Electronically Delivered

June 10, 2025

Licensee
Parker Oaks Senior Living
211 6th Street Northwest
Winnebago, MN 56098

RE: Project Number(s) SL30463016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 30, 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 . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

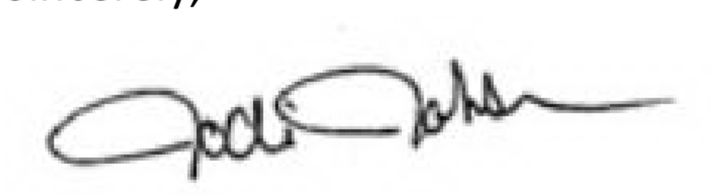
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30463	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER OAKS SENIOR LIVING	211 6TH STREET NW WINNEBAGO, MN 56098

(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	Initial Comments ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL30463016-0 On April 28, 2025, through April 30, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 32 residents; 31 receiving services under the Assisted Living Facility license.	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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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	Continued From page 2 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. 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. 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 28, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 510 SS=D	144G.41 Subd. 3 Infection control program (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. (b)The facility's infection control program must be consistent with current guidelines from the 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. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program to comply with accepted health care, medical and nursing standards for infection control for one of one employee (unlicensed personnel (ULP)-C) during insulin 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 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). The findings include:	0 510		

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0 510	Continued From page 4 ULP-C started employment on August 10, 2023. On April 28, 2025, at 11:52 a.m., the surveyor observed ULP-C apply hand sanitizer and prepare R3's scheduled insulin injection. ULP-C then took the insulin pen to R3, cleansed R3's right lower abdomen using an alcohol wipe, and without gloves, administered the insulin. Immediately following the observation, the surveyor asked ULP-C about glove use for injections and ULP-C stated usually she did not wear gloves, but probably should. On April 29, 2025, at 2:09 p.m., clinical nurse supervisor (CNS)-B stated staff were trained to wear gloves for any potential body fluid exposure including injections. The licensee's 8.02 Bloodborne Pathogens policy dated June 1, 2024, noted: Treat all blood and other potentially infectious body fluids as if infected. - avoid direct contact with blood, body fluids, and other potentially contaminated materials. - wear personal protective equipment (PPE) appropriate for the task. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an	0 630		

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0 630	Continued From page 5 individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for three of three residents (R2, R3, R5). 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). The findings include: R2 R2 was admitted on February 4, 2025, with diagnoses including chronic obstructive pulmonary disease (lung disease that damages your airways and makes it harder to breathe), hypotension (low blood pressure), and diabetes. R2's Service Plan (Private) - Addendum to Contract dated April 1, 2025, indicated R2 received assistance with dressing, bathing, and	0 630		

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0 630	Continued From page 6 medication administration. R2's IAPP dated February 18, 2025, identified R2 was at risk to be abused (physically, verbally, emotionally, financially, and/or sexually) due to congregate living. However, R2's IAPP did not include specific interventions for the identified vulnerability as required. R3 R3 was admitted January 21, 2020, with diagnoses including diabetes, depression, and kidney disease. R3's Service Plan (Private) - Addendum to Contract dated April 1, 2025, indicated R3 received assistance with bathing, behaviors, colostomy care, dressing, blood sugars, and medication administration. R3's IAPP dated March 17, 2025, identified R3 was at risk to be abused (physically, verbally, emotionally, financial, and/or sexually) due to congregate living. However, R3's IAPP did not include specific interventions for the identified vulnerability as required. R5 R5 was admitted May 2, 2023, with diagnoses including mild cognitive impairment with memory loss. R5's Service Plan (Private) - Addendum to Contract dated April 1, 2025, indicated R5 received assistance with behaviors, safety checks, and medication administration. R5's IAPP dated February 5, 2025, identified R5	0 630		

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0 630	Continued From page 7 was at risk to be abused (physically, verbally, emotionally, financial, and/or sexually) due to congregate living. However, R5's IAPP did not include specific interventions for the identified vulnerability as required. On April 29, 2025, at 2:05 p.m., licensed practical nurse/licensed assisted living director (LPN/LALD)-A and clinical nurse supervisor (CNS)-B stated specific interventions for the vulnerabilities as noted above were lacking on R2, R3, and R5's IAPP. CNS-B stated the form needed to be updated so staff were forced to include specific interventions when identifying a vulnerability. In addition, CNS-B stated the same form was utilized for all residents. The licensee's 2.44 Vulnerable Adult Maltreatment - Prevention & Reporting policy dated June 1, 2024, indicated the licensee would develop individualized vulnerable adult abuse prevention plans to identify vulnerability risks and develop measures to minimize maltreatment based on identified information. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by:	0 775		

