



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

December 23, 2024

Licensee  
Prairie View  
1010 East Elm Avenue  
Hector, MN 55342

RE: Project Number(s) SL30230016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 14, 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](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor  
State Evaluation Team  
Email: [jodi.johnson@state.mn.us](mailto:jodi.johnson@state.mn.us)  
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  30230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  11/14/2024
NAME OF PROVIDER OR SUPPLIER  PRAIRIE VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 EAST ELM AVENUE HECTOR, MN 55342			
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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>SL30230016-0</p> <p>On November 12, 2024, through November 14, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 31 residents; 26 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 480	Continued From page 1  (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480			

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0 480	<p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 14, 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</p>	0 480			

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0 480	Continued From page 3  to the FBEIR for any compliance dates.	0 480			
0 690 SS=E	<b>144G.43 Subdivision 1 Resident record</b>  (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure entries in the resident records were authenticated by the title of the person making the entry for two of two residents (R1, R2).  This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).  The findings include:  R1 R1's service plan signed November 1, 2024, indicated R1 received assistance with grooming/personal hygiene, dressing, bathing, toileting, housekeeping, laundry, and medication management.	0 690			

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0 690	<p>Continued From page 4</p> <p>On November 13, 2024, at 1:50 p.m., the surveyor observed unlicensed personnel (ULP)-F administer medications to R1.</p> <p>R1's electronic medication administration record (eMAR) summary dated November 1, 2024, through November 12, 2024, included staff initials and names, but lacked staff credentials/title.</p> <p>R1's Monthly Task Log dated November 1, 2024, through November 12, 2024, included staff initials and name, but lacked staff credentials/title.</p> <p>R1's assessments dated May 7, 2024, August 1, 2024, and October 30, 2024, included the staff name but lacked staff credentials/title.</p> <p>R1's Progress Notes dated August 2, 2024, through October 31, 2024, included the staff name but lacked staff credentials/title.</p> <p>R2 R2's service plan signed July 20, 2024, indicated R2 received cues and supervision for bathing, dressing, and assistance with blood sugar checks, housekeeping, laundry, and medication management.</p> <p>On November 13, 2024, at 9:19 a.m., the surveyor observed ULP-E administer medications to R2.</p> <p>R2's eMAR summary dated November 1, 2024, through November 12, 2024, included staff initials and names, but lacked staff credentials/title.</p> <p>R2's Monthly Task Log dated November 1, 2024, through November 12, 2024, included staff initials and name, but lacked staff credentials/title.</p>	0 690			

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0 690	Continued From page 5  R2's assessments dated April 15, 2024, July 12, 2024, and October 4, 2024, included the staff name but lacked staff credentials/title.  R2's Progress Notes dated August 2, 2024, through October 18, 2024, included the staff name but lacked staff credentials/title.  On November 13, 2024, at 10:30 a.m., registered nurse quality director (RNQD)-B stated the documents lacked staff credentials/titles as noted above. RNQD-B further stated some of the staff had not been set up correctly in the electronic health record (EHR) to include the staff credential/title.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 690			
0 730 SS=D	144G.43 Subd. 3 Contents of resident record  Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;	0 730			

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0 730	<p>Continued From page 6</p> <p>(5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident record included a discharge summary with the required content for one of one discharged resident (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	0 730			

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0 730	<p>Continued From page 7</p> <p>safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 began receiving services on January 23, 2023, and was discharged on May 14, 2024.</p> <p>R3's record lacked a discharge summary to include:</p> <ul style="list-style-type: none"><li>- allergies;</li><li>- treatments and therapies;</li><li>- pertinent lab, radiology, and consultation results; and</li><li>- a final summary of the resident's status from the latest assessment or review including baseline and current mental, behavioral, and functional status;</li><li>- a post-discharge plan that is developed with the resident and, with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The post-discharge plan must indicate where the resident plans to reside, any arrangement that have been made for the resident's follow-up care, and any post-discharge medical and nonmedical services the resident will need.</li></ul> <p>On November 13, 2024, at 10:28 a.m., registered nurse quality director (RNQD)-B stated R3's record lacked the required components as noted above. RNQD-B indicated she was aware of the requirement but not all components had been completed on the form.</p>	0 730			

