicated ULP-B completed of five (5) hours of dementia training, but lacked documentation of the required 8 hours of dementia care training within 160 hours of employment start date.</p> <p>On March 12, 2025, at 1:00 p.m., registered nurse (RN)-A stated ULP-B's employee records missing documentation of the required 8 hours of dementia care training within 160 hours of employment start date. RN-A acknowledged only 5 hours was completed for the required 8 hours of dementia care training. RN-A stated the licensee was aware of the required 8 hours of dementia care training, but it was missed.</p> <p>The licensee's Assisted Living with Memory Care Dementia Training policy dated August 1, 2022, indicated " Employees of a licensed assisted living or a licensed assisted living with dementia care who have not completed their initial dementia care training will not provide direct care independently."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01530			
01650 SS=D	<p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff</p>	01650			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER FRIENDSHIP VILLAGE BLOOMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 8130 HIGHWOOD DRIVE BLOOMINGTON, MN 55438		
(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
01650	<p>Continued From page 12</p> <p>who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for one of one resident (R2).</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>	01650			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2025
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01650	<p>Continued From page 13</p> <p>R2 admitted for assisted living services on July 1, 2024.</p> <p>On March 11, 2025, at 9:00 a.m., the surveyor observed licensed practical nurse (LPN)-D check R2's blood glucose level and administer insulin to R2.</p> <p>R2's Task dated March 2025, indicated "Apply black compression stockings first, then Velcro Wraps (starting at ankle) to both legs, on AM [morning] and off."</p> <p>R2's Medication Administration Record (MAR) dated March 2025, indicated R2 received blood sugar monitoring three times a day (7:30 a.m., 12:00 p.m., and 5:30 p.m.).</p> <p>R2's Assisted Living-Memory Care Service Plan signed February 20, 2025, indicated R2 received services for activities of daily living (ADL), 24-hour nursing care, personal laundry, and transferring assistance. R2's Service Plan Report with print date February 26, 2025, indicated R2 received services for toilet assistance, bathing assistance, medication management, and catheter management.</p> <p>R2's Service Plan lacked identification of blood glucose monitoring, and compression stockings. R2's service plan also lacked the identification of staff or categories of staff who would provide the services.</p> <p>On March 12, 2025, at 1:00 p.m., registered nurse (RN)-A acknowledged R2's Service Plan missed identification of blood glucose monitoring and compression stockings. RN-A stated resident service plans should include all services provided</p>	01650			

Minnesota Department of Health

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01650	Continued From page 14 by the licensee. The licensee's Service Plan policy dated April 13, 2023, indicated the service plan included a description of the services to be provided and frequency of each service according to resident assessment and resident preferences. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650			
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for one of two residents (R2) with an assistive device (consumer side rail). 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).	02310			

Minnesota Department of Health

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02310	<p>Continued From page 15</p> <p>The findings include:</p> <p>On March 11, 2025, at 9:00 a.m., the surveyor observed R2 sitting on his bed. R2's bed had a side rail on both sides of the bed, which were attached to the bed. Registered nurse (RN)-F grasped the side rail and noted the side rail to be secured to the bed and did not move when pulled and pushed on with force.</p> <p>R2 admitted for assisted living services on July 1, 2024.</p> <p>R2's Assisted Living-Memory Care Service Plan signed February 20, 2025, indicated R2 received services for activities of daily living (ADL), 24-hour nursing care, personal laundry, and transferring assistance. R2's Service Plan Report with print date February 26, 2025, indicated R2 received services for toilet assistance, bathing assistance, medication management, and catheter management.</p> <p>R2's Side Rail Evaluation with effective date November 11, 2024, indicated family requested side rail "Spouse stated she had them installed so he would feel something there and not roll out of bed, because he is used to sleeping in a larger bed than a twin size. Resident demonstrated using the rail to sit up in bed."</p> <p>R2's record lacked evidence the licensee referred to the Consumer Product Safety Commission (CSPC) for bedrail recall information.</p> <p>On March 12, 2025, at 1:00 p.m., RN-A stated that they have provided education to the R2 and R2's representative about the potential risks associate with siderails, including risk of</p>	02310			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER FRIENDSHIP VILLAGE BLOOMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 8130 HIGHWOOD DRIVE BLOOMINGTON, MN 55438		
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02310	<p>Continued From page 16</p> <p>entrapment. RN-A reported alternative were offered, but R2's representative insisted that the side rails were ensuring for R2's safety. RN-A stated R2 was currently receiving safety checks. In addition, RN-A confirmed she had not verified the assisted device had not been recalled.</p> <p>The licensee's 5.16 Side rails policy, undated, indicated "When side rails are in use, an RN must conduct an assessment to identify the intended purpose of the side rail and the risks regarding the use of the side rail. If the side rail is acting as a restraint, appropriate action should be taken. The side rail is used consistent with manufacturer's directions. Be aware of side rails that slide between the mattress and box spring designed."</p> <p>The FDA "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe".</p> <p>The United States Consumer Product Safety Commission (USCPSC) dated April 29, 2021, identified a recall involving adult portable bedrails that do not have safety retention straps to secure the bedrail to the bed frame to keep the bedrail from shifting out of place and creating a dangerous gap. This poses a serious risk for strangulation, entrapment, and death.</p>	02310			

