



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 15, 2024

Licensee

Runnstone Senior Living
1509 10th Avenue South
Minneapolis, MN 55404

RE: Project Number(s) SL30133016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 16, 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:

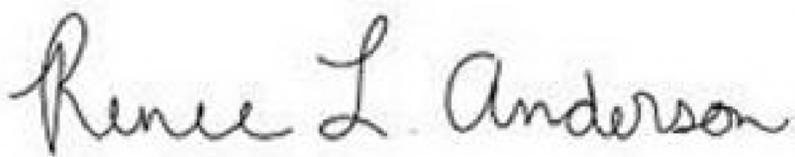
<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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,



Renee L. Anderson, Supervisor

State Evaluation Team

Email: Renee.L.Anderson@state.mn.us

Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2024
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NAME OF PROVIDER OR SUPPLIER RUNNSTONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 10TH AVENUE SOUTH MINNEAPOLIS, MN 55404
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>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>SL30133016-0</p> <p>On October 14, 2024, through October 16, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 295 residents; 105 receiving services under the Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level pursuant to 144G.31 Subd. 1, 2 and 3.</p>	
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according</p>	0 480		

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

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 15, 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		
0 650 SS=D	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure,</p>	0 650		

Minnesota Department of Health

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0 650	<p>Continued From page 2</p> <p>registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employee records contained the required content for one of two employees, (unlicensed personnel (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) 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 February 14, 2024, to provide direct cares for the licensee's residents.</p>	0 650		

Minnesota Department of Health

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0 650	<p>Continued From page 3</p> <p>On October 15, 2024, during a continuous observation from 7:30 a.m., to 9:00 a.m., ULP-D assisted R1, R2 and R3 with morning cares, which included urinary catheter (a hollow, partially flexible tube that collects urine from the bladder and leads to a drainage bag) care for R2. ULP-D stated she had in-person training with the previous registered nurse (RN) on medication administration and urinary catheter care and had also completed online education.</p> <p>ULP-D's employee record lacked documentation of the following required training and competency evaluation completed by a RN:</p> <ul style="list-style-type: none"> -awareness of commonly used health technology equipment and assistive devices; -basic knowledge of body functioning and change in body functioning, injuries or other observed changes that must be reported to appropriate personnel; -recognizing physical, emotional, cognitive, and developmental needs of the resident; -safe transfer techniques and ambulation; and -range of motioning and positioning. <p>ULP-D's employee record further lacked documentation of training and competency evaluation by an RN in the following treatments:</p> <ul style="list-style-type: none"> -urinary catheter care <p>On October 16, 2024, at 11:20 a.m., clinical nursing supervisor (CNS)-B stated ULP-D had done training and competencies under the previous ownership. CNS-B further stated the previous ownership took all the employee records, but she would reach out to them and request the missing training and evaluation records for ULP-D. No additional records were recieved.</p>	0 650		

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0 650	Continued From page 4 The licensee's Content of Employee Records-AL, revised August 15, 2024, indicated the facility would maintain current records of each paid employee, including records of orientation and competency evaluations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include baseline screening for active	0 660		

Minnesota Department of Health

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0 660	<p>Continued From page 5</p> <p>TB (either by a two-step tuberculin skin test (TST) or a single Interferon-Gamma Release Assay (IGRA) blood test for one of two employees (unlicensed personnel (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) 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 February 14, 2024, to provide direct cares for the licensee's residents.</p> <p>ULP-D's employee record contained the results of a TST (first step), dated January 22, 2024, but lacked documentation of a completed second step TST.</p> <p>On October 16, 2024, at 11:20 a.m., clinical nursing supervisor (CNS)-B stated she was unsure if ULP-D had a second step TST completed. CNS-B further stated the previous ownership took all the employee records, but she would reach out to them and request the missing documentation of the second step TST. No further documentation was received.</p> <p>The Minnesota Department of Health (MDH) guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include the following: a team responsible for TB infection control; a facility TB risk assessment; written TB</p>	0 660		

