



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 8, 2025

Licensee
Brookdale Winona
835 East Bellevue Street
Winona, MN 55987

RE: Project Number(s) SL30556015

Dear Licensee:

On December 4, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the July 2, 2024, survey and October 1, 2024, follow-up survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Jessica Chenze'.

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 28, 2024

Licensee
Brookdale Winona
835 East Belleview Street
Winona, MN 55987

RE: Project Number(s) SL30556015

Dear Licensee:

On October 1, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on July 2, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the July 2, 2024 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on July 2, 2024, found not corrected at the time of the October 1, 2024, follow-up survey and/or subject to penalty assessment are as follows:

1290 - Background Studies Required - 144g.60 Subdivision 1 - \$3,000.00

The details of the violations noted at the time of this follow-up survey completed on October 1, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. 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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES:

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.

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.

We urge you to review these orders carefully. If you have questions, please contact Jodi Johnson at 507-344-2730.

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

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: 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: 30556	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/01/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE WINONA	STREET ADDRESS, CITY, STATE, ZIP CODE 835 EAST BELLEVIEW STREET WINONA, MN 55987
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 000}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: SL30556015-1</p> <p>On September 30, 2024, through October 1, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on July 2, 2024. At the time of the survey, there were 19 residents; 19 receiving services under the Assisted Living license. As a result of the follow-up survey, the following orders were reissued.</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 Subd 1 (13) (i) (B) Minimum requirements	{0 480}		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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{0 480}	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: No further action required	{0 480}		
{0 550} SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: No further action required	{0 550}		
{0 630} SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an	{0 630}		

Minnesota Department of Health

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{0 630}	Continued From page 2 individual abuse prevention plan for each vulnerable adult. The plan shall contain an 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: No further action required	{0 630}		
{0 660} SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: No further action required	{0 660}		

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{0 680} SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: No further action required</p>	{0 680}		
{0 730} SS=D	<p>144G.43 Subd. 3 Contents of resident record</p> <p>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;</p>	{0 730}		

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{0 730}	<p>Continued From page 4</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(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;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(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;</p> <p>(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;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this</p>	{0 730}		

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{0 730}	Continued From page 5 chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: No further action required	{0 730}		
{0 780} SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <ul style="list-style-type: none"> (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; <p>This MN Requirement is not met as evidenced by: No further action required</p>	{0 780}		

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{0 800} SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: No further action required</p>	{0 800}		
{0 970} SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: No further action required</p>	{0 970}		
{01290} SS=I	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be</p>	{01290}		

Minnesota Department of Health

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{01290}	<p>Continued From page 7</p> <p>construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for one of 20 unlicensed personnel (ULP-F). In addition, the licensee failed to ensure background studies were affiliated with the correct health facility identification (HFID) for one of 20 employees (ULP-G). This had the potential to affect all residents residing within the facility.</p> <p>This practice resulted in a level three violation (a violation that harmed a client/resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On September 30, 2024, at 9:50 a.m. the surveyor contacted licensed assisted living director (LALD)-A and requested the facility's current employee roster, the facility's current</p>	{01290}		
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Minnesota Department of Health