Minnesota Department of Health

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02310	<p>Continued From page 17</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none">- Purpose and intention of the bed rail;- Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail;- The resident's bed rail use/need assessment;- Risk vs. benefits discussion (individualized to each resident's risks);- The resident's preferences;- Installation and use according to manufacturer's guidelines;- Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and- Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". <p>Additionally, the MDH website indicated for hospital-style bed rails, the licensee must include in their documentation, the bed rail measurements and that the bed rail has not shifted and is securely attached to the bed frame per manufacturer recommendations.</p>	02310			

Minnesota Department of Health

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02310	Continued From page 18 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310			

Type: Full
Date: 03/11/25
Time: 08:43:32
Report: 8044251064

Food and Beverage Establishment Inspection Report

Page 1

Location:

Friendship Village Bloomington - Northern Lights
8130 Highwood Drive
Bloomington, MN55438
Hennepin County, 27

Establishment Info:

ID #: 0037491
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528309400
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.

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.14B

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

Wiping cloth stored in quaternary ammonium solution measuring below the 200 ppm minimum.

Comply By: 03/11/25

Surface and Equipment Sanitizers

Hot Water: = at 167.8 Degrees Fahrenheit

Location: Dishwasher

Violation Issued: No

Quaternary Ammonia: = 50 ppm at Degrees Fahrenheit

Location: Buckst

Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Hot Holding

Temperature: 141.5 Degrees Fahrenheit - Location: Oatmeal

Violation Issued: No

Process/Item: Hot Holding

Temperature: 136.8 Degrees Fahrenheit - Location: Sausage patties

Violation Issued: No

Process/Item: Cold Holding

Temperature: 38.9 Degrees Fahrenheit - Location: Egg salad in lowboy

Violation Issued: No

Type: Full
Date: 03/11/25
Time: 08:43:32
Report: 8044251064

Food and Beverage Establishment
Inspection Report

Friendship Village Bloomington - Northern Lights

Process/Item: Cold Holding
Temperature: 37.0 Degrees Fahrenheit - Location: Lowboy
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39.2 Degrees Fahrenheit - Location: Milk im upright
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39.0 Degrees Fahrenheit - Location: Upright
Violation Issued: No

Process/Item: Cooling from ambient
Temperature: 45.1 Degrees Fahrenheit - Location: Cottage cheese @ 9:07
Violation Issued: No

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

HRD inspection conducted with nurse evaluator Safia Hassan. Report reviewed on site with Jennifer.

Establishment Info: jennifer.bever@lifespacecommunities.com

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 8044251064 of 03/11/25.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: 
Inspector signed for Jennifer

Signed: 
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-216-1096
michael.demars@state.mn.us

Type: Full
Date: 03/11/25
Time: 09:17:25
Report: 8044251065

Food and Beverage Establishment Inspection Report

Page 1

Location:

Friendship Village Bloomington - Memory Care
8130 Highwood Drive
Bloomington, MN55438
Hennepin County, 27

Establishment Info:

ID #: 0037491
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528309400
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

Hot Water: = at 167.2 Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

Quaternary Ammonia: = 200 ppm at Degrees Fahrenheit
Location: Bucket
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 37.0 Degrees Fahrenheit - Location: Milk in upright 1
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40.0 Degrees Fahrenheit - Location: Upright 1
Violation Issued: No

Process/Item: Hot Holding
Temperature: 148.0 Degrees Fahrenheit - Location: Oatmeal
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39.9 Degrees Fahrenheit - Location: milk in upright 2
Violation Issued: No

Process/Item: Cold Holding
Temperature: 35.0 Degrees Fahrenheit - Location: Upright 2
Violation Issued: No

Type: Full
Date: 03/11/25
Time: 09:17:25
Report: 8044251065
Friendship Village Bloomington - Memory Care

Food and Beverage Establishment Inspection Report

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

HRD inspection conducted with nurse evaluator Safia Hassan. Report reviewed on site with Jennifer.

Establishment Info: jennifer.bever@lifespacecommunities.com


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 8044251065 of 03/11/25.

Certified Food Protection Manager Hannah V Westall

Certification Number: 114316 Expires: 11/30/25

Signed: 
Inspector signed for Jennifer

Signed: 
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-216-1096
michael.demars@state.mn.us