



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 14, 2024

Licensee
Quality Living Care, LLC
925 Memorial Parkway Southwest
Rochester, MN 55902

RE: Project Number(s) SL40016015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on May 31, 2024, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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

Per 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 residents/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 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 the Department of Health within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

To submit a reconsideration request, please visit:

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by MDH within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit **<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a stylized flourish at the end.

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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: 40016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER QUALITY LIVING CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 925 MEMORIAL PARKWAY SW ROCHESTER, MN 55902			
(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>SL40016015-0</p> <p>On May 28, 2024, through May 31, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three residents; three receiving services under the provider's provisional Assisted Living 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>		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	0 630			

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 630	<p>Continued From page 1</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for three of three residents (R1, R2, R3).</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>R1 R1's diagnoses included hypertensive heart disease with heart failure, type 2 diabetes with insulin dependence, chronic obstructive pulmonary disease (COPD), anxiety disorder, bipolar disorder, and attention deficit hyperactivity disorder.</p>	0 630			

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0 630	<p>Continued From page 2</p> <p>R1's Service Plan dated January 1, 2024, indicated the services of medication administration, blood sugar monitoring, CPAP (continuous positive airway pressure-a breathing device used during sleep to provide increased air exchange within the lungs) with supplemental oxygen, oxygen saturation checks, safety checks, and therapeutic exercises.</p> <p>On May 29, 2024, at 8:45 a.m. the surveyor observed unlicensed personnel (ULP)-C complete a blood sugar check, administer oral and topical medications, and prepare R1's insulin and observed his self-administration.</p> <p>R1's IAPP (found within his registered nurse (RN) assessment) dated April 2, 2024, included his susceptibility to be abused and interventions to minimize the risk for abuse, but lacked the required content to include his susceptibility to abuse others including other vulnerable adults and include interventions to minimize the risk of abuse to others.</p> <p>R2 R2's diagnoses included schizophrenia and antisocial personality disorder.</p> <p>R2's Service Plan dated April 4, 2024, included the services of medication administration, management of behavior, and assistance with bathing and dressing.</p> <p>On May 28, 2024, at 12:27 p.m. ULP-C was observed to administer medications to R2.</p> <p>R2's RN assessment dated April 15, 2024, indicated he received medication management for physical aggression, hallucinations, and</p>	0 630			

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0 630	<p>Continued From page 3</p> <p>delusions.</p> <p>R2's IAPP (found within his RN assessment) dated April 15, 2024, included his susceptibility to abuse from others but lacked the required content to include his susceptibility to abuse others, including other vulnerable adults and include interventions to minimize the risk of abuse to others.</p> <p>R3</p> <p>R3's diagnoses included generalized anxiety disorder and chronic pain.</p> <p>R3's Service Plan dated October 5, 2023, included the services of medication administration, compression stockings, behavior management, and therapeutic exercises.</p> <p>On May 29, 2024, at 9:00 a.m. ULP-C was observed to assist R3 with donning her compression stockings.</p> <p>R3's IAPP (found within her RN assessment) dated April 2, 2024, included her susceptibility to abuse by others and interventions to minimize the risks, but lacked the required content to include her susceptibility to abuse others including other vulnerable adults and include interventions to minimize the risk of abuse to others.</p> <p>On May 29, 2024, at 1:30 p.m. clinical nurse supervisor (CNS)-B indicated she was not aware the required content needed to include the resident's risk of abusing others including other vulnerable adults. CNS-B further stated she would not be worried about R1 and R3, but R2 could have potential concerns for abusing others.</p> <p>The licensee's Individual Abuse Prevention Plan</p>	0 630			

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0 630	Continued From page 4 policy dated May 5, 2023, indicated the plan will contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including: a. other vulnerable adults b. the person's risk of abusing other vulnerable adults, and c. statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (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) employee 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. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility.	0 810			

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0 810	<p>Continued From page 5</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 employees 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> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to develop a fire safety and evacuation plan with the required content, and maintain evacuation drill documentation. 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 May 28, 2024, the licensee provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and employee evacuation drills for the facility.</p> <p>FIRE SAFETY AND EVACUATION PLAN</p>	0 810			