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{01290}	<p>Continued From page 8</p> <p>NETStudy roster from the Department of Human Services (DHS), and the licensee's plan of correction from the survey completed on July 2, 2024. LALD-A stated she had reviewed all employee records to ensure background study clearances were included for all current employees.</p> <p>On September 30, 2024, at 11:30 a.m. the surveyor received the above listed documents for review. The surveyor compared the employee roster to the licensee's NETStudy roster dated September 30, 2024. The surveyor noted two unlicensed personnel (ULP-F, ULP-G) were listed on the current employee roster; however, they were not found on the licensee's NETStudy roster.</p> <p>ULP-F ULP-F was hired on July 19, 2019, to provide direct care and services to the facility's residents.</p> <p>On September 30, 2024, at 3:46 p.m. LALD-A stated ULP-F worked as the activities director for the facility and was currently working independently with residents.</p> <p>ULP-F's employee record included a background study clearance letter dated July 10, 2019; however, the clearance letter indicated the health facility identification (HFID) number was associated with the licensee's previous HFID number.</p> <p>ULP-F's NETStudy report dated September 30, 2024, indicated the following: -background study clearance dated June 26, 2019, and was affiliated with [home care name] (an outside home care agency) HFID number.</p>	{01290}		
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{01290}	<p>Continued From page 9</p> <p>-background study clearance dated July 10, 2019, and was affiliated with the facility's previous HFID number; however, the record indicated a "separated" status on November 21, 2021.</p> <p>ULP-F's background clearance was not resubmitted and affiliated with the licensee's HFID number following a "separation" status. Furthermore, ULP-F's NETStudy background clearance was still affiliated with an outside home care agency's name, but not with the licensee.</p> <p>On September 30, 2024, at 3:46 p.m. LALD-A stated after the last survey, she reviewed all employee files to ensure background studies were completed. She stated she saw ULP-F's background clearance document; however, she had not looked to ensure it was affiliated with the facility's current license. LALD-A stated she thought the license number noted on the document may have been related to the facility's previous license, but was not sure. LALD-A stated she was newer to this process (within the past year) and was still learning all of the details of the facility.</p> <p>On September 30, 2024, at 4:16 p.m. LALD-A stated ULP-F stated when she was hired, she was directed to go to an designated outside home care agency to complete her background clearance and fingerprinting. LALD-A stated no one ensured ULP-F's background study was affiliated with the licensee's current HFID number. Furthermore, she stated the outside home care agency would be the notification point for DHS if there was ever an issue with ULP-F's background clearance, with no guarantee the licensee would be notified.</p> <p>ULP-G</p>	{01290}		

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{01290}	<p>Continued From page 10</p> <p>ULP-G was hired June 30, 2014, to provide direct care and services to the facility's residents.</p> <p>On September 30, 2024, at 3:46 p.m. LALD-A stated ULP-G was working independently with residents within the facility.</p> <p>ULP-G's employee record contained a Background Study Clearance dated July 2, 2014, and indicated the licensee's previous HFID number.</p> <p>ULP-G's NETStudy report dated September 30, 2024, indicated ULP-G had a cleared background study from September 26, 2023; however, the clearance was affiliated with a sister facility, and not with the licensee.</p> <p>ULP-G's Background Study Clearance was not affiliated with the facility's current license.</p> <p>On September 30, 2024, at 3:46 p.m. LALD-A stated she reviewed all employee records to ensure they included a background clearance; however, she had not noted the HFID number found on ULP-G's background clearance was not affiliated with the licensee/licensee's current HFID number. LALD-A stated she did not know which facility was associated with the HFID noted on ULP-G's NETStudy report.</p> <p>No further information was provided.</p>	{01290}		
{01620} SS=D	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident</p>	{01620}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30556	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/01/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE WINONA	STREET ADDRESS, CITY, STATE, ZIP CODE 835 EAST BELLEVIEW STREET WINONA, MN 55987
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{01620}	<p>Continued From page 11</p> <p>reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: No further action required</p>	{01620}		
{01640} SS=D	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident</p>	{01640}		

Minnesota Department of Health

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{01640}	Continued From page 12 about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: No further action required	{01640}		
{01650} SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse	{01650}		

Minnesota Department of Health

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{01650}	Continued From page 13 change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: No further action required	{01650}		
{01730} SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed	{01730}		

Minnesota Department of Health

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{01730}	Continued From page 14 personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: No further action required	{01730}		
{01750} SS=F	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident.	{01750}		

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{01750}	Continued From page 15 This MN Requirement is not met as evidenced by: No further action required	{01750}		
{01790} SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be	{01790}		

Minnesota Department of Health

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{01790}	Continued From page 16 labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: No further action required	{01790}		
{01910} SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for	{01910}		

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{01910}	Continued From page 17 disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: No further action required	{01910}		
{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;	{01940}		

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{01940}	Continued From page 18 (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: No further action required	{01940}		
{01960} SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: No further action required	{01960}		
{01970} SS=D	144G.72 Subd. 6 Treatment and therapy orders	{01970}		

Minnesota Department of Health

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{01970}	<p>Continued From page 19</p> <p>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by: No further action required</p>	{01970}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 30, 2024

Licensee
Brookdale Winona
835 East Belleview Street
Winona, MN 55987

RE: Project Number(s) SL30556015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 2, 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.