Minnesota Department of Health

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0 660	<p>Continued From page 6</p> <p>infection control procedures; and health care worker (HCW) education. The guidelines also indicate an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST-tuberculin skin test (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB screening should be documented in the employee's record.</p> <p>The licensee's Tuberculosis prevention and screening-AL-MN, revised August 15, 2024, indicated all paid and unpaid health care workers (volunteers that work over 10 hours in a week) will receive testing for the presence of infection with mycobacterium tuberculosis by either a two-step tuberculin skin test (TST) or a single TB blood test. The policy further indicated all reports of TB screening would be kept in the employee's personnel file.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p>	0 680		

Minnesota Department of Health

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0 680	<p>Continued From page 7</p> <p>(2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and record review the licensee failed to develop a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's undated EP plan lacked the following required content:</p>	0 680		

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0 680	<p>Continued From page 8</p> <p>-EP policies/procedures review/updated annually; -a communication plan review/updated annually; -EP testing requirements including an annual full-scale exercise or individual facility-based functional exercise and a second full-scale exercise that was either community-based, an individual facility based functional exercise, a mock disaster drill, or a table-top exercise).</p> <p>On October 16, 2024, at 10:30 a.m., during review of the EP plan, licensed assisted living director (LALD)-A stated he was not aware the EP manual was not developed to include all the required information.</p> <p>The licensee's 9.02 Disaster Planning and Emergency Preparedness policy, dated August 15, 2024, indicated the plan would include all the required elements of appendix z and would be reviewed annually.</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
0 910 SS=F	<p>144G.50 Subd. 2 (a-b) Contract information</p> <p>(a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if</p>	0 910		

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0 910	<p>Continued From page 9</p> <p>applicable; and (4) the authorized agent for the facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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>R1's Service Plan, dated October 15, 2024, indicated R1 received services including assistance with dressing, grooming, ambulation, and medication administration.</p> <p>R1's record included an "Assisted Living Contract" signed September 27, 2024. The contract lacked the health facility identification (HFID) number for the licensee's facility.</p> <p>On October 16, 2024, at 12:30 p.m., licensed assisted living director (LALD)-A and clinical nursing supervisor (CNS)-B confirmed the contract provided to all licensee residents lacked the HFID number.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	0 910		

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0 910	Continued From page 10 (21) days	0 910		
01060 SS=F	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <ol style="list-style-type: none"> (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <ol style="list-style-type: none"> (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and 	01060		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER RUNNSTONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 10TH AVENUE SOUTH MINNEAPOLIS, MN 55404
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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
01060	<p>Continued From page 11</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. currently known; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident or the resident's legal representative for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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 displaced fracture of greater trochanter of right femur (right hip fracture).</p> <p>R1's Service Plan, dated October 15, 2024, indicated R1 received services including assistance with bathing, dressing, grooming and medication administration.</p> <p>On October 15, 2024, at 7:30 a.m., unlicensed personnel (ULP)-D was observed assisting R1 with personal cares.</p>	01060		

Minnesota Department of Health

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01060	<p>Continued From page 12</p> <p>R1's progress note dated October 1, 2024, at 10:28 a.m., indicated R1 was sent to the emergency room due to lethargy.</p> <p>R1's progress note dated October 3, 2024, at 12:35 p.m., indicated R1 had been admitted to the hospital and would possibly discharge in one to two days. R1's record lacked documentation an emergency relocation notification was provided to the resident or the resident's representative.</p> <p>On October 16, 2024, at 9:50 a.m., clinical nursing supervisor (CNS)-B stated an emergency relocation notification should have been given to the residents or residents representatives. CNS-B further stated "I'll own that one, I missed it".</p> <p>The licensee's Emergency Relocation of Residents policy, revised August 15, 2024, indicated a written notice with the required content would be provided to the resident and legal representative in the case of an emergency relocation.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01060		
01440 SS=F	<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 appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being</p>	01440		

Minnesota Department of Health

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01440	<p>Continued From page 13</p> <p>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 a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for one of one employee (unlicensed personnel (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 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>	01440		