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0 730	Continued From page 8  No further information was provided.  TIME PERIOD FOR CORRECTIONS: Twenty-one (21) days	0 730			
0 780 SS=E	144G.45 Subd. 2 (a) (1) Fire protection and physical environment  (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:  (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. This deficient condition had the	0 780			

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0 780	<p>Continued From page 9</p> <p>ability to affect all staff and 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) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>During facility tour on November 13, 2024, from 12:00 p.m., through 1:10 p.m. with maintenance aide (MA)-H, and maintenance aide (MA)-I the surveyor observed the following:</p> <p>The fire resistance rated doors leading into the main floor and second floor laundry rooms were equipped with automatic door closers, but the doors did not fully close and latch. Fire resistant rated doors are required to automatically close and latch to prevent the spread of smoke and fire into adjoining building areas. MA-H and MA-I stated they would adjust the doors and the automatic closers.</p> <p>The second-floor trash chute door did not latch. Trash chute doors are required to automatically close and latch to prevent the spread of smoke and fire to adjoining building areas and floor levels. MA-H and MA-I stated they would replace the latch.</p> <p>The emergency light in the second-floor activity room did not work when MA-I pressed the test button. Emergency lights are required to automatically come on during power failure to provide light to emergency exit routes. MA-I</p>	0 780			

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0 780	Continued From page 10  stated they would replace the emergency light.  MA-H and MA-I verified the above conditions during the tour and stated they understood the requirements.  TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication  Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered according to policy and accepted standards of practice by one of two staff (unlicensed personnel (ULP)-F) observed during medication administration.  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	01760			

