



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 31, 2024

Licensee

Kingsley Shores Senior Living

16880 Klamath Trail

Lakeville, MN 55044

RE: Project Number(s) SL29470016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 20, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this 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,



Jodi Johnson, Supervisor

State Evaluation Team

Email: jodi.johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
(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>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>SL29470016-0</p> <p>On November 18, 2024, through November 20, 2024, the Minnesota Department of Health conducted a full survey at the above provider for a change of ownership. At the time of the survey, there were 92 residents; 59 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>		
0 480 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

Minnesota Department of Health

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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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 19, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480			

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0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, information about the licensee's grievance procedure with the required content. This had the potential to affect the licensee's current 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 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>	0 550			

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0 550	Continued From page 4 The findings include: On November 18, 2024, at 10:15 a.m. during the facility tour, the surveyor did not observe any signage or information posted regarding the grievance procedure, and the name, telephone number and email contact information for individuals who were responsible for handling resident grievances. On November 18, 2024, at 10:38 a.m., licensed assisted living director (LALD)-A stated the grievance procedure was not posted. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee	0 640			

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0 640	<p>Continued From page 5</p> <p>failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) as required. 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 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>The licensee failed to post information and the reporting number for MAARC to report suspected maltreatment of a vulnerable adult under section 626.557.</p> <p>On November 18, 2024, at 10:15 a.m., the surveyor observed the entry and common areas within the facility and noted there was no posting of the information and reporting number for MAARC, as required.</p> <p>On November 18, 2024, at 10:38 a.m., licensed assisted living director (LALD)-A stated the MAARC information was not posted.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 640			

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0 730	Continued From page 6	0 730			
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received	0 730			

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0 730	<p>Continued From page 7</p> <p>and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one discharged resident's record (R4) included a discharge summary.</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>R4 was admitted on September 11, 2024, and discharged on November 13, 2024.</p> <p>R4's discharge summary dated November 14, 2024, failed to include:</p> <ul style="list-style-type: none">- a summary of the resident's stay that includes allergies, treatments and therapies, and pertinent lab, radiology, and consultation results;- a final summary of the resident's status from the latest assessment or review under Minnesota Statutes, section 144G.70, if applicable, that includes the resident status, including baseline	0 730			

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0 730	<p>Continued From page 8</p> <p>and current mental, behavioral, and functional status;</p> <p>- postdischarge plan that is developed with the resident and, with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The postdischarge plan must indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any postdischarge medication and nonmedical services the resident will need.</p> <p>On November 20, 2024, at 9:42 a.m., corporate director of nursing (CDON)-B stated R4's record lacked a discharge summary to include the required content as listed above.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 730			
0 950 SS=D	<p>144G.50 Subd. 3 Designation of representative</p> <p>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and</p>	0 950			

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0 950	<p>Continued From page 9</p> <p>advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee provided the required notice for right to a designated representative with the required verbiage on a document separate from the contract for two of three residents (R1 and 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>R1 R1 was admitted on May 17, 2021, with diagnoses that included Alzheimer's disease</p>	0 950			

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0 950	<p>Continued From page 10</p> <p>(progressive disease that destroys memory and other important mental functions).</p> <p>R1's Housing with Services Contract and Lease Agreement dated May 15, 2021, included an area to designate or decline a designated representative; however, the agreement lacked a separate page for designated representative to include the required verbiage.</p> <p>R1's record lacked evidence in writing of providing on a document separate from the contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>R2</p> <p>R2 was admitted on December 28, 2022, with diagnoses that included congestive heart failure (chronic condition in which the heart doesn't pump blood as well as it should).</p> <p>R2's Resident Lease Agreement dated October 23, 2024, included an area to designate or decline a designated representative; however, it was left blank. The agreement lacked a separate page for designated representative to include the required verbiage.</p> <p>R2's record lacked evidence in writing of</p>	0 950			

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0 950	Continued From page 11 providing on a document separate from the contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." On November 20, 2024, at 10:04 a.m., licensed assisted living director (LALD)-A stated R1 and R2's record did not have the correct verbiage for designated representative. LALD-A further stated the licensee was in the process of obtaining new lease agreements for R1 and R2 which would include the required documents for designation of representative. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950			
0 970 SS=E	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is	0 970			

