



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 3, 2025

Licensee

Duluth Heights Lodge Senior Living
724 Maple Grove Road
Duluth, MN 55811

RE: Project Number(s) SL30228017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 17, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.

- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Duluth Heights Lodge Senior Living. Please contact Jessie Chenze at 218-332-5175 on or before Friday, June 6, 2025, to schedule the conference call.

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,



Jessie Chenze, Supervisor

State Evaluation Team

Email: jessie.chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER DULUTH HEIGHTS LODGE SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 724 MAPLE GROVE ROAD DULUTH, MN 55811		
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0 000	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL30228017-0</p> <p>On April 14, 2025, through April 17, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 80 residents receiving services under the Assisted Living Facility 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>		
0 100 SS=F	<p>144G.10 Subdivision 1 License required</p> <p>(a)(1)Beginning August 1, 2021, no assisted living</p>	0 100			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 100	<p>Continued From page 1</p> <p>facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p>	0 100			

Minnesota Department of Health

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0 100	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to demonstrate legal responsibility for the control and operation of the facility when the licensee allowed use of facility space by a third-party vendor to provide therapy services to residents and to outside community members. 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>During the entrance conference on April 14, at 9:47 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar with current minimum assisted living requirements. LALD-A stated the licensee did not employ physical or occupational therapists; however, leased out a space in the building to a therapy company that provides speech, occupational and physical therapy services to residents and the community.</p> <p>During a facility tour on April 14, 2025, at 11:18 a.m., with LALD-A, the surveyor observed a sign from [name of hospice agency] posted outside of a room and company flyer of services provided.</p>	0 100			

Minnesota Department of Health

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0 100	Continued From page 3 LALD-A stated the therapy agency is not a part of the assisted living license and rent space in the assisted living building. There was no separate entrance into the rehabilitation agency, with the only access through doors in the common areas of the building. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 100			
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (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	0 480			

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0 480	<p>Continued From page 4</p> <p>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;</p> <p>(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;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(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</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and</p>	0 480			

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0 480	<p>Continued From page 5</p> <p>is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 15, 2025, , for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480			
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</p>	0 550			

Minnesota Department of Health

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0 550	<p>Continued From page 6</p> <p>by: Based on observation and interview, the licensee failed to post the required information related to the licensee's grievance procedure. This had the potential to affect all 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) 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>During the facility tour on April 14, 2025, at 11:18 a.m., with licensed assisted living director (LALD)-A, the licensee's Complaint/Grievance Report form was observed posted on the wall by the nurse's station on the first floor. The Complaint/Grievance Report form lacked the required posting of the grievance procedure to include the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances and the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. LALD-A stated LALD-A was aware of the required grievance posting; however, was unaware of the required content noted above.</p> <p>The licensee's Complaint/Grievance Posting policy dated July 28, 2022, indicated the licensee would post, in a conspicuous place, information about the licensee's complaint/grievance</p>	0 550			

Minnesota Department of Health

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0 550	Continued From page 7 procedure, and the name, telephone number, and email contact information for the individual(s) who were responsible for handling resident complaint/grievances. No further 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, interview and record review, the licensee failed to post the 911 emergency number in common areas and near phones provided by the facility as required. This had the potential to affect all current residents, staff, and visitors. 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	0 640			

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0 640	<p>Continued From page 8</p> <p>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>During the facility tour on April 14, 2025, at 11:18 a.m., with licensed assisted living director (LALD)-A, the 911 emergency number was not observed posted near phones located at the main entrance of the facility or the nurse's station. LALD-A stated there was a 911 sign posted by the kitchen phone and was unsure why the 911 signs were missing by the phones by the entrance and nurse's station.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 640			
0 650 SS=D	<p>144G.42 Subd. 8 (a) Staff records</p> <p>(a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, 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</p>	0 650			

Minnesota Department of Health

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0 650	<p>Continued From page 9</p> <p>staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (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 (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 interview and record review, the licensee failed to ensure employee records contained the required content for one of two employees (unlicensed personnel (ULP)-C).</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-C was hired on October 3, 2023, to provided direct care services to the licensee's residents.</p> <p>On April 15, 2025, at 7:20 a.m., the surveyor observed ULP-C administering R3's scheduled morning medications.</p> <p>ULP-C's record included competency skill evaluations for insulin administration, blood glucose monitoring, oxygen therapy; however,</p>	0 650			