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:

1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. 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.

Brookdale Winona

July 30, 2024

Page 3

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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor

State Evaluation Team

Email: 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: 30556	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2024
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</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>SL30556015-0</p> <p>On July 1, 2024, through July 2, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 19 resident(s); 19 receiving services under the provider's Assisted Living Facility license.</p> <p>1290: An immediate order was identified on July 1, 2024, at a level 3/Widespread (I). The immediacy was lifted on July 2, 2024; however, the deficiency remains at I.</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 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated July 2, 2024, for the specific Minnesota Food code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who</p>	0 550		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE WINONA	STREET ADDRESS, CITY, STATE, ZIP CODE 835 EAST BELLEVIEW STREET WINONA, MN 55987
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0 550	<p>Continued From page 2</p> <p>are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, information about the licensee's grievance procedure with the required content. This had the potential to affect the licensee's current residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 1, 2024, at 9:45 a.m. during the facility tour with licensed assisted living director/registered nurse (LALD/RN)-A, the surveyor observed the licensee's grievance procedure posted by the front door of the facility.</p>	0 550		

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0 550	<p>Continued From page 3</p> <p>Though the posted grievance procedure included the contact information for the Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, and Minnesota Adult Abuse Reporting Center (MAARC), the posting lacked the name, telephone number and email contact information for individuals who were responsible for handling resident grievances.</p> <p>On July 2, 2024, at 9:20 a.m. LALD/RN-A reviewed the posted grievance procedure and stated it did not include the name, telephone number, and email contact for the individuals who were responsible for handling resident grievances.</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 550		
0 630 SS=F	<p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an 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.</p> <p>This MN Requirement is not met as evidenced</p>	0 630		

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0 630	<p>Continued From page 4</p> <p>by: Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for two of two residents (R1 and R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1 R1 was admitted on September 17, 2013, with diagnoses that included hypertension (high blood pressure), anxiety and depression.</p> <p>R1's service plan dated April 16, 2024, indicated R1 received services to include grooming, dressing, nutrition, bathing, bathroom assistance, escort/mobility, cognitive/psychosocial, and service coordination.</p> <p>On July 2, 2024, at 8:23 a.m., the surveyor observed unlicensed personnel (ULP-C) administer medications to R1.</p> <p>R1's IAPP dated March 6, 2024, did not include the following required items: - the resident's risk of abusing other vulnerable adults; - statements of the specific measures to be taken to minimize the risk of abuse to that person and</p>	0 630		

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0 630	<p>Continued From page 5</p> <p>other vulnerable adults.</p> <p>R2 R2 was admitted on April 30, 2024, with diagnoses that included hypertension (high blood pressure) and right leg below the knee amputation.</p> <p>R2's service plan dated May 22, 2024, indicated R2 received services to include assistance with grooming, dressing, bathing, bathroom assistance, cognitive/psychosocial and service coordination.</p> <p>On July 2, 2024, at 8:28 a.m., the surveyor observed ULP-C administer medications to R2.</p> <p>R2's IAPP dated May 2, 2024, did not include the following required items: - the resident's risk of abusing other vulnerable adults; - statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.</p> <p>On July 2, 2024, at 10:20 a.m., licensed assisted living director/registered nurse (LALD/RN)-A and clinical nurse supervisor (CNS)-B stated R1 and R2's IAPP did not include the required content as listed above. CNS-B further stated the IAPP form was used for all residents, and it did not have the option to assess the resident's risk for abusing other vulnerable adults.</p> <p>The license's Individual Abuse Prevention Plan policy dated August 2021, indicated upon move in, each resident would have an IAPP completed. The vulnerability of each resident would be assessed on the service plan for associates to have awareness of a resident's vulnerable</p>	0 630		

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0 630	Continued From page 6 area(s) with ways to individually manage these concerns to minimize the risk of abuse or neglect for the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to complete a facility tuberculosis (TB) risk assessment. This practice resulted in a level two violation (a violation that did no 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	0 660		