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NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
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0 970	<p>Continued From page 12</p> <p>required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident for three of three residents (R1, R2, and 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R1 R1 was admitted on May 17, 2021, with diagnoses that included Alzheimer's disease (progressive disease that destroys memory and other important mental functions).</p> <p>R1's Housing with Services Contract and Lease Agreement dated May 15, 2021, included a clause that indicated the resident would waive the licensee's liability for health, safety, or personal property of a resident. -Page 12-13 of the agreement indicated: "Indemnification: As an occupant of the Community, Resident assumes the risk for Resident's own safety and for the safety of Resident's guests and agents. Resident will</p>	0 970			

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0 970	<p>Continued From page 13</p> <p>indemnify and hold harmless Provider, its employees," Page 13 of the agreement could not be located.</p> <p>R2 R2 was admitted on December 28, 2022, with diagnoses that included congestive heart failure (chronic condition in which the heart doesn't pump blood as well as it should).</p> <p>R2's Resident Lease Agreement dated October 23, 2024, included a clause that indicated the resident would waive the licensee's liability for health, safety, or personal property of a resident. -Page 19 of the agreement indicated: "Indemnification: Resident will indemnify and hold harmless management, its employees and agents from and against any and all third-party claims, actions, damages, and liability and expense, arising from or out of the use by resident of the rented premises or any other part of management's property, or caused by an act or omission of resident or resident's guest or agents".</p> <p>R3 R3 was admitted on January 13, 2024, with diagnoses that included diabetes.</p> <p>R3's Assisted Living Contract dated January 13, 2024, included a clause that indicated the resident would waive the licensee's liability for health, safety, or personal property of a resident. -Page 11 of the agreement indicated: "Indemnification: Resident is responsible for the conduct of resident's guest and agents. Except as provided in Section 24 below, Resident will indemnify and hold harmless Provider, its employees, officers, manager, owners and agents from and against any and all claims,</p>	0 970			

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0 970	Continued From page 14 actions, damages, liabilities and expenses incurred in connection with any loss, injury or damage to property arising from or out of, or caused wholly or in part by an act or omission of Resident's guests or agents nothing in Section 22 is intended to conflict with Minn. Stat. 144G.50, subd. 5 and Provider acknowledges its obligation to adhere to the same". On November 20, 2024, at 10:05 a.m., licensed assisted living director (LALD)-A stated R1, R2, and R3 each had a different version of the contract from the previous owners and included the above content. LALD-A further stated the licensee was in the process of obtaining new contracts for R1, R2, and R3. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970			
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic	01370			

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01370	<p>Continued From page 15</p> <p>devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency was completed for one of two employees (unlicensed personnel (ULP)-D) to include all required content.</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</p>	01370			

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01370	<p>Continued From page 16</p> <p>a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-D was hired on August 28, 2024, to provide direct care and services to the facility's residents.</p> <p>ULP-D's employee record lacked evidence of training for the following topics:</p> <ul style="list-style-type: none">-documentation requirements for all services provided;-reports of changes in resident's condition to the supervisor designated by the facility;-maintenance of a clean and safe environment;-appropriate and safe techniques in personal hygiene and grooming including:<ul style="list-style-type: none">-hair care and bathing-care of teeth, gums, and oral prosthetic devices-care and use of hearing aids-dressing and assistance with toileting-training on the prevention of falls;-standby assistance techniques and how to perform them;-medication, exercise, and treatment reminders;-basic nutrition, meal preparation, food safety, and assistance with eating;-preparation of modified diets as ordered by a licensed health professional;-communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family. <p>ULP-D's employee record lacked evidence of competency evaluation for the following topics:</p> <ul style="list-style-type: none">-appropriate and safe techniques in personal hygiene and grooming including:<ul style="list-style-type: none">-hair care and bathing	01370			

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01370	<p>Continued From page 17</p> <ul style="list-style-type: none">-care of teeth, gums, and oral prosthetic devices-care and use of hearing aids-dressing and assistance with toileting-standby assistance techniques and how to perform them <p>On November 20, 2024, at 10:00 a.m., licensed assisted living director (LALD)-A stated ULP-D was trained and competent in all areas listed above; however, ULP-D's record lacked evidence of the training and competency evaluations.</p> <p>The licensee's Orientation and Annual Training Requirements policy dated April 2021, indicated the assisted living community shall retain evidence in the team member record of each team member person having completed the orientation and training required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01370			
01380 SS=D	<p>144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn</p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p> <ul style="list-style-type: none">(1) observing, reporting, and documenting resident status;(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;(3) reading and recording temperature, pulse, and respirations of the resident;	01380			