Minnesota Department of Health

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0 650	<p>Continued From page 10</p> <p>lacked evidence ULP-C demonstrated competency in administering medications and all delegated treatments and therapy services.</p> <p>On April 15, 2025, at 10:09 a.m., ULP-C stated ULP-C worked full-time passed resident medication, assisted with resident cares and assisted with new employee training. ULP-C stated ULP-C was trained by the previous registered nurse (RN).</p> <p>On April 17, 2025, at 12:39 p.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B reviewed ULP-C's training records with the surveyor. LALD-A stated they were unable to find ULP-C's competency evaluations for medication and administration and all the delegated treatment and therapy services ULP-C provided. CNS-B stated ULP-C was hired prior to CNS-B's employment with the licensee and ULP-C was trained by the previous registered nurse.</p> <p>The licensee's Training Records and Certificate Documentation policy dated August 24, 2021, indicated the community (licensee) must maintain a record of staff training and competency required that documents information for each competency evaluation, training, and orientation topics.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 650			
0 980 SS=C	<p>144G.51 ARBITRATION</p> <p>(a) An assisted living facility must clearly and conspicuously disclose, in writing in an assisted</p>	0 980			

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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
0 980	<p>Continued From page 11</p> <p>living contract, any arbitration provision in the contract that precludes, limits, or delays the ability of a resident from taking a civil action. (b) An arbitration requirement must not include a choice of law or choice of venue provision. Assisted living contracts must adhere to Minnesota law and any other applicable federal or local law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident agreement arbitration requirement did not include a choice of venue provision.</p> <p>This practice resulted in a level one violation 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>During entrance conference on April 14, 2025, at 9:47 a.m., licensed assisted living director (LALD)-A stated the licensee contract was the same contract used for all residents.</p> <p>On April 14, 2025, at 2:17 p.m., LALD-A reviewed the license's arbitration agreement and stated the agreement did include a statement indicating the arbitration venue would be in the county of the licensee. LALD-A stated the arbitration agreement would need to be reviewed by corporate.</p> <p>The licensee's Resident Agreement (assisted living contract) dated April 2023, included a five-page separate section titled, Agreement to</p>	0 980			

Minnesota Department of Health

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0 980	Continued From page 12 Resolve Disputes Through Arbitration, dated May 10, 2022. On page 2, section 3.3 of the document indicated, Location of Arbitration: The seat of the Arbitration would be in the county in which the Community (assisted living) was located. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 980			
01420 SS=F	144G.62 Subd. 2 Delegation of assisted living services (b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) ensured training and competency demonstrations were completed for unlicensed personnel (ULP) before providing care and	01420			

Minnesota Department of Health

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01420	<p>Continued From page 13</p> <p>services to the licensee's residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on April 14, 2025, at 9:47 a.m., clinical nurse supervisor (CNS)-B stated newly hired ULPs were trained working alongside other ULPs by first observing then demonstrating the learned skill or task to the trainer. Once the new ULP demonstrated satisfactory skills performed to the trainer, CNS-B would complete competency evaluations with the new ULP before they were able to work independently with residents. CNS-B stated the trainers were seasoned ULPs who the RN had deemed competent to train new ULPs.</p> <p>ULP-F was hired on March 17, 2025, to provide direct care service to the residents of the licensee.</p> <p>R4's April 2025, Recorded Care Report (services provided) included ULP-F's name indicating ULP-F provided R4 assistance with dressing, incontinent cares, transfers, mobility, compression stockings and meal set up before deemed competent by the RN on the following dates: April 3, 4, 5, 6, 8, and 10, 2025.</p>	01420			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
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01420	<p>Continued From page 14</p> <p>R5's April 2025 Recorded Care Report included ULP-F's name indicating ULP-F provided R5 assistance with bathing, toileting, transferring, skin checks and wound care before deemed competent by the RN on the following dates: April 4, 5, 6, 8, and 10, 2025.</p> <p>ULP-F's employee record included a Caregivers Orientation Skills Checklist and Training and Competency for Caregivers form indicating ULP-F was trained and demonstrated satisfactory completion of skills and tasks performed with ULP-D starting April 3, through April 11, 2025. ULP-F was not deemed competent by CNS-B until April 11, 2025, after ULP-F provided cares and services to the licensee's residents.</p> <p>On April 16, 2025, at 12:51 p.m., ULP-F stated ULP-F was a new employee and received initial training with ULP-D and then with CNS-B before ULP-F was able to work independently.</p> <p>On April 17, 2025, at 12:39 p.m., CNS-B stated the orientation checklist was first completed and signed by the trainer, which was identified as another ULP, then after all training and skills were completed and observed by the trainer, CNS-B completed the competency evaluations which was the final training step allowing the new ULP to work independently. CNS-B stated the licensee was unaware the RN was required to conduct the training and competency evaluations prior to the new ULPs working with the licensee's residents.</p> <p>The licensee's Newly Hired Unlicensed Personnel Orientation policy dated August 24, 2021, indicated training and competency evaluations of unlicensed personnel providing assisted living services would be by a registered nurse.</p>	01420			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
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01420	Continued From page 15 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01420			
01460 SS=D	144G.63 Subdivision 1 Orientation of staff and supervisors (a) All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility, except as provided in paragraph (b). (b) A staff person is not required to repeat the orientation required under subdivision 2 if the staff person transfers from one licensed assisted living facility to another facility operated by the same licensee or by a licensee affiliated with the same corporate organization as the licensee of the first facility, or to another facility managed by the same entity managing the first facility. The facility to which the staff person transfers must document that the staff person completed the orientation at the prior facility. The facility to which the staff person transfers must nonetheless provide the transferred staff person with supplemental orientation specific to the facility and document that the supplemental orientation was provided. The supplemental orientation must include the types of assisted living services the staff person will be providing, the facility's category of licensure, and the facility's emergency procedures. A staff person cannot transfer to an	01460			