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0 660	<p>Continued From page 7</p> <p>widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On July 1, 2024, at approximately 9:40 a.m., the surveyor requested the licensee's TB risk assessment.</p> <p>On July 1, 2024, at 10:55 a.m., licensed assisted living director/registered nurse (LALD/RN)-A stated she could not locate a TB risk assessment.</p> <p>The licensee's Tuberculosis Exposure Control Plan policy dated August 2021, indicated the community infection control program included a designated team or person responsible for TB infection control, a community TB risk assessment, written TB infection control procedures and a plan for HWC education.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p>	0 680		

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0 680	<p>Continued From page 8</p> <p>(2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post an emergency disaster plan prominently, and have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors of the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include: EMERGENCY PLAN POSTED</p>	0 680		

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0 680	<p>Continued From page 9</p> <p>On July 1, 2024, at approximately 9:45 a.m. during the facility tour, the surveyor did not observe any signage or information regarding the licensee's emergency disaster or preparedness plan posted. At this time, licensed assisted living director/registered nurse (LALD/RN)-A stated the plan was not posted prominently.</p> <p>EMERGENCY PREPAREDNESS PLAN (EPP) CONTENT</p> <p>The licensee's Emergency Preparedness plan, undated, was reviewed and lacked the following:</p> <ul style="list-style-type: none"> - risk assessment which considered hazards like care related emergencies, cyber-attacks, normal supply of essential resources and medical supplies, should consider duration of interruptions, consider emerging infectious diseases (EIDs); - document risk assessment for an all hazards approach, including EIDs as applicable, categorize the various probable risks by likelihood of occurrence, develop strategies for addressing facility and community based risks (evacuation plans, staffing surges/shortages, back-up plans); - policy and procedure addressing the role of facility under waiver declared by the Secretary in accordance with section 1135 of the ACT; - conduct exercises to test EP at least twice per year, including unannounced staff drills using EP, including participating in an annual full-scale exercise community based or annual individual facility based functional exercise or if facility experiences an actual emergency requiring evacuation of plan, facility is exempt from engaging in its next required full scale exercise; conduct an additional annual exercise that may include a second full scale exercise community based or an individual; facility based functional exercise or mock disaster drill or table top exercise 	0 680		

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0 680	Continued From page 10 On July 2, 2024, at 9:22 a.m. LALD/RN-A stated the licensee's current EP plan did not include the above content. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
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; (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	0 730		

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0 730	<p>Continued From page 11</p> <p>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 one of one discharged resident's record (R3) included a discharge summary.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 was admitted on March 18, 2024, and discharged on May 17, 2024, to a skilled nursing</p>	0 730		
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0 730	<p>Continued From page 12</p> <p>facility.</p> <p>R3's discharge summary dated May 17, 2024, failed to include:</p> <ul style="list-style-type: none"> - a summary of the resident's stay that includes diagnoses, course of illnesses, allergies, treatments and therapies, and pertinent lab, radiology, and consultation results; -a final summary of the resident's status from the latest assessment or review under Minnesota Statutes, section 144G.70, if applicable, that includes the resident status, including baseline and current mental, behavioral, and functional status; -reconciliation of all pre-discharge medications with the resident's postdischarge prescribed and over-the-counter medications; and -postdischarge 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 postdischarge plan must indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any postdischarge medication and nonmedical services the resident will need. <p>On July 2, 2024, at 9:35 a.m., licensed assisted living director/registered nurse (LALD/RN)-A and clinical nurse supervisor (CNS)-B stated R3's record lacked a discharge summary to include the required content as listed above.</p> <p>The licensee's Admission/Discharge policy dated August 2021, indicated at the time of discharge the community would provide the resident, and, with the resident's consent, the resident's representatives and case manager, with a written discharge summary that included:</p> <ul style="list-style-type: none"> -a summary of the resident's stay that included 	0 730		

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0 730	<p>Continued From page 13</p> <p>diagnoses, course of illnesses, allergies, treatments, and therapies, and pertinent lab, radiology, and consultation results; -a final summary of the resident's status from the latest assessment or review under Minnesota Statutes, section 144G.70, if applicable, which includes the resident status, including baseline and current mental, behavioral, and functional status; -a reconciliation of all pre-discharge medications with the resident's post-discharge prescribed and over-the-counter medications; and -a post-discharge plan that is developed with the resident and, with the resident's consent, the resident's representatives, which would help the resident adjust to a new living environment. The post-discharge plan must indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any post discharge medical and nonmedical services the resident would need.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 730		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(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</p>	0 780		