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0 810	<p>Continued From page 6</p> <p>The door leading into the attached garage from the home was labeled as an emergency exit on the FSEP floor plan. Emergency exits are required to lead directly to the exterior of the building and not through a higher hazard room.</p> <p>The FSEP included a 9.06 Fire Safety Policy dated May 5, 2023. The fire safety policy was a template and had not been developed for the facility location. This policy inappropriately referenced smoke compartment doors and fire sprinklers. The policy directs the building occupants to stay behind fire doors, but these doors are not identified in the plan.</p> <p>The fire safety policy included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks.</p> <p>The fire safety policy did not identify specific fire protection procedures necessary for residents evident by limited instructions directing employees to remove all tenants from danger and evacuate to the safest exit. No additional fire protection procedures necessary for residents were included.</p> <p>During an interview on May 31, 2024, at 9:00 a.m., licensed assisted living director, (LALD)-A verified the fire safety policy included inaccurate information and the FSEP lacked the required content. LALD-A stated the FSEP required revision.</p> <p>DRILLS Record review indicated the licensee failed to maintain fire drill evacuation documentation evident by fire drill reports lacking the required</p>	0 810			

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0 810	Continued From page 7 information. The names of the employees who had participated and the simulated fire locations with employee actions were not recorded. During an interview on May 31, 2024, at 9:00 a.m., LALD-A verified the licensee had not maintained the fire drill documentation. LALD-A stated this information would be included on future fire drill records. 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.	01440			

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01440	<p>Continued From page 8</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct supervision of one of one unlicensed personnel (ULP-C) performing delegated tasks was provided within 30 calendar days after the date on which the individual began working for the licensee.</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-D was hired on September 25, 2024, to provide direct care services.</p> <p>On May 29, 2024, at 8:45 a.m. ULP-C was observed to administer medications to R1.</p> <p>ULP-C's employee file lacked evidence the licensee's registered nurse (RN) completed a 30-day supervisory visit.</p> <p>On May 29, 2024, at 2:42 p.m. clinical nurse supervisor (CNS)-B stated she was not aware of the requirement for the 30-day RN supervision and had not completed one for any of the licensee's ULP.</p> <p>The licensee's Supervision of Staff-Delegated Services policy dated May 5, 2023, indicated</p>	01440			

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01440	Continued From page 9 direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for [licensee name] and first performs the delegated tasks for residents and thereafter as needed based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440			
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered	01730			

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01730	<p>Continued From page 10</p> <p>nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an individualized medication management plan included all required content for one of one resident (R1) receiving medication 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 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>R1's diagnoses included hypertensive heart disease with heart failure, type 2 diabetes with insulin dependence, chronic obstructive</p>	01730			

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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
01730	<p>Continued From page 11</p> <p>pulmonary disease (COPD), anxiety disorder, bipolar disorder, and attention deficit hyperactivity disorder.</p> <p>R1's Service Plan dated January 1, 2024, included the service of medication administration.</p> <p>On May 29, 2024, at 8:45 a.m. unlicensed personnel (ULP)-C was observed to administer six oral medications, one topical cream, and drew up 30 units of insulin from an insulin bottle. ULP-C then observed R1 self-administer the insulin and properly disposed the insulin syringe/needle. ULP-C stated the staff manage the proper dose of insulin based on R1's blood sugar, drew up the insulin and ensured R1 injected the insulin properly. Staff were to assist with the insulin administration if R1 requested.</p> <p>R1's medication administration record (MAR) dated May 2024, indicated scheduled medications included one blood thinner, one for fluid retention, two for diabetes (one oral, one injection), one for blood pressure, one for acid reflux, one for cholesterol and one supplement. R1's MAR also indicated as needed (PRN) medications to include three for pain (two oral, one patch), one for chest pain, one antifungal cream, and one inhaler.</p> <p>R1's Medication Plan found within R1's registered nurse (RN) comprehensive assessment dated April 2, 2024, indicated staff provided medication administration to R1.</p> <p>R1's medication plan lacked the required content to include:</p> <ul style="list-style-type: none">-type of medication storage system, based on the resident's needs; and-medication management tasks that may be delegated to ULPs-the licensee failed to include	01730			

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01730	Continued From page 12 injectable medications. On May 29, 2024, at 1:15 p.m. clinical nurse supervisor (CNS)-B indicated she was not aware of all the required content of the medication plan. She stated she was still learning the electronic medical record system and how to capture the content. CNS-B stated the licensee's other residents' medication plans would also lack the required content of the type of medication storage system, based on the resident's need. The licensee's Medication Management Individualized Plan policy dated May 5, 2023, indicated the plan would include: -a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; and -identification of medication management tasks that may be delegated to unlicensed personnel No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for	01750			

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01750	<p>Continued From page 13</p> <p>each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to specify in writing, specific instructions and documented those instructions for one of one resident (R1) for medication administration delegated to unlicensed personnel.</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 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's diagnoses included hypertensive heart disease with heart failure, type 2 diabetes with insulin dependence, chronic obstructive pulmonary disease (COPD), anxiety disorder, bipolar disorder, and attention deficit hyperactivity disorder.</p> <p>R1's Service Plan dated January 1, 2024, included the service of medication administration.</p> <p>On May 29, 2024, at 8:45 a.m. unlicensed personnel (ULP)-C was observed to administer six oral medications to R1. ULP-C asked R1 if he had any pain, to which he stated, "no, not today".</p>	01750			