Minnesota Department of Health

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01460	<p>Continued From page 16</p> <p>assisted living facility with dementia care without satisfying the additional training requirements under section 144G.83.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff providing direct services completed orientation to assisted living facility licensing requirements and regulations before providing services for one of two employees (unlicensed personnel (ULP)-F). This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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>During the entrance conference on April 14, 2025, at 9:47 a.m., licensed assisted living director (LALD)-A stated employee orientation training was completed through Relias (computer training program) and was assigned by the licensee's corporate office. Clinical nurse supervisor (CNS)-B stated staff were required to complete all required training before working with residents.</p> <p>ULP-F was hired on September March 17, 2025, to provide direct care service to the residents of the licensee.</p>	01460			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
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01460	<p>Continued From page 17</p> <p>During the survey on April 16, 2025, the surveyor observed ULP-F provide direct care services to the licensee's residents.</p> <p>R5's Recorded Care Report (services provided) dated April 1, 2025, through April 16, 2025, included ULP-F's name indicating ULP-F provided R5 assistance with bathing, toileting, transferring, skin checks and wound care.</p> <p>ULP-F's employee record lacked evidence ULP-F completed orientation to assisted living requirements at the time hire to include:</p> <ul style="list-style-type: none">-an overview of assisted living statutes;-an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;-handling of emergencies and use of emergency services;-compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);-the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;-handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;-consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or	01460			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
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01460	<p>Continued From page 18</p> <p>other relevant advocacy services; and -a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>On April 17, 2025, at 12:39 p.m., the surveyor reviewed ULP-F's training records with LALD-A and CNS-B. LALD-A stated corporate assigned ULP-F's orientation training through Relias and stated ULP-F's required training courses were not all assigned correctly and gave ULP-F 30 days to complete training. LALD-A stated ULP-F's Relias training should have been assigned and ULP-F should have completed all of the required orientation training before providing services to the licensee residents.</p> <p>The Licensee's Employee Orientation policy dated August 24, 2021, indicated all assisted living employees must complete an orientation to assisted living facility licensing requirements and regulations before providing services to residents. At a minimum, orientation must include the following topics:</p> <ul style="list-style-type: none">-an overview of Minnesota assisted living law;-an introduction and review of the facility's policies and procedures related to the provision of assisted living services;-emergency disaster training including handling of emergencies and use of emergency services;-compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);-the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;-principles of person-centered planning and service delivery and how they apply to direct support services;	01460			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
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01460	Continued From page 19 -types of assisted living services as indicated on the Uniform Disclosure of Assisted Living Services and Amenities and providers scope of licensure; -how to report maltreatment of vulnerable adults and how to report a crime; -handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; and -consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01460			
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
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01470	<p>Continued From page 20</p> <p>responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication</p>	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
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01470	<p>Continued From page 21</p> <p>access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure orientation to assisted living statutes included all the required content for three of three employees (clinical nurse supervisor (CNS)-B, unlicensed personnel (ULP)-C, ULP-G). This had the potential to affect all residents of the licensee.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on April 14, 2025, at 9:47 a.m., licensed assisted living director (LALD)-A stated corporate assigned employees the required Relias training (computer training program). CNS-B stated staff were required to complete training before working with the licensee's residents.</p> <p>CNS-B CNS-B was hired October 23, 2023, to provide direct care services and supervision of staff of the licensee.</p>	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