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01380	<p>Continued From page 18</p> <p>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency was completed for one of two employees (unlicensed personnel (ULP)-D) to include all required content.</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-D was hired on August 28, 2024, to provide direct care and services to the facility's residents.</p> <p>ULP-D's employee record lacked evidence of training for the following topics: -observing, reporting, and documenting of resident status; -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; -reading and recording temperature, pulse, and respirations of the resident;</p>	01380			

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01380	<p>Continued From page 19</p> <p>-recognizing physical, emotional, cognitive, and developmental needs of the resident; -safe transfer techniques and ambulation; -range of motion and positioning; -administering medications or treatments as required.</p> <p>ULP-D's employee record lacked evidence of competency evaluation for the following topics: -reading and recording temperature, pulse, and respirations of the resident; -safe transfer techniques and ambulation; -range of motion and positioning; -administering medications or treatments as required.</p> <p>On November 20, 2024, at 10:00 a.m., licensed assisted living director (LALD)-A stated ULP-D was trained and competent in all areas listed above; however, ULP-D's record lacked evidence of the training and competency evaluations.</p> <p>The licensee's Orientation and Annual Training Requirements policy dated April 2021, indicated the assisted living community shall retain evidence in the team member record of each team member person having completed the orientation and training required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01380			
01440 SS=D	<p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an</p>	01440			

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01440	<p>Continued From page 20</p> <p>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.</p> <p>(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.</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 staff performing delegated tasks was provided within 30 calendar days after the date on which the individual begins working for the licensee for two of two unlicensed personnel (ULP-C and ULP-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the</p>	01440			

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01440	<p>Continued From page 21</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-C ULP-C was hired on August 28, 2024, to provide direct care and services to the facility's residents.</p> <p>On November 19, 2024, at 8:42 a.m., the surveyor observed ULP-C administer medications to R2.</p> <p>ULP-C's employee record lacked documentation of a registered nurse (RN) supervising ULP-C performing a delegated task within 30 days of beginning work with the licensee.</p> <p>ULP-D ULP-D was hired on August 28, 2024, to provide direct care and services to the facility's residents.</p> <p>On November 19, 2024, at 12:54 p.m., the surveyor observed ULP-D administer medications to R3.</p> <p>ULP-D's employee record lacked documentation of a RN supervising ULP-D performing a delegated task within 30 days of beginning work with the licensee.</p> <p>On November 20, 2024, at 9:59 a.m., licensed assisted living director (LALD)-A stated ULP-C and ULP-D's employee record lacked evidence of a 30-day supervision of a delegated task by the RN.</p> <p>The licensee's Supervision, Training and Competency of Delegated Nursing Services, Treatments or Therapy Tasks policy dated November 15, 2019, indicated the following:</p>	01440			

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01440	Continued From page 22 -Upon successful completion of training as demonstrated by written or oral test the RN performs a skills competency evaluation (supervision) of the ULP's ability to safely perform the delegated service/task/therapies/treatments including medication administration when delegated: -prior to the ULP providing home care services independently -within 30 days after the ULP begins performing delegated nursing tasks and thereafter as needed based on performance -when an ULP has not performed delegated tasks for one year or longer No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440			
01540 SS=F	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working 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	01540			

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01540	<p>Continued From page 23</p> <p>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 two of two employees (unlicensed personnel (ULP)-C and ULP-D) received the required amount of dementia care training in the required time frame.</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 the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee had an assisted living with dementia care license.</p> <p>ULP-C ULP-C was hired on August 28, 2024, to provide direct care and services to the facility's residents.</p> <p>On November 19, 2024, at 8:42 a.m., the surveyor observed ULP-C administer medications to R2.</p> <p>ULP-C's employee record contained evidence the employee received three and a half hours of dementia care training, not the required eight hours of training within 80 working hours of the employment start date.</p>	01540			