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0 775	Continued From page 8 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. 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). The findings include: During facility tour on April 29, 2025, from 2:45 p.m. through 3:44 p.m., with maintenance supervisor (MS)-E and maintenance (M)-F the surveyor observed brackets mounted on the ceiling outside the furnace room by resident room A115 and the furnace room by resident room A101. M-F stated that carbon monoxide alarms had been removed but the mounting brackets were left in place. During same tour the surveyor observed that carbon monoxide detectors were not provided in the basement boiler room or the East wing mechanical room. State Fire Code in Minnesota Rules, chapter 7511 requires rooms that contain a fuel burning appliance be equipped with carbon monoxide detection. Existing carbon monoxide alarms must be maintained in working condition as designed. MS-E and M-F verified the above conditions during the tour and stated they understood the requirements.	0 775		

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0 775	Continued From page 9 TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
0 790 SS=F	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the portable fire extinguishers. This deficient condition had the potential to affect all staff, residents, 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 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). The findings include: During facility tour on April 29, 2025, from 2:45 p.m. through 3:44 p.m., with maintenance	0 790		

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0 790	Continued From page 10 supervisor (MS)-E and maintenance (M)-F the surveyor observed portable fire extinguishers throughout the facility had a tag indicating annual testing was last performed by a third party in August 2023. M-F stated they thought the third party company would annually test all fire extinguishers. MS-E stated that they needed to call the company each year to schedule the test. MS-E and M-F verified the above conditions during the tour and stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 790		
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 as prescribed by one of four	01760		

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01760	Continued From page 11 employees (unlicensed personnel (ULP)-D) 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 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). The findings include: R5's diagnoses included mild cognitive impairment with memory loss, hypertension (high blood pressure), and constipation. R5's Service Plan (Private) - Addendum to Contract dated April 1, 2025, included medication administration. R5's prescriber orders dated August 1, 2024, included an order for polyethylene glycol 3350 (laxative). Mix 17 grams in 4-8 ounces of water or juice and drink daily for constipation. R5's medication administration record (MAR) dated April 1, 2025, through April 28, 2025, included polyethylene glycol 3350 17 grams in 4-8 ounces of water or juice and drink daily. On April 29, 2025, at 7:17 a.m., the surveyor observed ULP-D prepare and administer medications to R5. ULP-D reviewed R5's MAR and obtained R5's polyethylene glycol 3350 from the bottom drawer of the medication cart. ULP-D took a disposable plastic medication cup and poured the polyethylene glycol 3350 powder into	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30463	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER OAKS SENIOR LIVING	211 6TH STREET NW WINNEBAGO, MN 56098

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01760	Continued From page 12 the cup to the line labeled 1 DSSP (dessertspoon) (1/2 tablespoon). ULP-D then poured the powder into a plastic glass of water, stirred it, and administered the drink to R5. ULP-D then returned to the medication cart and documented the medication administration. When interviewed at this time, ULP-D stated she thought 1 DSSP or 1/2 tablespoon was equivalent to 17 grams and was not aware how to measure 17 grams utilizing the cap of the medication. On April 29, 2025, at 2:27 p.m., clinical nurse supervisor (CNS)-B stated staff were taught and instructed to use the 17-gram measuring device inside of the medication lid for an accurate measurement of the medication. According to a Grams to Tablespoon Calculator dated 2025, 17 grams is equivalent to 1.133 tablespoons. The licensee's 7.08 Medication Management - Administration & Setup policy dated June 1, 2024, noted ULP trained to provide medication administration would document any medication administration provided accurately in each resident record. ULP would also document any 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. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30463	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER OAKS SENIOR LIVING	211 6TH STREET NW WINNEBAGO, MN 56098

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01940	Continued From page 13	01940		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of one	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30463	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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
01940	Continued From page 14 resident (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 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). The findings include: During the entrance conference on April 28, 2025, at 10:15 a.m., licensed practical nurse/licensed assisted living director (LPN/LALD)-A and clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services to their residents, including compression stockings and velcro compression wraps. On April 29, 2025, at 7:28 a.m., the surveyor observed unlicensed personnel (ULP)-H apply bilateral lower leg velcro compression wraps (provides graduated pressure and reduces fluid buildup and swelling) to R2. R2 stated staff apply them every morning and remove them at bedtime. R2's Service Plan (Private)- Addendum to Contract updated April 30, 2025, indicated the resident received assistance with velcro compression wraps twice daily. R2's prescriber orders dated March 27, 2025, included lymph edema wraps. R2's Treatment Recap Summary dated April 25, 2025, through April 28, 2025, included	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30463	A. BUILDING: _____ B. WING _____	04/30/2025