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01470	<p>Continued From page 22</p> <p>CNS-B's employee record lacked evidence CNS-B completed the following required assisted living orientation: -overview of assisted living statutes; and -consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other advocacy services.</p> <p>ULP-C ULP-C was hired on October 3, 2023, to provide direct care service to the residents of the licensee.</p> <p>On April 14, 2025, at 9:51 a.m., the surveyor observed ULP-C administering R2's scheduled medications.</p> <p>ULP-C's employee record lacked evidence ULP-C completed the following required assisted living orientation: -overview of assisted living statutes.</p> <p>ULP-G ULP-G was hired March 24, 2025, to provide direct care service to the residents of the licensee.</p> <p>R2's, R3's and R5's April 2025 Medication Administration Report (MAR) included ULP-G's initials indicating ULP-G administered R2, R3, and R5's scheduled medications.</p> <p>ULP-G's record lacked evidence ULP-G completed the following required assisted living orientation: -overview of assisted living statutes;</p>	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
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01470	<p>Continued From page 23</p> <ul style="list-style-type: none">-handling emergencies and using emergency services;-assisted living bill of rights;-reporting maltreatment of vulnerable adults and minors;-handling resident complaints;-consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other advocacy services.-a review of the types of assisted living services the employee will be providing and the facility's category of licensure; and-orientation to each specific resident and services provided. <p>On April 17, 2025, at 12:39 p.m., LALD-A and CNS-B reviewed the above employee training transcripts with the surveyor. LALD-A and CNS-B stated they were unaware employees were not being assigned all the required assisted living orientation content through Relias. CNS-B stated she would assign additional training on Relias; however, corporate assigned new employee and annual training courses.</p> <p>The licensee's Employee Orientation policy dated August 24, 2021, indicated all assisted living employees must complete an orientation to assisted living facility licensing requirements and regulations before providing services to residents. At a minimum, orientation must include the following topics:</p> <ul style="list-style-type: none">-an overview of Minnesota's assisted living law;-an introduction and review of agency policies and procedures related to the provision of assisted living services;	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
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01470	Continued From page 24 -emergencies and disaster training; -the assisted living bill of rights and staff responsibilities to ensuring the exercise and protection of those rights; -principles of person-centered planning and service delivery and how they apply to direct support services; -types of assisted living services as indicated on the Uniform Disclosure of Assisted Living Services and Amenities and provides scope of licensure; -maltreatment of vulnerable adults; -how to report maltreatment of vulnerable adults -handling resident complaints; and -contact information of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other advocacy services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470			
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff	01650			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER DULUTH HEIGHTS LODGE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 724 MAPLE GROVE ROAD DULUTH, MN 55811			
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01650	<p>Continued From page 25</p> <p>providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure service plans included the required content for one of three residents (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>During the entrance conference on April 14, 2025, at 9:47 a.m., clinical nurse supervisor (CNS)-B</p>	01650			

Minnesota Department of Health

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01650	<p>Continued From page 26</p> <p>stated they were familiar with current minimum assisted living requirements.</p> <p>R5's diagnoses included morbid obesity, diabetes with circulatory complications, and chronic venous hypertension with ulcer of bilateral lower extremity.</p> <p>On April 15, 2025, at 8:30 a.m., the surveyor observed lymphedema compression boots on the floor in R5's living room. Unlicensed personnel (ULP)-D stated staff assisted R5 with the lymphedema compression boots three times a day.</p> <p>R5's Individual Service Plan dated February 28, 2025, indicted R5 received medication administration, stand by assistance with transfers, repositioning, dressing, bathing, TEDS (Thrombo-Embolic Deterrent hose) compression stocking, housekeeping and laundry; however, R5's service plan did not include R5's lymphedema compression boots application assistance three times a day.</p> <p>R5's Physician Order Report dated March 19, 2025, included lymphedema pumps three times a day for 45-60 minutes.</p> <p>R5's April 2025 Medication Administration Record (MAR), directed to apply R5's lymphedema pumps daily at for 45 to 60 minutes at 1:00 p.m., 4:30 p.m., and 8:00 p.m., effective August 7, 2024. R5's April MAR included ULP-D's initials indicating ULP-D assisted R5 with applying and removing R5's lymphedema pumps.</p> <p>On April 17, 2025, at 12:47 p.m., clinical nurse supervisor (CNS)-B stated resident service plans were developed based on a resident's service</p>	01650			

