



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

Electronically Delivered

February 10, 2025

Licensee

Vista Prairie At Goldfinch Estates

850 Goldfinch Street

Fairmont, MN 56031

RE: Project Number(s) SL30399016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 19, 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:  30399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  12/19/2024
NAME OF PROVIDER OR SUPPLIER  VISTA PRAIRIE AT GOLDFINCH ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 850 GOLDFINCH STREET FAIRMONT, MN 56031		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL30399016-0</p> <p>On December 16, 2024, through December 19, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 124 residents; 118 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	<p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter</p>	0 480			

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

TITLE

(X6) DATE



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0 480	Continued From page 1  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 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part	0 480			

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0 480	<p>Continued From page 2</p> <p>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 December 17, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480			



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0 485	Continued From page 3	0 485			
0 485 SS=C	<p><b>144G.41 Subdivision 1.a (a) Minimum requirements; required food services</b></p> <p>All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the Assisted Living contract did not require any resident to include and pay for meals as a part of their assisted living package fee. This had the potential to affect all residents of the facility.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p>	0 485			

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0 485	<p>Continued From page 4</p> <p>On page six of the licensee's assisted living contract, Section three (III) Housing included: 1. Housing Related Services included in the Monthly Rent: [licensee name] includes all basic housing services or amenities identified below in the month rent. b. Availability of Three (3) nutritious meals and one (1) snack per day.</p> <p>The licensee's Meal Program Addendum indicated to: Please select one of the following Meal Program options. -three (3) meals each day for _____ ; or -no meal plan through [licensee name].</p> <p>The Meal Program Addendum lacked an option for residents to opt out of payment for one or two meals residents would not want.</p> <p>On December 18, 2024, at 2:02 p.m., director of healthcare (DH)-G stated the same assisted living contract was used for all residents and did not offer residents to opt out of one or two meals the resident would not want; however, the licensee offered "a la cart" meal option to pay for meals as residents order them.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 485			
0 510 SS=E	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b)The facility's infection control program must be consistent with current guidelines from the</p>	0 510			



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0 510	<p>Continued From page 5</p> <p>national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program to comply with accepted health care, medical and nursing standards for infection control for two of three employees (unlicensed personnel (ULP)-C, ULP-J) observed to provide blood glucose monitoring and 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>On December 17, 2024, at 8:12 a.m., ULP-C was observed to perform a blood glucose check on R7. ULP-C stated he needed to use the communal glucometer (an Accu-Chek Guide Me Blood Glucose Monitoring System) as R7's Libre (continuous glucose monitoring sensor) was not working. ULP-C obtained the communal glucometer from the medication cart, reviewed</p>	0 510			



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0 510	<p>Continued From page 6</p> <p>the order on R7's electronic medication administration record (eMAR), and went into R7's apartment. Without performing hand hygiene, ULP-C donned gloves, informed R7 what he was doing and asked which finger was preferred. ULP-C then wiped R7's finger, poked it with a retractable lancet, and placed a sample on the test strip. ULP-C then wiped the finger, wrote the result on R7's notebook on kitchen table, and returned to medication cart still wearing the same gloves. ULP-C placed the sharps in the container, removed his gloves, documented blood glucose result, zipped the glucometer case closed and placed back into the top drawer. ULP-C did not sanitize the communal glucometer or sanitize hands after removing the gloves. When interviewed at this time, ULP-C stated he did not need to sanitize the communal glucometer.</p> <p>On December 17, 2024, at 8:15 a.m., ULP-C was observed to prepare R5's insulin pen for administration. Without performing hand hygiene, ULP-C donned gloves, entered R5's room, and administered the insulin injection. Once the task was completed, ULP-C exited R5's apartment while still wearing the gloves and returned to the medication cart. ULP-C disposed of the needle, doffed gloves into a waste container, picked up the tablet and documented the medication administration. ULP-C did not perform hand hygiene after removing the gloves. When interviewed at this time, ULP-C stated he should have performed hand hygiene between residents, and before and after glove use.</p> <p>On December 18, 2024, at 8:42 a.m., ULP-J was observed to prepare R10's medications at the medication cart. The surveyor did not observe ULP-J perform hand hygiene prior to entering</p>	0 510			