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NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
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01540	<p>Continued From page 24</p> <p>ULP-D ULP-D was hired on August 28, 2024, to provide direct care and services to the facility's residents.</p> <p>On November 19, 2024, at 12:54 p.m., the surveyor observed ULP-D administer medications to R3.</p> <p>ULP-D's employee record contained evidence the employee received three and a half hours of dementia care training, not the required eight hours of training within 80 working hours of the employment start date.</p> <p>On November 20, 2024, at 9:54 a.m., licensed assisted living director (LALD)-A stated ULP-C, and ULP-D's records lacked evidence of the required eight hours of dementia care training within 80 working hours of the employment start date. LALD-A further stated all staff had completed three and a half hours of dementia care training and would receive an additional six and a half hours of dementia care training during an upcoming in person training.</p> <p>The licensee's Orientation and Annual Training Requirements policy dated April 2021, indicated direct care team members must have completed at least eight hours of initial training within 80 working hours of the employment start date.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01540			
01620 SS=E	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring	01620			

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NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
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01620	<p>Continued From page 25</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing nursing assessments not to exceed 90 days for three of three residents (R1, R2, and 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 pattern scope (when more than a</p>	01620			

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01620	<p>Continued From page 26</p> <p>limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R1 R1 was admitted on May 17, 2021, with diagnoses that included Alzheimer's disease (progressive disease that destroys memory and other important mental functions).</p> <p>R1's service plan dated February 8, 2024, indicated R1 received assistance with grooming, dressing, bathing, escort/mobility assistance, toileting, safety checks, medication administration and blood glucose checks.</p> <p>R1's ongoing nursing assessments were requested. Assessments dated July 12, 2024, and October 11, 2024, were provided.</p> <p>The October 11, 2024, assessment was done 91 days after the date of the previous assessment, thus exceeding 90 calendar days.</p> <p>R2 R2 was admitted on December 28, 2022, with diagnoses that included congestive heart failure (chronic condition in which the heart doesn't pump blood as well as it should).</p> <p>R2's service plan dated October 23, 2024, indicated R2 received assistance with orthotic brace, bathing, dressing, grooming, oxygen, turning and repositioning, transfers, escorts, and toileting.</p> <p>R2's ongoing nursing assessments were</p>	01620			

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01620	<p>Continued From page 27</p> <p>requested. Assessments dated May 31, 2024, October 14, 2023, and October 23, 2024, were provided.</p> <p>The October 14, 2024, assessment was done 136 days after the date of the previous assessment, thus exceeding 90 calendar days.</p> <p>R3 R3 was admitted on January 13, 2024, with diagnoses that included diabetes.</p> <p>R3's service plan dated March 1, 2024, indicated R3 received assistance with bathing, blood glucose checks, glucose monitoring, and medication administration.</p> <p>R3's ongoing nursing assessments were requested. Assessments dated July 19, 2024, and November 8, 2024, were provided.</p> <p>The November 8, 2024, assessment was done 112 days after the date of the previous assessment, thus exceeding 90 calendar days.</p> <p>On November 20, 2024, at 10:24 a.m., corporate director of nursing (CDON)-B stated R1, R2, and R3's assessments listed above exceeded 90 days from the previous assessment.</p> <p>The licensee's Comprehensive Resident Assessment, Monitoring and Reassessment policy date July 19, 2021, indicated the RN would conduct a face-to face resident assessment not to exceed 90 days.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620			

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01640 SS=D	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for two of three residents (R2 and 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 an isolated scope (when one or a</p>	01640			

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01640	<p>Continued From page 29</p> <p>limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 R2 was admitted on December 28, 2022, with diagnoses that included congestive heart failure (chronic condition in which the heart doesn't pump blood as well as it should).</p> <p>On November 19, 2024, at 8:42 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R2.</p> <p>R2's service plan dated October 23, 2024, indicated R2 received assistance with orthotic brace, bathing, dressing, grooming, oxygen, turning and repositioning, transfers, escorts, and toileting. The service plan did not include medication administration.</p> <p>R2's Medication Administration Record (MAR) dated November 2024, indicated R2 received medications three times a day.</p> <p>R3 R3 was admitted on January 13, 2024, with diagnoses that included diabetes.</p> <p>R3's service plan dated March 1, 2024, indicated R3 received assistance with glucose monitoring three times per day and blood glucose checks four times a day.</p> <p>R3's signed prescriber orders dated August 21, 2024, indicated to check R3's blood sugar twice a day.</p>	01640			