Minnesota Department of Health

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01650	<p>Continued From page 27</p> <p>needs and CNS-B had to manually insert all requested services into the service plan. CNS-B stated R5's lymphedema compression boots were not included on R5's service plan and should have been added.</p> <p>The licensee's Service Plan Contents policy dated July 29, 2022, indicated all assisted living residents would have an up-to-date service plan identifying services to be provided based o the assessment by the RN and/or other licensed health professional. The service plan would include a description of services provided, fee for service, frequency of each service, and staff that would be providing the service. A finalized service plan would be completed no later than 14 calendar after initiation of services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01650			
01950 SS=D	<p>144G.72 Subd. 4 Administration of treatments and therapy</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the</p>	01950			

Minnesota Department of Health

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01950	<p>Continued From page 28</p> <p>proper methods with respect to each resident 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 record; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record for two of two residents (R2, R5) who received treatment and therapy services. In addition, the licensee failed to ensure the RN trained and deemed unlicensed personnel (ULP)s competent on assisting with R5's lymphedema pumps and compression wraps for two of two ULPs (ULP-D, ULP-F).</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>During the entrance conference on April 14, at 9:47 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to the residents at the facility.</p> <p>R2</p>	01950			

Minnesota Department of Health

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01950	<p>Continued From page 29</p> <p>R2's diagnoses included diabetes type II.</p> <p>R2's prescriber orders dated March 6, 2025, included blood glucose (sugar) monitoring daily.</p> <p>R2's Individualized Service Plan dated March 5, 2025, indicated R2 received assistance with blood glucose checks.</p> <p>R2's vital signs report dated April 1, 2025, through April 16, 2025, indicated R2's blood glucose was monitored daily by ULPs.</p> <p>R2's April 2025 Medication Administration Report (MAR) indicated blood glucose monitoring daily; however, lacked specific blood glucose parameters on when to notify the RN or provider.</p> <p>On April 15, 2025, at 7:03 a.m., the surveyor observed ULP-C monitor R2's blood glucose. ULP-C cleansed R2's left middle finger, obtained a blood sample on the test strip and reported R2's blood sugar was 195 milligrams/deciliter (mg/dl). ULP-C entered R2's blood sugar reading into R2's electronic record. ULP-C stated R2's MAR did not include blood glucose parameters on when to notify the nurse or provider.</p> <p>On April 17, 2025, at 1:12 p.m., CNS-B stated R2 did not have specific blood glucose parameters in place because R2's provider did not indicate specific blood sugar parameters.</p> <p>R5</p> <p>R5's diagnoses included diabetes with circulatory complications and chronic venous hypertension with ulcer of bilateral lower extremities.</p> <p>On April 15, 2025, at 8:30 a.m., the surveyor observed lymphedema compression boots on the</p>	01950			

Minnesota Department of Health

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01950	<p>Continued From page 30</p> <p>floor in R5's living room. ULP-D stated staff assisted R5 with the lymphedema compression pumps three times a day; however, R5's record lacked specific directions for R5's lymphedema pumps and when to notify the RN or provider.</p> <p>R5's prescriber orders dated March 19, 2025, included lymphedema pumps three times a day for 45-60 minutes.</p> <p>R5's outpatient wound care orders dated March 31, 2025, included Kerlix and Setopress (compression bandage) wraps applied in a spiral fashion from toes to knees daily.</p> <p>R5's Individualized Treatment and Therapy Management Plan dated April 3, 2025, included lymphedema pumps applied to bilateral lower extremities three times a day; however, did not include R5's compression wraps.</p> <p>R5's April 2025 Medication Administration Report (MAR) included staff initials indicating staff applied R5's lymphedema pumps three times a day; however, R5's record lacked specific directions for R5's lymphedema pumps and when to notify the RN or provider if problems arose. In addition, R5's MAR did not include assisting with R5's compression wraps.</p> <p>ULP-D and ULP-F ULP-D was rehired September 6, 2024, to provide direct care services to the resident of the licensee.</p> <p>ULP-F's was hired March 24, 2025, to provide direct care services to the resident of the licensee.</p> <p>ULP-D and ULP-F's records lacked evidence</p>	01950			