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0 780	<p>Continued From page 14</p> <p>separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(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</p> <p>(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 provide smoke in compliance with Minnesota Fire Code. This deficient condition had the 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On facility tour with maintenance supervisor (MS)-E on July 2, 2024, at approximately 1:00 p.m., it was observed that the smoke alarms inside the resident rooms were over 10 years old</p>	0 780		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE WINONA	STREET ADDRESS, CITY, STATE, ZIP CODE 835 EAST BELLEVIEW STREET WINONA, MN 55987
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0 780	<p>Continued From page 15</p> <p>from date of manufacture. MS-E removed a smoke alarm and the date was verified. MS-E will check all resident rooms smoke alarms for manufacture date and replace if required.</p> <p>This deficient condition was visually verified by the MS-E accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 780		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. 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, 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</p>	0 800		

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0 800	<p>Continued From page 16</p> <p>failure that has affected or has potential to affect a large portion or all of the residents). Findings include:</p> <p>On a facility tour on July 2, 2024, at approximately 1:00 p.m., with maintenance supervisor (MS)-E the following deficient items were observed:</p> <p>It was observed that a blue extension cord in kitchen to the refrigerator.</p> <p>Extension cords cannot be used for permanent use.</p> <p>It was observed that the resident room fire doors were being held open by various devices as well as the kitchen storage room door to the corridor.</p> <p>All required fire doors are required to close and latch under their own power.</p> <p>There was also an opening in the wall from the kitchen to front lobby area that is not protected.</p> <p>Walls in fire rated assemblies must be maintained without unprotected openings.</p> <p>It was observed that there were openings in the walls behind the clothes dryer and by the fire sprinkler riser.</p> <p>Walls in fire rated assemblies must be maintained without unprotected openings.</p> <p>It was observed that the clothes dryer vent pipe had screws installed at the joints and elbows.</p> <p>Dryer vent pipes must be secured properly and without screws as to not create a fire hazard.</p>	0 800		

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0 800	Continued From page 17 The deficient conditions were visually verified by MS-E accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</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 include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.</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 of the residents).</p> <p>The findings include:</p>	0 970		

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0 970	<p>Continued From page 18</p> <p>The licensee's Residency Agreement included a clause that indicated the resident would waive the licensee's liability for health, safety, or personal property of a resident.</p> <p>-Page 13 of the agreement indicated: "Indemnification: You and/or your legal representative agree to indemnify and hold us and our affiliated entities harmless from any losses, liabilities, damages, and other expenses brought against us and/or an affiliated entity or individual arising, directly or indirectly, from your alleged negligent acts and/or omissions and/or the alleged negligent acts and/or omissions of a third-party acting on your behalf. Such acts or omissions may include, but not be limited to, your failure to safely utilize personal property (e.g., electric scooter), your failure to follow prescribed care and services, your third-party's failure to provide proper care and services to you or causing harm/injury to another party, you or your third-party's improper use of community property, or your breach of the agreement.</p> <p>On July 2, 2024, at 10:11 a.m., licensed assisted living director/registered nurse (LALD/RN)-A stated the licensee's contract included the above content, and further stated the same contract was utilized for all residents at the facility.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		
01290 SS=I	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to</p>	01290		

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01290	<p>Continued From page 19</p> <p>the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for one of two unlicensed personnel (ULP-C). This had the potential to affect all residents residing in the facility. This resulted in an immediate order on July 1, 2024. In addition, the licensee failed to ensure background studies were affiliated with the correct health facility identification (HFID) for one of two employees (ULP-D).</p> <p>This practice resulted in a level three violation (a violation that harmed a client/resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p>	01290		