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01760	<p>Continued From page 11</p> <p>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>R6's diagnoses included dementia (the loss of the ability to think, remember, and reason to levels that affect daily life and activities).</p> <p>R6's service plan signed July 15, 2023, included medication management.</p> <p>R6's prescriber orders dated February 19, 2024, included an order for Voltaren external gel 1% (topical nonsteroidal anti-inflammatory drug). Apply 4 grams to bilateral knees four times daily for pain. Measure out on plastic measure strip 4 grams of ointment, use glove to apply to both knees of resident. When done rinse off measure strip, dry, and place back in cabinet.</p> <p>R6's electronic medication administration record (eMAR) summary dated November 1, 2024, through November 13, 2024, included Voltaren external gel 1%, apply 4 grams to bilateral knees four times daily for pain. Measure out on plastic measure strip 4 grams of ointment, use glove to apply to both knees of resident. When done rinse off measure strip, dry, and place back in cabinet.</p> <p>On November 13, 2024, at 11:24 a.m. ULP-F was observed to prepare and administer medications to R6. ULP-F reviewed R6's MAR, sanitized hands, donned clean gloves, and placed a pea sized amount of R6's Voltaren 1% gel to her gloved hand. ULP-F applied the gel to R6's</p>	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30230</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE VIEW</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1010 EAST ELM AVENUE HECTOR, MN 55342</b>			
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01760	<p>Continued From page 12</p> <p>bilateral knees. ULP-F did not measure the amount of Voltaren gel applied. Following the application of the gel, ULP-F removed gloves, sanitized hands, and documented the Voltaren 1% gel administration. When interviewed at this time, ULP-F stated she thought a pea sized amount of gel was 4 grams and was unaware of the measuring device to be utilized when measuring the amount of gel to administer.</p> <p>On November 14, 2024, at 9:05 a.m. registered nurse quality director (RNQD)-B stated staff were taught and instructed to use the measuring device that comes with the diclofenac sodium gel for an accurate measurement of the medication.</p> <p>The Voltaren gel instructions for use dated revised May 2016, identified to use the dosing card to correctly measure each dose. Place the dosing card on a flat surface so that you can read the print. Squeeze the gel onto the dosing card evenly, up to the 4 g line (a 4.5- inch length of gel). Make sure that the gel covers the 4 g area of the dosing card. After using the dosing card, hold end with fingertips, rinse and dry. Store the dosing card until next use.</p> <p>The licensee's Administration of Medications, Treatment and Therapy by Unlicensed Personnel policy dated reviewed February 15, 2022, noted: 2. Medications, treatment and therapy always need to be administered according to the "6 Rights":     e. Right dose (how many milligrams, drops, etc.)</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30230</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE VIEW</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1010 EAST ELM AVENUE HECTOR, MN 55342</b>			
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01810 SS=E	<p><b>144G.71 Subd. 12 Medications; over-the-counter drugs; dietary</b></p> <p>An assisted living facility providing medication management services for over-the-counter drugs or dietary supplements must retain those items in the original labeled container with directions for use prior to setting up for immediate or later administration. The facility must verify that the medications are up to date and stored as appropriate.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure over the counter (OTC) drugs were labeled with directions for use prior to setting up for immediate or later administration for two of five residents (R4, R6) observed during medication administration.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p><b>R4</b> R4's Service Plan signed October 22, 2024, included medication management.</p> <p>R4's prescriber orders dated June 24, 2024, included an order for Alpha Lipoic Acid</p>	01810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  30230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  11/14/2024
NAME OF PROVIDER OR SUPPLIER  PRAIRIE VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 EAST ELM AVENUE HECTOR, MN 55342			
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01810	<p>Continued From page 14</p> <p>(supplement) 600 milligrams (mg) two capsules every day.</p> <p>On November 13, 2024, at 7:58 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications to R4 in his room. ULP-E reviewed R4's electronic medication administration record (eMAR) which included an order for Alpha Lipoic Acid 600 mg two capsules every day. ULP-E unlocked R4's medication cupboard and obtained the bottle of Alpha Lipoic Acid. The bottle included a pharmacy label which included R4's name; however, the medication bottle lacked directions for use. ULP-E stated the label did not include the directions but indicated she follows the directions on R4's eMAR.</p> <p>R6 R6's Service Plan signed July 5, 2023, included medication management.</p> <p>R6's prescriber orders dated February 19, 2024, included an order for Soothe ophthalmic solution (eye lubricant) 0.6-0.6% one drop in both eyes three times per day and Voltaren (topical pain reliever) external gel 1% apply 4 grams to bilateral knees four times daily for pain.</p> <p>On November 13, 2024, at 11:24 a.m., the surveyor observed ULP-F administer medications to R6 in her room. ULP-F reviewed R6's eMAR which included orders for Soothe ophthalmic solution 0.6 - 0.6% one drop in both eyes three times per day and Voltaren (topical pain reliever) external gel 1% apply 4 grams four times per day. ULP-F unlocked R6's medication cupboard and obtained the bottle of R6's Soothe eye drops. The eye drops included a pharmacy label which included R6's name; however, the medication bottle lacked directions for use. In addition, R4's</p>	01810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30230</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE VIEW</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1010 EAST ELM AVENUE HECTOR, MN 55342</b>			
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01810	<p>Continued From page 15</p> <p>Voltaren gel (topical nonsteroidal anti-inflammatory drug) lacked R6's name and directions for use. ULP-F stated the box most likely contained the information and had been thrown away. ULP-F indicated she follows directions on the eMAR when administering medications.</p> <p>On November 14, 2024, at 9:05 a.m., registered nurse quality director (RNQD)-B stated the licensee would not require labels with directions for use on over-the-counter medications managed by the licensee.</p> <p>The licensee's Storage of Medications policy dated reviewed/amended January 6, 2021, noted: c. An over-the-counter drug must be kept in the original labeled container from the pharmacy or manufacturer unless set up by a licensed nurse.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01810			



Minnesota Department of Health  
Food, Pools, and Lodging Services  
12 Civic Center Plaza  
Mankato, MN 56001  
507-344-2700

Type: Full  
Date: 11/14/24  
Time: 10:22:18  
Report: 7990241005

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

Prairie View  
1010 East Elm Avenue  
Hector, MN55342  
Renville County, 65

### Establishment Info:

ID #: 0039289  
Risk:  
Announced Inspection: No

### License Categories:

Expires on: / /

### Operator:

Phone #: 3208482093  
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.