Minnesota Department of Health

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01950	<p>Continued From page 31</p> <p>ULP-D and ULP-F had been trained by the RN on applying R5's lymphedema compression boots or R5's compression wraps.</p> <p>On April 15, 2025, at 11:16 a.m., ULP-D notified the surveyor R5 was ready to have the compression wraps applied and ULP-D would have to get CNS-B because R5's compression wraps were new, and ULP-D had not been trained on how to apply them.</p> <p>On April 15, 2025, at 11:22 a.m., ULP-D entered R5's room and explained to R5 ULP-D had not applied R5's compression wraps before, and CNS-B would be coming to assist. R5 provided ULP-D with a step-by-step direction sheet provided by ULP-D's home care nurse. ULP-D gathered the supplies, put on gloves and removed ULP-D's lower leg wraps. ULP-D applied Vanicream to R5's lower legs and read the compression instructions sheet. ULP-D applied Kerlix and Setopress wraps to R5's left lower leg from toes to knee and secured with tape. ULP-D then applied Edema wear sleeve from ankle to knee and R5's Tubigrip from toes to ankle. At 11:38 a.m., CNS-B entered R5's room and ULP-D stated she completed the compression wraps to R5's left leg and hoped it was done correctly. CNS-B stated she had not applied R5's wraps before either and began to read the instruction sheet and completed the wraps to R5's right lower leg.</p> <p>On April 15, 2025, at 11:58 a.m., CNS-B stated R5's compression therapy wraps were new to the licensee and R5's home care nurse had been managing R5's dressings and compression wraps daily up until the previous week. CNS-B stated CNS-B was away from work the previous week and had not had the opportunity to discuss</p>	01950			

Minnesota Department of Health

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01950	<p>Continued From page 32</p> <p>R5's compression therapy wraps with R5's home care provider or train staff. CNS-B stated R5's record needed to be updated to include R5's compression wraps as a task for the ULPs and staff would be trained.</p> <p>On April 17, 2025, at 12:55 a.m., CNS-B stated R5's record did not include written instructions for ULPs to manage R5's lymphedema pumps or trained the ULPs on applying R5's lymphedema pumps. CNS-B stated R5's lymphedema pumps were ordered by R5's wound care providers and R5 was familiar on how to apply and remove and staff would just assist.</p> <p>The licensee's Administration of Medications, Treatment and Therapy by Unlicensed Personnel policy dated May 20, 2022, indicated ULPs that satisfy the training requirements, have been determined competent to follow the procedures and have been delegated the responsibility by the RN, may administer medications, treatments and therapy services. The RN must develop a written, specific instructions for each resident.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01950			
02310 SS=D	<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>	02310			

Minnesota Department of Health

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02310	<p>Continued From page 33</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, medical or nursing standards for one of one resident (R5) who utilized a consumer transfer pole.</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>During the entrance conference on April 14, 2025, at 9:47 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated the licensee had residents using consumer bed rails. CNS-B stated bed rails were included in resident assessments and corporate monitored the Consumer Product Safety Commission (CPSC) website for any product recalls.</p> <p>On April 15, 2025, at 8:30 a.m., the surveyor observed in R5's room a black pole with a pivoting handle in the middle, that went from the floor to the ceiling. R5 stated he used the transfer pole to assist getting in and out of bed.</p> <p>R5's diagnoses included morbid obesity, orthostatic hypotension, diabetes with circulatory complications, history of falling, chronic venous hypertension with ulcer of bilateral lower</p>	02310			

Minnesota Department of Health

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02310	<p>Continued From page 34</p> <p>extremity.</p> <p>R5's Care Plan dated August 7, 2024, indicated R5 required stand by assistance with transfers, had an overhead bed trapeze bar and a vertical transfer pole (a type of grab bar that extends from floor to ceiling).</p> <p>R5's resident record indicated a bedside mobility disclosure was signed August 14, 2024.</p> <p>R5's resident record lacked the manufacturer instruction information for the transfer pole and lacked documentation the transfer pole was installed per manufacturer instructions.</p> <p>On April 17, 2025, at 12:39 p.m., CNS-B stated R5's family installed R5's transfer pole when R5 moved in. CNS-B stated R5's record did not include documentation of when or who installed R5's transfer pole or if the transfer pole was installed per manufacturer instructions. CNS-B stated staff had not been trained on R5's transfer pole because R5 was independent with its use.</p> <p>The licensee's Supportive Devices policy dated December 12, 2022, indicted the following: -a Supportive Device Assessment must be completed by a licensed nurse prior to implementing any supportive device; -when a supportive device is deemed necessary its use must be reviewed at every care conference and on any significant changes, with a goal of reduction and elimination; and -caregivers and licensed staff would be educated on the correct use and precautions related to use of the supportive device.</p> <p>No further information provided.</p>	02310			