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01290	<p>Continued From page 20</p> <p>ULP-C was hired on August 3, 2023, to provide direct care and services to the facility's residents.</p> <p>On July 1, 2024, at 9:30 a.m., ULP-C was observed working independently in the facility.</p> <p>ULP-C's employee record lacked evidence of a background study clearance letter.</p> <p>ULP-C's employee record included the following: -Background Study Notice dated August 3, 2023, that indicated "MORE TIME IS NEEDED TO COMPLETE BACKGROUND STUDY". -Background Study Notice dated December 22, 2023, that indicated "A REQUEST FOR RECONSIDERATION OF YOUR DISQUALIFICATION WAS NOT RECEIVED IN THE TIME REQUIRED. The entity must immediately remove you from your position". -Background Study Notice dated June 20, 2024, that indicated "REQUEST FOR RECONSIDERATION OF YOUR DISQUALIFICATION WAS RECEIVED".</p> <p>On July 1, 2024, at 12:35 p.m., licensed assisted living director/registered nurse (LALD/RN)-A stated ULP-C's employee record lacked a background clearance letter. LALD/RN-A further stated she had been in communication with NETStudy and was told that ULP-C could work independently as long as a supervisor was in the building during the hours ULP-C worked. LALD/RN-A stated the supervisor did not provide direct supervision to ULP-C but was available to ULP-C as needed.</p> <p>On July 1, 2024, at 12:42 p.m. Department of Human Services NETStudy 2.0 website indicated ULP-C required supervision. According to 245C.02, Subd. 8. "Continuous, direct</p>	01290		

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01290	<p>Continued From page 21</p> <p>supervision" means an individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program.</p> <p>On July 1, 2024, at 12:43 p.m., ULP-C stated she had been working independently for the licensee since her hire date. ULP-C stated she was present when LALD/RN-A spoke with someone from NETStudy who stated she was able to work independently as long as a supervisor was in the building and available to her. ULP-C further stated she faxed the required request for reconsideration paperwork on June 19, 2024.</p> <p>ULP-D ULP-D was hired on November 22, 2023, to provide direct care and services to the facility's residents.</p> <p>ULP-D's employee record contained a Background Study Clearance dated December 20, 2023, from a sister facility. However, the document was not affiliated with the facility's license.</p> <p>On July 1, 2024, at 12:50 p.m., LALD/RN-A stated ULP-D's background study was not affiliated with the licensee's HFID.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>On July 2, 2024, the immediacy for correction order 1290 was removed; however, non-compliance remains at a scope and level of I.</p>	01290		

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01620	Continued From page 22	01620		
01620 SS=D	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing nursing assessments not to exceed 14 days from admission for one of one resident (R2) and failed to conduct ongoing nursing assessments not to exceed 90 days for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a</p>	01620		

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01620	<p>Continued From page 23</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 R2 was admitted on April 30, 2024, with diagnoses that included hypertension (high blood pressure) and right leg below the knee amputation.</p> <p>R2's unsigned service plan dated May 22, 2024, indicated R2 received services to include assistance with grooming, dressing, bathing, bathroom assistance, cognitive/psychosocial and service coordination.</p> <p>R2's ongoing nursing assessments were requested. An assessment dated May 22, 2024, was provided. This assessment was 22 days after the date of admission, exceeding 14 calendar days.</p> <p>R1 R1 was admitted on September 17, 2013, with diagnoses that included hypertension (high blood pressure), anxiety and depression.</p> <p>R1's unsigned service plan dated April 16, 2024, indicated R1 received services to include grooming, dressing, nutrition, bathing, bathroom assistance, escort/mobility, cognitive/psychosocial, and service coordination.</p> <p>R1's ongoing nursing assessments were</p>	01620		

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01620	<p>Continued From page 24</p> <p>requested. Assessments dated October 4, 2023, January 11, 2024, and April 16, 2024, were provided.</p> <p>The January 11, 2024, assessment was done 99 days after the date of the previous assessment, exceeding 90 calendar days. The April 15, 2024, assessment was done 95 days after the date of the previous assessment, exceeding 90 calendar days.</p> <p>On July 2, 2024, at 9:44 a.m., clinical nurse supervisor (CNS)-B stated R2 and R1's assessments were not completed within the required time frame.</p> <p>The licensee's Service Plan Process policy dated August 2021, indicated the service plan for each resident, using the service plan software system and designated PCC forms, the service plan should be reviewed and revised as necessary by the nurse and no more than 14 days after move-in, and at least every 90 days or as soon as possible after a change in condition that results in altered care needs.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
01640 SS=D	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the</p>	01640		