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0 510	<p>Continued From page 7</p> <p>R10's apartment. ULP-J donned gloves, administered R10's inhaler, handed R10 a plastic cup of water to rinse their mouth, then dumped the water out in the sink, put the cup in the garbage, removed gloves, and without washing or sanitizing hands, ULP-J donned another pair of gloves. ULP-J then administered R10's eye drop and removed gloves. ULP-J returned to the medication cart, put the inhaler and eye drop back, and documented the medication administration. The surveyor asked ULP-J at what point she would wash her hands or perform hand hygiene. ULP-J stated she should have cleansed her hands before and after removing gloves each time.</p> <p>On December 18, 2024, at 10:58 a.m., ULP-C was observed at the medication cart comparing the eMAR to the medication bubble packs and punching out pills into a medication cup. ULP-C locked the medication cart, poured a glass of water, and delivered the medication to R11. After R11 swallowed the medications, ULP-C returned to the medication cart, reached into his pocket with his right hand to get the keys, and unlocked the medication cart. ULP-C documented the medication administration on the tablet. Without washing or sanitizing his hands, ULP-C proceeded to prepare and administer a scheduled medication to R2. ULP-C then documented the medication administration on the tablet. ULP-C locked the medication cart and opened the outside entrance door for a visitor. Following this, ULP-C continued to prepare medications for R12. ULP-C crushed R12's medications, itched his face with his hand, then mixed apple sauce in with the crushed medication and proceeded to administer to R12. After documenting the administration, ULP-C was observed to move a resident in a wheelchair, lean at the medication</p>	0 510			



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0 510	<p>Continued From page 8</p> <p>cart on his right hand touching his mouth and face, clean his glasses, open the outside door for another visitor, place both hands in his pockets, and proceeded to prepare medications for another resident. At this time, the surveyor asked ULP-C at what point he should perform hand hygiene and he indicated before and after each medication administration and resident interaction.</p> <p>On December 18, 2024, at 3:06 p.m., clinical nurse supervisor (CNS)-B stated the communal glucometer should be cleansed between uses per the manufacturer instructions. In addition, CNS-B stated staff were expected to wash hands or use hand sanitizer when removing gloves, before and after medication administration, or in between residents.</p> <p>The licensee's Disinfecting Reusable Equipment and Environmental Surfaces policy dated July 19, 2021, indicated reusable equipment would be properly disinfected after use.</p> <p>Manufacturer instructions for Accu-Chek Guide Me Blood Glucose Monitoring System dated 2023, noted if the meter is being operated by a second person who is providing testing assistance to the use, the meter should be cleaned and disinfected prior to use by the second person.</p> <p>2. Turn the meter off and wipe the entire meter surface with a Super Sani-Cloth. Carefully wipe around the test strip slot and other openings. Make sure that no liquid enters any slot or opening.</p> <p>3. A separate Super Sani-Cloth should be used for cleaning and disinfection. For disinfecting the meter, get a new cloth and repeat step 2, making sure the surface stays wet for 2 minutes. Let air</p>	0 510			

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0 510	Continued From page 9  dry.  The licensee's Hand Hygiene policy dated July 19, 2021, indicated hand washing should be performed between resident cares and whenever direct physical contact with a resident takes place. Use of gloves does not replace hand washing. Hands should be washed or decontaminated: a. Before and after direct contact with a resident; c. After contact with environmental surfaces or equipment in the immediate vicinity of the resident; and d. After removing gloves or gowns.  No further information provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment  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	0 780			