### 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.

QUATERNARY AMMONIA TEST KIT IS NEEDED TO TEST SANITIZER CONCENTRATION. TEST KIT IS ON ORDER.

Comply By: 11/22/24

### 6-300 Physical Facility Numbers and Capacities

#### 6-303.11B

MN Rule 4626.1470B Provide at least 20 foot candles (215 LUX) of light intensity at a distance of 30 inches from the floor for areas where food is provided for consumer self-service, including buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption, inside equipment including reach-in and under counter refrigerators, in utensil storage areas, warewashing areas, and in toilet rooms.

REPLACE BURNT OUT LIGHT BULB IN EMPURA REACH IN FREEZER.

Comply By: 11/22/24

### Surface and Equipment Sanitizers

Quaternary Ammonia: = at 200 Degrees Fahrenheit

Location: Sanitizer Bucket

Violation Issued: No

Hot Water: = at 161 Degrees Fahrenheit

Location: High Temp Dish Machine

Violation Issued: No

Type: Full  
Date: 11/14/24  
Time: 10:22:18  
Report: 7990241005  
Prairie View

Food and Beverage Establishment  
Inspection Report

Food and Equipment Temperatures

Process/Item: Cold Holding  
Temperature: 40 Degrees Fahrenheit - Location: Kratos Reach in Cooler Butter  
Violation Issued: No

Process/Item: Cold Holding  
Temperature: 40 Degrees Fahrenheit - Location: Maximum Reach in Cooler Serving area  
Violation Issued: No

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

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 7990241005 of 11/14/24.

Certified Food Protection Manager: Mandy Jo Beich

Certification Number: 124703 Expires: 08/24/27

Inspection report reviewed with person in charge and emailed.

Signed: Emailed  
Establishment Representative

Signed: Ben D. Dosh  
7990

651-201-4500  
health.foodlodging@state.mn.us

Report #: 7990241005

m

DEPARTMENT OF HEALTH

Minnesota Department of Health

Food, Pools, and Lodging Services

12 Civic Center Plaza

Mankato, MN 56001

No. of RF/PHI Categories Out

0

Date

11/14/24

No. of Repeat RF/PHI Categories Out

0

Time In

10:22:18

Legal Authority MN Rules Chapter 4626

Time Out

Prairie View

Address

1010 East Elm Avenue

City/State

Hector, MN

Zip Code

55342

Telephone

3208482093

License/Permit #

0039289

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance    OUT= not in compliance    N/O= not observed    N/A= not applicable    COS=corrected on-site during inspection    R= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff,knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or pprocedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    COS= corrected on-site during inspection    R= repeat violation

COS

R

Safe Food and Water

30

IN

OUT

N/A

Pasteurized eggs used where required

31

Water & ice obtained from an approved source

32

IN

OUT

N/A

Variance obtained for specialized processing methods

Food Temperature Control

33

Proper cooling methods used; adequate equipment for temperature control

34

IN

OUT

N/A

N/O

Plant food properly cooked for hot holding

35

IN

OUT

N/A

N/O

Approved thawing methods used

36

Thermometers provided & accurate

Food Identification

37

Food properly labeled; original container

Prevention of Food Contamination

38

Insects, rodents, & animals not present

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

COS

R

Proper Use of Utensils

43

In-use utensils: properly stored

44

Utensils, equipment & linens: properly stored, dried, & handled

45

Single-use/single service articles: properly stored & used

46

Gloves used properly

Utensil Equipment and Vending

47

Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48

X

Warewashing facilities: installed, maintained, & used; test strips

49

Non-food contact surfaces clean

Physical Facilities

50

Hot & cold water available; adequate pressure

51

Plumbing installed; proper backflow devices

52

Sewage & waste water properly disposed

53

Toilet facilities: properly constructed, supplied, & cleaned

54

Garbage & refuse properly disposed; facilities maintained

55

Physical facilities installed, maintained, & clean

56

X

Adequate ventilation & lighting; designated areas used

57

Compliance with MCIAA

58

Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Emailed

Date:

11/15/24

Inspector (Signature)

Ben D. Smith