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01640	<p>Continued From page 25</p> <p>facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was signed and revised to reflect the current services provided for two of two residents (R1 and R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 R1 was admitted on September 17, 2013, with diagnoses that included hypertension (high blood</p>	01640		

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01640	<p>Continued From page 26</p> <p>pressure), anxiety and depression.</p> <p>On July 2, 2024, at 8:28 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1.</p> <p>R1's service plan dated April 16, 2024, indicated R1 received services to include grooming, dressing, nutrition, bathing, bathroom assistance, escort/mobility, cognitive/psychosocial, and service coordination. The service plan did not include medication administration, left wrist splint assistance or Tubi-grip (tubular elastic bandage designed to provide tissue support and compression in treatment of edema) services. The service plan was not signed by R1 or R1's representative.</p> <p>R2 R2 was admitted on April 30, 2024, with diagnoses that included hypertension (high blood pressure) and right leg below the knee amputation.</p> <p>On July 2, 2024, at 8:23 a.m., the surveyor observed ULP-C administer medications to R2.</p> <p>R2's service plan dated May 22, 2024, indicated R2 received services to include assistance with grooming, dressing, bathing, bathroom assistance, cognitive/psychosocial and service coordination. The service plan did not include medication administration, assistance with right prosthetic leg or Tubi-grips (tubular elastic bandage designed to provide tissue support and compression in treatment of edema) services. The service plan was not signed by R2 or R2's representative.</p> <p>On July 2, 2024, at 11:00 a.m., clinical nurse</p>	01640		

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01640	<p>Continued From page 27</p> <p>supervisor (CNS)-B stated R1 and R2's service plan did not include all services provided as listed above. CNS-B further stated R1 and R2's service plan had not been signed by either resident.</p> <p>The licensee's Service Plan Process policy dated August 2021, indicated upon initial review and subsequent changes, members of the community care team that contributed to the service plan, including the ED or designee, RN, and the resident/legally responsible party would sign the service plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640		
01650 SS=F	<p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include:</p> <p>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;</p> <p>(2) the identification of staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring assessments of the resident;</p> <p>(4) the schedule and methods of monitoring staff providing services; and</p> <p>(5) a contingency plan that includes:</p> <p>(i) the action to be taken if the scheduled service cannot be provided;</p> <p>(ii) information and a method to contact the facility;</p> <p>(iii) the names and contact information of persons the resident wishes to have notified in an</p>	01650		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE WINONA	STREET ADDRESS, CITY, STATE, ZIP CODE 835 EAST BELLEVIEW STREET WINONA, MN 55987
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01650	<p>Continued From page 28</p> <p>emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for two of two residents (R1 and R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1 R1 was admitted on September 17, 2013, with diagnoses that included hypertension (high blood pressure), anxiety and depression.</p> <p>R1's unsigned, service plan dated April 16, 2024, indicated R1 received services to include grooming, dressing, nutrition, bathing, bathroom assistance, escort/mobility, cognitive/psychosocial, and service coordination. The service plan did not include medication</p>	01650		

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01650	<p>Continued From page 29</p> <p>administration, left wrist splint assistance or Tubi-grip (tubular elastic bandage designed to provide tissue support and compression in treatment of edema) services.</p> <p>R1's service plan lacked the following content:</p> <ul style="list-style-type: none"> - the fees for services; - the schedule and methods of monitoring assessment of the resident; - the schedule and methods of monitoring the staff providing services; and - a contingency plan that includes: the action to be taken if the scheduled service cannot be provided; information and a method to contact the facility; the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of an information as to who has authority to sign for the resident in and emergency; and the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. <p>R2 R2 was admitted on April 30, 2024, with diagnoses that included hypertension (high blood pressure) and right leg below the knee amputation.</p> <p>R2's unsigned, service plan dated May 22, 2024, indicated R2 received services to include assistance with grooming, dressing, bathing, bathroom assistance, cognitive/psychosocial and service coordination. The service plan did not include medication administration, assistance with right prosthetic leg or Tubi-grips services.</p>	01650		