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01750	<p>Continued From page 14</p> <p>R1's medication administration record (MAR) dated May 2024, indicated scheduled medications included one blood thinner, one for fluid retention, two for diabetes (one oral, one injection), one for blood pressure, one for acid reflux, one for cholesterol and one supplement. R1's MAR also indicated as needed (PRN) medications to include three for pain (two oral, one patch), one for chest pain, one antifungal cream, and one inhaler.</p> <p>R1's prescriber's orders for acetaminophen dated October 3, 2023, indicated give 500-1000 milligrams (mg) orally every eight hours PRN for pain or fever.</p> <p>R1's prescriber's orders for Naproxen 220 mg dated October 3, 2023, indicated give 220-440 mg by mouth every four hours PRN for pain or fever.</p> <p>The licensee failed to specify directions for the ULP to follow regarding which PRN medication should be used first for pain or fever, what dose should be used for each medication, nor provided direction to call the nurse to assist in determining the best option.</p> <p>On May 29, 2024, at 1:05 p.m. clinical nurse supervisor (CNS)-B stated she was not aware medication dosing ranges needed to be specified for the ULP and would reach out to the provider for more clarification regarding these two medications. CNS-B indicated the ULP would need nursing expertise or guidance to decide which medication to use.</p> <p>The licensee's Medication and Treatment-Administration and Delegation policy dated May 5, 2023, indicated when administration of medications or treatment/therapy is delegated</p>	01750			

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01750	Continued From page 15 or assigned to unlicensed personnel, [licensee's name] will ensure that the registered nurse has specified, in writing, specific instructions for each resident and documented those instructions in the resident's records. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of one resident (R1) receiving treatments. 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	01970			

Minnesota Department of Health

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01970	<p>Continued From page 16</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1's diagnoses included hypertensive heart disease with heart failure, type 2 diabetes with insulin dependence, chronic obstructive pulmonary disease (COPD), anxiety disorder, bipolar disorder, and attention deficit hyperactivity disorder.</p> <p>R1's Service Plan dated January 1, 2024, included the service of CPAP (continuous positive airway pressure) with supplemental oxygen and oxygen saturation checks.</p> <p>On May 29, 2024, at 8:45 a.m. the surveyor observed a CPAP machine on R1's bedside table and an oxygen concentrator close by and turned off. ULP-C stated staff assisted with ensuring the tubing and mask were cleaned and set up properly daily. R1 had the oxygen concentrator to provide supplemental oxygen to the CPAP at nighttime with a flow rate of two liters/minute.</p> <p>R1's Task record dated May 2024, indicated the task of CPAP with oxygen at two liters/min at bedtime.</p> <p>R1's record included an order for the CPAP dated October 16, 2023, but lacked an order for supplemental oxygen with the CPAP machine.</p> <p>On May 29, 2024, at 2:00 p.m. licensed assisted living director (LALD)-A stated he was unable to locate an order for oxygen and had reached out to R1's provider to obtain one.</p> <p>The licensee's Medications and Treatments Orders-Receiving dated June 2021 indicated a</p>	01970			

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01970	<p>Continued From page 17</p> <p>registered nurse (RN), licensed practical nurse (LPN), therapist, or person at [licensee name] who is qualified to receive orders will obtain all medications and treatment orders either in writing, verbally, or electronically by an authorized prescriber. All orders for medications and treatments must be dated and signed by the prescriber and must be current and consistent with the nursing assessment. Additionally, content of medication orders must contain the name of the drug, dosage, frequency, route, indication and directions for use.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01970			

Type: Full
Date: 05/29/24
Time: 12:37:27
Report: 1038241063

Food and Beverage Establishment Inspection Report

Page 1

Location:

Quality Living-Rochester
925 Memorial Parkway
Rochester, MN55901
Olmsted County, 55

Establishment Info:

ID #: N40016
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/24

Operator:

Phone #:
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.

2-100 Supervision

2-102.12AMN

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

Muraya Gelle has completed training and is waiting for her CFPM card.

Comply By: 06/03/24

Surface and Equipment Sanitizers

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

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

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: Butter
Violation Issued: No

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: Buns
Violation Issued: No

Process/Item: Upright Freezer
Temperature: Degrees Fahrenheit - Location:
Violation Issued: No

Type: Full
Date: 05/29/24
Time: 12:37:27
Report: 1038241063
Quality Living-Rochester

Food and Beverage Establishment Inspection Report

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

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 1038241063 of 05/29/24.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: ____/____/____

Signed:_____

Establishment Representative

Signed:_____

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