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0 780	<p>Continued From page 10</p> <p>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;</p> <p>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 had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During facility tour on December 17, 2024, from 10:33 a.m. through 12:35 p.m., with assisted living director in residency (ALDIR)-A and maintenance manager (MM)-E, the surveyor observed fire rated doors that did not self-close and latch in the following locations:</p> <p>THIRD FLOOR</p> <p>90-minute door by resident room 312. 90-minute door by resident room 322. 20-minute door into stairwell by resident room</p>	0 780			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30399</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/19/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VISTA PRAIRIE AT GOLDFINCH ESTATES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 GOLDFINCH STREET FAIRMONT, MN 56031</b>		
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0 780	<p>Continued From page 11</p> <p>319. 90-minute double doors into elevator lobby by resident room 326. 20-minute door into stairwell by resident room 332.</p> <p>SECOND FLOOR</p> <p>20-minute door into stairwell by resident room 230. 20-minute double doors into elevator lobby by resident room 224. 90-minute double doors by resident room 210. One-hour door into laundry room by resident room 204.</p> <p>FIRST FLOOR</p> <p>20-minute double doors into elevator lobby in main lobby area. One-hour double doors into dining room. 20-minute door into connecting link by West stair two. 20-minute door into West stair two. 20-minute double door into elevator lobby by resident room 121. 90-minute double doors by resident room 117. One-hour laundry room door in memory care wing. 20-minute double door by resident room 19.</p> <p>Fire-resistant rated doors must automatically close and latch to prevent the spread of smoke and fire to adjoining building areas and floor levels. MM-E stated they would adjust all the fire rated doors.</p> <p>During same tour the surveyor observed exercise equipment set up in the stairwell by resident room 332. The equipment partially blocked the</p>	0 780			



Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  VISTA PRAIRIE AT GOLDFINCH ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 850 GOLDFINCH STREET FAIRMONT, MN 56031		
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0 780	Continued From page 12  stairwell, which was part of an emergency evacuation route. Emergency evacuation routes must be free of obstructions, so they are available to use during a fire or similar emergency. ALDIR-A stated the equipment was used by residents, but they could find a different spot for it.  ALDIR-A and MM-E verified the above findings while accompanying on the tour and stated they understood the requirements.  TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
01890 SS=E	144G.71 Subd. 20 Prescription drugs  A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure time sensitive medications were dated when opened for three of four residents (R5, R8, R9) with insulin.  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	01890			

Minnesota Department of Health

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01890	<p>Continued From page 13</p> <p>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>R5's diagnoses included diabetes.</p> <p>R5's Service Plan Agreement dated November 14, 2024, included medication management.</p> <p>R5's Physician Order Sheet dated November 8, 2024, included the following order: aspart (short-acting insulin) 100 units/milliliter (ml) FlexPen. Inject 14 units subcutaneously three times a day before meals plus correction scale 2 extra units for every 50 above 150.</p> <p>On December 17, 2024, at 8:15 a.m. unlicensed personnel (ULP)-C was observed to prepare R5's aspart insulin. The insulin pen lacked a date to indicate when staff opened it, or when it would expire. ULP-C stated insulin pens should be dated when opened and when they would expire.</p> <p>On November 18, 2024, at 8:56 a.m., the surveyor observed the second-floor medication cart with ULP-J.</p> <p>R8's Lantus SoloStar (long-acting insulin) pen lacked a date to indicate when staff opened it, or when it would expire.</p> <p>R9's Humulin 70/30 (mixture type of insulin) KwikPen lacked a date to indicate when staff opened it, or when it would expire.</p> <p>On December 18, 2024, at 3:06 p.m., clinical nurse supervisor (CNS)-B stated every insulin pen should be dated when opened.</p>	01890			



Minnesota Department of Health

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01890	Continued From page 14  The NovoLog (insulin aspart) FlexPen instructions for use revised February 2023, noted: The NovoLog FlexPen you are using should be thrown away after 28 days, even if it still has insulin left in it.  The Lantus SoloStar Patient Information dated revised December 2020, noted: Once you take your SoloStar out of cool storage, for use or as a spare, you can use it for up to 28 days.  The Humulin 70/30 KwikPen Instructions for Use dated revised June 2022 noted: Throw away the Humulin 70/30 pen you are using after 10 days, even if it still has insulin left in it.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01890			
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services  (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.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for one of one resident (R3) related to oxygen	02310			

Minnesota Department of Health

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02310	<p>Continued From page 15</p> <p>storage.</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>R3 diagnoses included dementia.</p> <p>R3's Service Plan Agreement dated December 13, 2024, included oxygen management.</p> <p>R3's prescriber orders dated November 29, 2024, included oxygen 2 liters as needed for shortness of breath/comfort.</p> <p>On December 16, 2024, at 1:34 p.m., the surveyor observed an unsecured oxygen cylinder sitting on the floor of R3's room</p> <p>On December 17, 2024, at 9:17 a.m., the surveyor observed an unsecured oxygen cylinder sitting alongside the wall on the floor of R3's room. Unlicensed personnel (ULP)-D stated the oxygen cylinder was full and unsecured. ULP-D stated it should be stored in a crate or secured to prevent tipping.</p> <p>On December 18, 2024, at 3:11 p.m., registered nurse (RN)-I stated oxygen cylinders should not be stored unsecured. RN-I further indicated she did not have an oxygen rack or chains to secure the cylinders and would need to ask the oxygen</p>	02310			