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01640	<p>Continued From page 30</p> <p>On November 19, 2024, at 11:10 a.m., R3 stated the ULP checked her blood sugar once in the morning and once at night. R3 stated she checked her own blood sugar one to two times a day in between when the ULP checked it.</p> <p>On November 19, 2024, at 12:56 p.m., the surveyor observed ULP-D administer medications to R3. The surveyor also observed R3 check her blood sugar. At this time the surveyor inquired how often the ULP checked R3's blood sugar. ULP-D stated they checked it two to three times a day and that R3 sometimes checked it herself each time.</p> <p>On November 19, 2024, at 11:41 a.m., corporate director of nursing (CDON)-B stated R2's service plan should include medication administration. CDON-B further stated R3's service plan should reflect twice a day blood sugar check as ordered by R3's physician.</p> <p>The licensee's Resident Service Plans policy dated July 13, 2021, indicated a service plan is reviewed and modified as necessary based on a change in resident health or other dimensions of wellbeing, or at the time of mandated periodic resident reassessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640			
01730 SS=D	<p>144G.71 Subd. 5 Individualized medication management plan</p> <p>(a) For each resident receiving medication management services, the assisted living facility</p>	01730			

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01730	Continued From page 31 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 nurse or appropriate licensed health professional when a problem arises with medication management services; and (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. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.	01730			

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01730	<p>Continued From page 32</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for one of three residents (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 was admitted on December 28, 2022, with diagnoses that included congestive heart failure (chronic condition in which the heart doesn't pump blood as well as it should).</p> <p>On November 19, 2024, at 8:42 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R2.</p> <p>R2's service plan dated October 23, 2024, indicated R2 received assistance with orthotic brace, bathing, dressing, grooming, oxygen, turning and repositioning, transfers, escorts, and toileting. The service plan did not include medication administration.</p> <p>R2's signed prescriber orders dated August 21, 2024, included the following: -cetirizine 5 milligrams (mg); take one tablet by mouth daily</p>	01730			

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01730	<p>Continued From page 33</p> <p>-dry eye drop relief; instill one drop into each eye three times a day</p> <p>-gabapentin 1,000 mg; take one capsule by mouth three times a day</p> <p>-Nystatin Powder 100000 units; Apply topically to bilateral armpits twice daily until resolved</p> <p>-potassium chloride 20 milliequivalents (mEq); take one tablet by mouth daily</p> <p>-prednisone 5 mg; take one tablet by mouth daily</p> <p>-quetiapine 25 mg ; take one tablet by mouth twice daily</p> <p>-sertraline 100 mg; take one tablet by mouth daily</p> <p>-torsemide 20 mg; take one tablet by mouth every other day</p> <p>-ropinirole 1 mg; take one tablet by mouth daily at bedtime</p> <p>-trazodone 50 mg; take one-half tablet by mouth daily at bedtime</p> <p>-acetaminophen 500 mg; take two tablets by mouth three times a day as needed for pain</p> <p>-benzonatate 100 mg; take one capsule by mouth three times a day as needed for cough</p> <p>-loperamide 2 mg; take two capsules by mouth as needed with the first loose stool, then take one capsule by mouth as needed with each subsequent loose stool</p> <p>-quetiapine 25 mg; take one tablet by mouth twice daily as needed for restlessness/agitation</p> <p>-senna-s 8.6-50 mg; take one to two tablets by mouth as needed for constipation</p> <p>R2's medication management plan dated October 23, 2024, indicated oral and topical medications were delegated to the ULP. However, it did not include eye drops as a delegated task to the ULP.</p> <p>On November 20, 2024, at 10:29 a.m., corporate director of nursing (CDON)-B stated R2's medication management plan should include eye drops as a delegated task for the ULP.</p>	01730			

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01730	Continued From page 34 The licensee's Individualized Medication Management Plan policy dated September 13, 2021, indicated the individualized medication management record would include 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 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse documented resident-specific instructions for one of three residents (R2) whose medication administration was delegated to unlicensed personnel (ULP). This practice resulted in a level two violation (a	01750			