Minnesota Department of Health

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01440	<p>Continued From page 14</p> <p>ULP-D was hired February 14, 2024, to provide direct cares for the licensee's residents.</p> <p>On October 15, 2024, during continuous observations from 7:30 a.m. to 9:00 a.m., ULP-D was observed assisting the licensee's residents with morning cares.</p> <p>ULP-D's record lacked evidence the RN conducted direct supervision within 30 days of performing delegated tasks.</p> <p>On October 15, 2024, at 1:30 p.m., clinical nursing supervisor (CNS)-B stated she was not sure if a 30-day supervision had been completed for ULP-D. CNS-B further stated the supervision would have been done under the previous ownership and they kept some of the employee records.</p> <p>The licensee's 6.17 Supervision of Staff - Delegated Services policy, dated August 15, 2024, indicated supervision of staff performing delegated tasks would be provided within 30 calendar days of when the individual began working and first performed delegated tasks for residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01440		
01890 SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 15</p> <p>label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to date time-sensitive medications with opened or expiration dates for one of one resident (R5).</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>On October 15, 2024, at 8:30 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications to R5. ULP-E observed R5 self-administer five units of Lantus insulin. R5's Lantus insulin pen lacked an opened date to indicated when the pen was first opened and used. ULP-E stated staff were trained to label time sensitive medications when opened.</p> <p>The manufacturer's instructions for Lantus insulin pens dated December 2019, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it.</p> <p>On October 15, 2024, at 9:45 a.m., clinical nursing supervisor (CNS)-B stated the staff are trained to label and date multi-use medications</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 16</p> <p>when opened. CNS-B stated the licensee registered nurses should be monitoring to ensure medications are dated and not expired.</p> <p>The licensee's Insulin pen policy, dated August 15, 2024, included licensee employees should "check the expiration date. If expired or past appropriate use by date for type of insulin, dispose of properly," and indicated "if a new pen is obtained from the refrigerator" licensee employees should "document "date open" or "use by date" on the pen."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		
02310 SS=F	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards for two of two resident (R1, R2) who utilized hospital style bed rails.</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</p>	02310		

Minnesota Department of Health

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02310	<p>Continued From page 17</p> <p>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>R1 R1 had diagnoses to include displaced fracture of the greater trochanter of the right femur (right hip fracture).</p> <p>R1's Service Plan, dated October 15, 2024, indicated R1 received services including assistance with bathing, dressing, grooming and medication administration.</p> <p>On October 15, 2024, at 7:30 a.m., the surveyor observed unlicensed personnel (ULP)-D making R1's hospital style bed. The bed had bilateral upper side rails in the upright position.</p> <p>R1's medical record included an MN-Device assessment (document used to assess appropriateness of side rails), dated September 11, 2024. Section 1.b15 to section 1.b17 included measurements for zones one, two and three. The measurements were noted as "4.75 or less." Section 1.b18 included measurements for zone 4 which indicated the rails was "2 3/8" and "greater than a 60 degree angle." The assessment lacked the following: -documentation of exact measurements of the four federal drug administration (FDA) regulated entrapment zones.</p> <p>R2 R2 had diagnoses to include cerebral palsy (a</p>	02310		
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Minnesota Department of Health

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02310	<p>Continued From page 18</p> <p>condition that affects movement and posture).</p> <p>R2's Service Plan, dated October 3, 2024, indicated R2 received services including assistance with bathing, laundry, housekeeping, dressing, grooming, toileting, transfers, and medication administration.</p> <p>On October 15, 2024, at 7:40 a.m., the surveyor observed ULP-D and ULP-F assisting R2 with morning cares. R2 was lying supine in a hospital style bed with bilateral upper rails in the upright position.</p> <p>R2's medical record included an MN-Device assessment (document used to assess appropriateness of side rails), dated January 17, 2024. Section 1.b15 to section 1.b17 included measurements for zones one, two and three. The measurements were noted as "4.75 or less." Section 1.b18 included measurements for zone 4 which indicated the rails was "2 3/8" and "greater than a 60 degree angle." The assessment lacked the following: -exact measurements of the four federal drug administration (FDA) regulated entrapment zones.</p> <p>On October 15, 2024, at 9:40 a.m., clinical nursing supervisor (CNS)-B stated, R1 and R2's hospital style bed rail assessment did not include exact measurements of all four FDA regulated entrapment zones. CNS-B further stated the nurse would obtaining the measurements immediately.</p> <p>The licensee's 6.28 Side rails policy, dated August 15, 2024, indicated "1. Staff from [Licensee] will determine if the side rail is considered to be safe. "Safe" shall be defined as</p>	02310		