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01940	Continued From page 15 documentation R2 had velcro wraps on in the morning and off at bedtime. R2's Individualized Treatment and Therapy Plan dated April 24, 2025, did not include the following required content: - procedures for notifying a registered nurse when a problem arose with treatments or therapy services. On April 29, 2025, at 2:19 p.m., clinical nurse supervisor (CNS)-B stated R2's record lacked a treatment management plan to include all the required content as noted above. The licensee's 7.05 Treatment & Therapy Management Plan policy dated June 1, 2024, noted the licensee would develop and maintain a current individualized treatment management record for each resident which would contain at least the following: d. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01940		

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Parker Oaks Senior Living
211 6TH STREET NW
Winnebago, MN
Faribault County
Parcel:

Phone:

License Info

License: HFID 30463

Risk:
License:
Expires on:
CFPM: Nicole K Schwarz
CFPM #: FM65057; Exp: 11/7/2027

Inspection Info

Report Number: F1034251002
Inspection Type: Full - Single
Date: 4/28/2025 Time: 11:15:53 AM
Duration: 90 minutes
Announced Inspection: Yes
Total Priority 1 Orders: 2
Total Priority 2 Orders: 2
Total Priority 3 Orders: 2
Delivery: Emailed

New Order: 3-200B Food Characteristics:Receiving: temperature, condition
3-202.15 *Priority Level: Priority 2 CFP#: 13*
MN Rule 4626.0190 Food packages must be in good condition and must protect the food from adulteration and potential contaminants.
COMMENT: Can found with a major dent over the side seam in dry storage. Can was thrown away during inspection. Fact sheet over dents will be sent with report.
Comply By: Complied On Site Originally Issued On: 4/28/2025

! **New Order: 3-800 Highly Susceptible Population**
3-801.11B *Priority Level: Priority 1 CFP#: 26*
MN Rule 4626.0447B Discontinue using unpasteuerized eggs or egg products in the preparation of Caesar salad, hollandaise or Bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages when serving a highly susceptible population.
COMMENT: Establishment offers made-to-order eggs for breakfast, such as sunny-side up and over-easy eggs. These eggs are currently not pasteurized. Begin using pasteurized eggs or only offer fully cooked eggs.
Comply By: 4/28/2025 Originally Issued On: 4/28/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT: Need an irreversible thermometer or thermolabels for the upstairs dishwasher.
Comply By: 5/5/2025 Originally Issued On: 4/28/2025

! **New Order: 4-500 Equipment Maintenance and Operation**
4-501.114C1 *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.
COMMENT: Chlorine in main kitchen dishwasher tested at 0 ppm. Servicing company was called during inspection and was able to fix issue that afternoon.
Comply By: Complied On Site Originally Issued On: 4/28/2025

New Order: 5-200A Plumbing: approved materials/design
5-201.11B *Priority Level: Priority 3 CFP#: 51*
MN Rule 4626.1040B Maintain the plumbing system in good repair.
COMMENT: 3-compartment sink in main kitchen was not working as it is not draining. PIC stated that the 3-compartment sink has not worked for over a year. Repair the 3-compartment sink to be in working condition.
Comply By: 5/30/2025 Originally Issued On: 4/28/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.114AB *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1580AB Remove all items unnecessary to the operation or maintenance of the establishment and litter from the premises.
COMMENT: Vegetable steamer and fryer have not been working for over a year. Either repair the equipment, or remove them from the establishment.
Comply By: 6/27/2025 Originally Issued On: 4/28/2025

Food & Beverage General Comment

Inspection conducted in conjunction with HRD.

Establishment also makes food for local Meals on Wheels. Employee illness log and fact sheet will be provided with report.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Mankato District Office inspection report number F1034251002 from 4/28/2025

Nicole K Schwarz

McKenna Mathews

McKenna Mathews, RS
Public Health Sanitarian 2
507-344-2729
mckenna.mathews@state.mn.us

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Establishment Info

Parker Oaks Senior Living
Winnebago
County/Group: Faribault County

Inspection Info

Report Number: F1034251002
Inspection Type: Full
Date: 4/28/2025
Time: 11:15:53 AM

Food Temperature: Product/Item/Unit: Gravy**; Temperature Process:** Hot Holding (TCS)
Location: Oven at 204 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Corn**; Temperature Process:** Hot Holding (TCS)
Location: Oven at 190 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Meat**; Temperature Process:** Hot Holding (TCS)
Location: Oven at 201 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Potatoes**; Temperature Process:** Cooking
Location: Oven at 160 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Chili**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37.8 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Corn**; Temperature Process:** Hot Holding (TCS)
Location: Steam Table at 173 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Gravy**; Temperature Process:** Hot Holding (TCS)
Location: Steam Table at 193 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Meat**; Temperature Process:** Hot Holding (TCS)
Location: Steam Table at 195 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Yogurt**; Temperature Process:** Cold-Holding
Location: Reach-in Cooler at 33.7 Degrees F.
Comment:
Violation Issued?: No