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01750	<p>Continued From page 35</p> <p>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>R2 was admitted on December 28, 2022, with diagnoses that included congestive heart failure (chronic condition in which the heart doesn't pump blood as well as it should).</p> <p>On November 19, 2024, at 8:42 a.m., the surveyor observed ULP-C administer medications to R2.</p> <p>R2's service plan dated October 23, 2024, indicated R2 received assistance with orthotic brace, bathing, dressing, grooming, oxygen, turning and repositioning, transfers, escorts, and toileting. The service plan did not include medication administration.</p> <p>R2's signed prescriber orders dated August 21, 2024, included: -Senna-S 8.6-50 milligrams (mg); take 1-2 tablets by mouth once daily as needed (constipation).</p> <p>The licensee failed to have resident-specific instructions regarding when one tablet or two tablets of Senna-S would be given.</p> <p>On November 20, 2024, at 10:23 a.m., corporate director of nursing (CDON)-B stated there were no specific instructions regarding the dose for R2's Senna-S order.</p>	01750			

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01750	Continued From page 36 The licensee's Medication Administration- Obtaining Medication and Treatment Orders policy dated August 15, 2017, indicated a licensed nurse reviews all prescription and treatment orders to ensure that it includes the name of the drug, dosage, and directions for use. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel,	01790			

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NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
(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
01790	<p>Continued From page 37</p> <p>including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:</p> <p>(i) the type of container or containers to be used for the medications appropriate to the provider's medication system;</p> <p>(ii) how the container or containers must be labeled;</p> <p>(iii) written information about the medications to be provided;</p> <p>(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;</p> <p>(v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;</p> <p>(vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and</p> <p>(vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed training and competencies for one of one unlicensed personnel (ULP-D)</p>	01790			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
(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
01790	<p>Continued From page 38</p> <p>providing medications to residents for unplanned time away from home when the licensed nurse was not available.</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>ULP-D was hired on August 28, 2024.</p> <p>ULP-D's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available.</p> <p>On November 20, 2024, at 10:00 a.m., licensed assisted living director (LALD)-A stated all ULP were trained, and competency tested on providing medications to residents for unplanned time away, but there was no documentation of the training or competencies.</p> <p>The licensee's Medication Administration by Unlicensed Personnel policy dated June 9, 2015, indicated written records, signed by an RN, shall be maintained regarding ULP training and competency testing of delegated medication administration.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01790			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
(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
01940 SS=D	<p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of</p>	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044			
(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
01940	<p>Continued From page 40</p> <p>three residents (R1 and 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 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 R1 was admitted on May 17, 2021, with diagnoses that included Alzheimer's disease (progressive disease that destroys memory and other important mental functions).</p> <p>On November 19, 2024, at 7:47 a.m., the surveyor observed unlicensed personnel (ULP)-C check R1's blood sugar.</p> <p>R1's service plan dated February 8, 2024, indicated R1 received assistance with blood glucose checks.</p> <p>R1's signed prescriber orders dated August 21, 2024, included: -daily blood glucose check</p> <p>R1's record lacked a treatment management plan to include the following required content: - statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that</p>	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
(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
01940	<p>Continued From page 41</p> <p>will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions.</p> <p>R3 R3 was admitted on January 13, 2024, with diagnoses that included diabetes.</p> <p>On November 19, 2023, at 12:56 p.m., the surveyor observed R3 check her blood sugar.</p> <p>R3's service plan dated March 1, 2024, indicated R3 received assistance with blood glucose checks and glucose monitoring.</p> <p>R3's signed prescriber orders dated August 21, 2024, included: - check blood sugar twice a day.</p> <p>R3's record lacked a treatment management plan to include the following required content: - statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p>	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
(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
01940	<p>Continued From page 42</p> <p>- any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions.</p> <p>On November 20, 2024, at 10:17 a.m., corporate director of nursing (CDON)-B stated R1 and R3's record lacked evidence of an individualized treatment plan.</p> <p>The licensee's Individualized Treatment and Therapy Management Plan policy dated September 13, 2021, indicated the licensee would develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <p>a. a statement of the type of services that will be provided</p> <p>b. specific resident instructions relating to the treatments or therapy administration</p> <p>c. identification of treatment or therapy tasks that will be delegated to unlicensed personnel</p> <p>d. procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services</p> <p>e. Any resident-specific requirements relating to documentation of treatment and therapy received,</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01940			
02170 SS=F	<p>144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA</p>	02170			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
(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
02170	<p>Continued From page 43</p> <p>(b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following:</p> <ul style="list-style-type: none">(1) past and current interests;(2) current abilities and skills;(3) emotional and social needs and patterns;(4) physical abilities and limitations;(5) adaptations necessary for the resident to participate; and(6) identification of activities for behavioral interventions. <p>(c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs.</p> <p>(d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to:</p> <ul style="list-style-type: none">(1) occupation or chore related tasks;(2) scheduled and planned events such as entertainment or outings;(3) spontaneous activities for enjoyment or those that may help defuse a behavior;(4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music;(5) spiritual, creative, and intellectual activities;(6) sensory stimulation activities;(7) physical activities that enhance or maintain a resident's ability to ambulate or move; and(8) outdoor activities. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record</p>	02170			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
(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
02170	<p>Continued From page 44</p> <p>review, the licensee failed to conduct an individualized written activity evaluation that addressed all six provisions and failed to develop an individualized activity plan based on the evaluation, for two of two residents (R1 and R2) who received services under the assisted living with dementia care license and resided in the secure memory care unit.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>The licensee had an assisted living with dementia care license.</p> <p>R1 R1 was admitted on May 17, 2021, with diagnoses that included Alzheimer's disease (progressive disease that destroys memory and other important mental functions).</p> <p>R1's service plan dated February 8, 2024, indicated R1 received assistance with grooming, dressing, bathing, escort/mobility assistance, toileting, safety checks, medication administration and blood glucose checks.</p> <p>On November 19, 2024, at 7:47 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1.</p> <p>R1's record lacked an individualized written</p>	02170			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER KINGSLEY SHORES SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16880 KLAMATH TRAIL LAKEVILLE, MN 55044		
(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	
02170	<p>Continued From page 45</p> <p>activity evaluation that addressed all six provision and an individualized activity plan based on the evaluation.</p> <p>R2 R2 was admitted on December 28, 2022, with diagnoses that included congestive heart failure (chronic condition in which the heart doesn't pump blood as well as it should).</p> <p>On November 19, 2024, at 8:42 a.m., the surveyor observed ULP-C administer medications to R2.</p> <p>R2's service plan dated October 23, 2024, indicated R2 received assistance with orthotic brace, bathing, dressing, grooming, oxygen, turning and repositioning, transfers, escorts, and toileting.</p> <p>R2's record lacked an individualized written activity evaluation that addressed all six provision and an individualized activity plan based on the evaluation.</p> <p>On November 20, 2024, at 10:20 a.m., corporate director of nursing (CDON)-B stated R1 and R2's record did not include an individualized written activity evaluation or activity plan. CDON-B further stated none of the residents in memory care have an activity evaluation or plan..</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	02170			