Minnesota Department of Health

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02310	<p>Continued From page 19</p> <p>meeting all of the requirements listed below:</p> <p>a. The side rail is used consistent with manufacturer's directions. Be aware of side rails that slide between the mattress and box spring designed for toddler use;</p> <p>b. The side rails are installed securely and maintained in good operating condition. Be aware of "wobbly" side rails; and</p> <p>c. The side rail design is consistent with the FDA's 2006 recommended dimensional measurements to reduce entrapment. This means side rail zones 1,2, and 3 must not exceed 4.75."</p> <p>The Food and Drug Administration's (FDA), A Guide to Bed Safety, dated March 10, 2006, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs), last updated October 15, 2024, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain,</p>	02310		

Minnesota Department of Health

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02310	<p>Continued From page 20</p> <p>uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none"> - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Installation and use according to manufacturer's guidelines; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". <p>Additionally, the MDH website indicated for "consumer beds", the licensees should refer to individual manufacturer's guidelines for appropriate installation, maintenance, and use. In addition, licensees should refer to the CSPC for the most up-to-date information related to portable bed side rail recall information.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	02310		

Type: Full
Date: 10/15/24
Time: 10:30:00
Report: 1005241265

Food and Beverage Establishment Inspection Report

Page 1

Location:

RUNNSTONE SENIOR LIVING
1509 10th Avenue South
Minneapolis, MN55404
Hennepin County, 27

Establishment Info:

ID #: 0037530
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6122385555
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.

3-500D Microbial Control: disposition of food

3-501.18A ** Priority 1 **

MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

SLICED HAM IN THE WALK-IN COOLER HAD A DATE OF 10/5/24 (11 DAYS OLD). HAM WAS DISCARDED.

Comply By: 10/15/24

6-300 Physical Facility Numbers and Capacities

6-301.12 ** Priority 2 **

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

NO PAPER TOWELS AVAILABLE AT THE HANDWASHING SINK IN THE PREP AREA. MANAGER WILL CALL FACILITIES TO HAVE IT REFILLED.

Comply By: 10/15/24

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

NO SIGN IS POSTED AT THE HANDWASHING SINK IN THE PREP AREA.

Comply By: 10/22/24

Type: Full
Date: 10/15/24
Time: 10:30:00
Report: 1005241265

Food and Beverage Establishment Inspection Report

RUNNSTONE SENIOR LIVING

Surface and Equipment Sanitizers

Chlorine: = 200 PPM at Degrees Fahrenheit
Location: MOP SINK DISPENSER
Violation Issued: No

Chlorine: = 50 PPM at Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Chlorine: = 100 PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/HAM
Temperature: 35 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Hold/CHEESE
Temperature: 36 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Hold/TOMATO
Temperature: 39 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Hot Hold/SOUP
Temperature: 184 Degrees Fahrenheit - Location: STEAM TABLE
Violation Issued: No

Process/Item: Cold Hold/CHEESE
Temperature: 39 Degrees Fahrenheit - Location: 1-DOOR REACH-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/AMBIENT
Temperature: 40 Degrees Fahrenheit - Location: 2-DOOR REACH-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/HAM
Temperature: 38 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/BEEF
Temperature: 39 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/BUTTER
Temperature: 39 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

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

Type: Full
Date: 10/15/24
Time: 10:30:00
Report: 1005241265
RUNNSTONE SENIOR LIVING

Food and Beverage Establishment Inspection Report

Process/Item: Cooking/BEEF TIPS
Temperature: 184 Degrees Fahrenheit - Location: STOVETOP
Violation Issued: No

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

INSPECTION COMPLETED WITH KITCHEN MANAGER AND EMAILED TO HRD NURSING EVALUATOR JOLENE BERTELSEN.

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 1005241265 of 10/15/24.

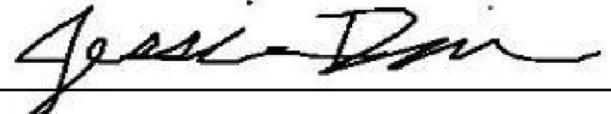
Certified Food Protection Manager: DEVIN D. RAMSEY

Certification Number: FM73264 Expires: 06/07/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

DEVIN RAMSEY
KITCHEN MANAGER

Signed:  _____

Jessica Davis
Public Health Sanitarian III
651-201-3961
jessica.davis@state.mn.us