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02310	<p>Continued From page 16</p> <p>company for something to prevent them from falling over.</p> <p>The Minnesota Department of Health Oxygen Cylinder Storage Requirements dated April 16, 2020, indicated cylinders must be secured (chains or racks) to prevent them from falling over.</p> <p>The licensee's undated, Delegated Nursing Task: Oxygen Equipment -Portable instructions indicated:</p> <p>1. Always double check that each portable tank is found in an upright position and secured to prevent tipping. Immediately report any unsecured tanks (and no equipment to securely set tank in an upright position) to the nurse.</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02310			



Type: Full  
Date: 12/17/24  
Time: 11:00:00  
Report: 1033241217

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Vp At Goldfinch Estates Llc  
850 Goldfinch Street  
Fairmont, MN56031  
Martin County, 46

**Establishment Info:**

ID #: 0037913  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 5072359405  
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

### **2-100 Supervision**

#### **2-102.12AMN**

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

Facility does not have a CFPM.

*Comply By: 03/18/25*

### **2-400 Hygienic Practices**

#### **2-402.11**

MN Rule 4626.0115 Food employees must wear an effective hair restraint, such as a hat, hair covering or hair net, a beard restraint and clothing to keep hair from contacting exposed food, clean equipment, utensils, linens, and unwrapped single-service or single-use articles.

Employee observed with out a hair restraint.

*Comply By: 12/17/24*

### **3-300C Protection from Contamination: equipment/utensils, consumers**

#### **3-304.14B**

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

Wet rag observed on the counter.

*Comply By: 12/17/24*

### **Surface and Equipment Sanitizers**



Type: Full  
Date: 12/17/24  
Time: 11:00:00  
Report: 1033241217  
Vp At Goldfinch Estates Llc

# Food and Beverage Establishment Inspection Report

Page 2

Chlorine: = 50PPM at Degrees Fahrenheit  
Location: Dish Machine  
Violation Issued: No

---

## Food and Equipment Temperatures

Process/Item: Cold Holding  
Temperature: 36 Degrees Fahrenheit - Location: Noodle Salad-Two Door Cooler  
Violation Issued: No

Process/Item: Cold Holding  
Temperature: 0> Degrees Fahrenheit - Location: Freezer  
Violation Issued: No

Process/Item: Cold Holding  
Temperature: 0> Degrees Fahrenheit - Location: Walk In Freezer  
Violation Issued: No

Process/Item: Cold Holding  
Temperature: 39 Degrees Fahrenheit - Location: Walk In Cooler  
Violation Issued: No

Process/Item: Hot Holding  
Temperature: 150 Degrees Fahrenheit - Location: Chicken-Warmer  
Violation Issued: No

---

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

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

I acknowledge receipt of the inspection report number 1033241217 of 12/17/24.


Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Inspection report reviewed with person in charge and emailed.**


Signed: \_\_\_\_\_

Establishment Representative

Signed:  \_\_\_\_\_

Isaiah Armendariz  
Environmental Health Specialist  
Mankato District Office  
507-344-2743  
isaiah.armendariz@state.mn.us



Report #: 1033241217		Food Establishment Inspection Report									
		No. of RF/PHI Categories Out			1	Date 12/17/24					
		No. of Repeat RF/PHI Categories Out			0	Time In 11:00:00					
		Legal Authority MN Rules Chapter 4626				Time Out					
Vp At Goldfinch Estates Llc		Address 850 Goldfinch Street		City/State Fairmont, MN		Zip Code 56031		Telephone 5072359405			
License/Permit # 0037913		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 Hygenic 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							
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	X			Personal cleanliness							
41	X			Wiping cloths: properly used & stored							
42				Washing fruits & vegetables							
Food Recalls:											
Person in Charge (Signature)											
Date: 12/17/24											
Inspector (Signature)											