Type: Full
Date: 11/19/24
Time: 10:00:00
Report: 1043241344

Food and Beverage Establishment Inspection Report

Page 1

Location:

Kingsley Shores
16880 Klamath Trail
Lakeville, MN 55044
Dakota County, 19

Establishment Info:

ID #: N37972
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

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.

3-500E Microbial Control: time as a control

3-501.19A **** Priority 2 ****

MN Rule 4626.0408A Develop written procedures prior to using time as a public health control for time/temperature control for safety food and maintain the procedures in the food establishment.

MILK IN KITCHENETTE COOLER MEASURED 50F. PER STAFF, MILK IS LEFT AT ROOM TEMPERATURE DURING SERVICE. ADVISED STAFF TO USE TPHC AND DISCARD ANY LEFTOVERS AFTER 4 HOURS. FOOD ITEM MUST BE TIME STAMPED. FORM PROVIDED WITH REPORT. COMPLY WITH ABOVE RULE.

Comply By: 11/19/24

4-500 Equipment Maintenance and Operation

4-502.11B **** Priority 2 ****

MN Rule 4626.0820B Calibrate food temperature measuring devices in accordance with manufacturer's specifications as often as necessary to ensure accuracy.

PER STAFF, DIGITAL THERMOMETERS ARE NOT CALIBRATED. ADVISED STAFF TO CALIBRATE, AT LEAST ONCE A MONTH. FOR CALIBRATION, CHECK FOR ADJUSTMENT MECHANISM, CONSULT MANUFACTURER'S INSTRUCTIONS, OR REPLACE THERMOMETERS AS NEEDED TO READ 32F. COMPLY WITH RULE.