Minnesota Department of Health

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02310	Continued From page 35 TIME PERIOD FOR CORRECTION: Two (2) days	02310			



Minnesota Department of Health

11 East Superior St.
Duluth

Type: Full
Date: 04/15/25
Time: 11:00:00
Report: 1016251084

Food and Beverage Establishment Inspection Report

Page 1

Location:

Duluth Heights Lodge Senior Li
724 Maple Grove Road
Duluth, MN55811
St. Louis County, 69

Establishment Info:

ID #: 0022012
Risk: High
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

VOP Duluth Heights Lodge LLC

Phone #: 2187244900
ID #: 57778

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.

4-300 Equipment Numbers and Capacities

4-302.14 **** Priority 2 ****

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

TEST STRIPS FOR QUAT SANITIZER WERE NOT AVAILABLE. OBTAIN TEST STRIPS FOR QUAT SANITIZER.

Comply By: 04/18/25

2-100 Supervision

2-102.12AMN

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

PIC RICHARD HAD A CURRENT SERVSAFE CERTIFICATE BUT NOT A CFPM CERTIFICATE. OBTAIN CFPM CETIFICATE AND POST.

Comply By: 04/30/25

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit

Location: WIPING CLOTH BUCKET

Violation Issued: No

Hot Water: = at 168 Degrees Fahrenheit

Location: DISH WASHER

Violation Issued: No

Food and Equipment Temperatures

Type: Full
Date: 04/15/25
Time: 11:00:00
Report: 1016251084
Duluth Heights Lodge Senior Li

Food and Beverage Establishment Inspection Report

Page 2

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

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

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

Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: CREAM
Violation Issued: No

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

Process/Item: Cooking
Temperature: 173 Degrees Fahrenheit - Location: HAMBURGER
Violation Issued: No

Process/Item: Hot Holding
Temperature: 166 Degrees Fahrenheit - Location: SOUP
Violation Issued: No

Process/Item: Hot Holding
Temperature: 170 Degrees Fahrenheit - Location: CHICKEN
Violation Issued: No

Process/Item: Hot Holding
Temperature: 163 Degrees Fahrenheit - Location: BEANS
Violation Issued: No

Process/Item: Hot Holding
Temperature: 171 Degrees Fahrenheit - Location: SWEET POTATOES
Violation Issued: No

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

COMMENTS:

DISCUSSED THE IMPORTANCE OF FREQUENT HAND WASHING BY ALL STAFF, AS WELL AS LIMITING BARE HAND CONTACT WITH ALL READY TO EAT FOODS. STAFF HAVE GLOVES AVAILABLE. USE GLOVES WITH ALL READY TO EAT FOODS AND CHANGE GLOVES FREQUENTLY AND ANY TIME TASKS ARE CHANGED.

DISCUSSED THE EMPLOYEE ILLNESS POLICY AND THE EXCLUSION OF EMPLOYEES SICK WITH SYMPTOMS OF VOMITING AND/OR DIARRHEA UNTIL 24 HOURS AFTER THEIR LAST SYMPTOM.

Type: Full
Date: 04/15/25
Time: 11:00:00
Report: 1016251084
Duluth Heights Lodge Senior Li

Food and Beverage Establishment Inspection Report

Page 3

CONTACT THE DEPARTMENT OF HEALTH IF ANY EMPLOYEES ARE DIAGNOSED WITH SALMONELLA, SHIGELLA, SHIGA TOXIN-PRODUCING E. COLI, HEPATITIS A. VIRUS, NOROVIRUS, OR ANOTHER BACTERIAL, VIRAL OR PARASITIC PATHOGEN OR IF THERE ARE ANY CUSTOMER ILLNESS COMPLAINTS.

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 1016251084 of 04/15/25.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Signed: _____

RICHARD SIMMONS
MANAGER

Signed: _____



Cliff LaVigne
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