Comply By: 11/19/24

4-400 Equipment Location and Installation

4-402.11A

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

CAULKING ALONG DISH MACHINE TABLE IN POOR REPAIR. ADVISED STAFF TO REMOVE

Type: Full
Date: 11/19/24
Time: 10:00:00
Report: 1043241344
Kingsley Shores

Food and Beverage Establishment Inspection Report

Page 2

EXISTING CAULK AND RE-CAULK TABLE TO THE WALL. COMPLY WITH ABOVE RULE.
Comply By: 11/19/24

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit
Location: SANI DISPENSER
Violation Issued: No

Hot Water: = at 168 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: MILK
Temperature: 50 Degrees Fahrenheit - Location: KITCHENETTE REACH IN COOLER
Violation Issued: Yes

Process/Item: PORK
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

Process/Item: HAM
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

Process/Item: EGG
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

Process/Item: SOUP
Temperature: 166 Degrees Fahrenheit - Location: HOT BOX
Violation Issued: No

Process/Item: TOMATO
Temperature: 41 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: CHICKEN
Temperature: 41 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: MILK
Temperature: 41 Degrees Fahrenheit - Location: MAIN KITCHEN REACH IN COOLER
Violation Issued: No

Process/Item: MEATBALL
Temperature: 163 Degrees Fahrenheit - Location: SOUP WELL
Violation Issued: No

Type: Full
Date: 11/19/24
Time: 10:00:00
Report: 1043241344
Kingsley Shores

Food and Beverage Establishment Inspection Report

Page 3

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

Inspection was completed with Kassie Marking as the lead Health Regulation Division Nurse Evaluator completing the site survey.

Discussed highly susceptible populations, date marking, illness policy, sanitizer use, ware washing, temperature control, cleaning, vomit/fecal procedures, test kits, food storage, and food handling procedures.

Facility has one main commercial kitchen and two kitchenettes. Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

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 1043241344 of 11/19/24.


Certified Food Protection Manager Corlin R. Frazmeier

Certification Number: FM55061 Expires: 02/08/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

Cory Franzmeier
Director of Culinary Services

Signed: 

Blia Lor
Public Health Sanitarian I
651-355-0641
blia.lor@state.mn.us



Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Follow-Up
Date: 11/22/24
Time: 12:24:44
Report: 1043241347

Food and Beverage Establishment Inspection Report

Page 1

Location:

Kingsley Shores
16880 Klamath Trail
Lakeville, MN 55044
Dakota County, 19

Establishment Info:

ID #: N37972
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

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 previously issued on 11/19/24 have NOT been corrected.

4-400 Equipment Location and Installation

4-402.11A

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

CAULKING ALONG DISH MACHINE TABLE IN POOR REPAIR. ADVISED STAFF TO REMOVE EXISTING CAULK AND RE-CAULK TABLE TO THE WALL. COMPLY WITH ABOVE RULE.

Issued on: 11/19/24

Comply By: 11/19/24

4-500 Equipment Maintenance and Operation

4-502.11B

MN Rule 4626.0820B Calibrate food temperature measuring devices in accordance with manufacturer's specifications as often as necessary to ensure accuracy.

PER STAFF, DIGITAL THERMOMETERS ARE NOT CALIBRATED. ADVISED STAFF TO CALIBRATE, AT LEAST ONCE A MONTH. FOR CALIBRATION, CHECK FOR ADJUSTMENT MECHANISM, CONSULT MANUFACTURER'S INSTRUCTIONS, OR REPLACE THERMOMETERS AS NEEDED TO READ 32F. COMPLY WITH RULE.

Issued on: 11/19/24

Comply By: 11/19/24

No NEW orders were issued during this inspection.

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

Full Inspection was completed on 11/19/2024 with Kassie Marking as the lead Health Regulation Division Nurse Evaluator completing the site survey.

Completed form for Time as a Public Health Control (TPHC) was provided via email on 11/22/2024.

Type: Follow-Up
Date: 11/22/24
Time: 12:24:44
Report: 1043241347
Kingsley Shores

Food and Beverage Establishment Inspection Report

Page 2

Facility is approved to use TPHC for milk in the memory care. Completed form must be maintained within the facility and available for review by sanitarian. Any additional food items placed under TPHC must be approved by sanitarian prior to implementation.

Remaining orders on current report will be re-assessed during the next routine inspection.

Facility has one main commercial kitchen and two kitchenettes. Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

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 1043241347 of 11/22/24.

Certified Food Protection Manager Corlin R. Franzmeier

Certification Number: FM55061 Expires: 02/08/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

Cory Franzmeier
Director of Culinary Services

Signed: Blia Lor

Blia Lor
Public Health Sanitarian I
651-355-0641
blia.lor@state.mn.us