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01650	<p>Continued From page 30</p> <p>R2's service plan lacked the following content:</p> <ul style="list-style-type: none"> - the fees for services; - the schedule and methods of monitoring assessment of the resident; - the schedule and methods of monitoring the staff providing services; and - a contingency plan that includes: the action to be taken if the scheduled service cannot be provided; information and a method to contact the facility; the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of an information as to who has authority to sign for the resident in and emergency; and the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. <p>On July 2, 2024, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated R1 and R2's service plan did not include the required content as listed above. CNS-B further stated the same service plan template was used for all residents.</p> <p>The license's Service Plan Process policy dated August 2021, indicated the service plan would describe current assessment needs as well as resident preferences and would include the following:</p> <ul style="list-style-type: none"> -a description of services to be provided -the fees for services -and the frequency of each service, according to the resident's current assessment and resident preferences -identification of the staff or categories of staff who would provide the services -the schedule and methods of monitoring 	01650		

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01650	<p>Continued From page 31</p> <p>assessments of the resident -the schedule and methods of monitoring staff providing services -a contingency plan that included: -the action to be taken if the scheduled service could not be provided -information and a method for a resident or resident's representative to contact the provider -names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition-including identification of an information as to whom the resident is delegating the authority to sign for the client in an emergency -the circumstances in which emergency medication services are not to be summoned consistent with state regulation, and declarations made by the resident reflecting their wishes.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01650		
01730 SS=F	<p>144G.71 Subd. 5 Individualized medication management plan</p> <p>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided;</p>	01730		

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01730	<p>Continued From page 32</p> <p>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</p> <p>(3) documentation of specific resident instructions relating to the administration of medications;</p> <p>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</p> <p>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for two of two residents (R1 and R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	01730		

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01730	<p>Continued From page 33</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 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>R1 R1 was admitted on September 17, 2013, with diagnoses that included hypertension (high blood pressure), anxiety and depression.</p> <p>On July 2, 2024, at 8:28 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1.</p> <p>R1's service plan dated April 16, 2024, did not include medication administration.</p> <p>R1's physician orders dated June 18, 2024, included the following: -aripiprazole 30 milligrams (mg) by mouth once daily (depression) -artificial tears solution 1%; instill one drop in both eyes as needed (dry eyes) -carbamazepine 100 mg by mouth two times daily (occipital neuralgia) -duloxetine 30 mg by mouth once daily (depression) -levothyroxine sodium 25 micrograms (mcg) by mouth once daily (thyroid) -magnesium oxide 400 mg by mouth once daily (vitamin supplement) -metoprolol succinate 24 mg by mouth once daily (blood pressure) -Milk of Magnesia 30 milliliter (ml) by mouth as needed (constipation) -multivitamin; one tablet once daily (vitamin supplement)</p>	01730		

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01730	<p>Continued From page 34</p> <ul style="list-style-type: none"> -pregabalin 50 mg by mouth at bedtime (nerve pain) -senna-docusate sodium 8.6-50 mg by mouth as needed (constipation) -triamcinolone cream 0.1 % topically as needed (skin rash) -Tums once daily as needed (heartburn) <p>R1's record lacked evidence of a medication management plan to include:</p> <ul style="list-style-type: none"> - statement describing the medication management services that will be provided; - description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a registered nurse (RN) when a problem arose with medication management services and; - any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication to use to prevent possible complications or adverse reactions. <p>R2 R2 was admitted on April 30, 2024, with diagnoses that included hypertension (high blood pressure) and right leg below the knee amputation.</p> <p>On July 2, 2024, at 8:23 a.m., the surveyor</p>	01730		

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01730	<p>Continued From page 35</p> <p>observed ULP-C administer medications to R2.</p> <p>R2's service plan dated May 22, 2024, did not include medication administration.</p> <p>R2's physician orders dated May 2, 2024, included the following:</p> <ul style="list-style-type: none"> -aspirin 81 mg once daily (heart health) -cholecalciferol 50 mcg once daily (vitamin deficiency) -cyanocobalamin 1000 mcg by mouth once daily (vitamin deficiency) -acetaminophen 650 mg as needed (pain) <p>R2's record lacked evidence of a medication management plan to include:</p> <ul style="list-style-type: none"> - statement describing the medication management services that will be provided; - description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a registered nurse (RN) when a problem arose with medication management services and; - any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication to use to prevent possible complications or adverse reactions. <p>On July 2, 2024, at 9:49 a.m., clinical nurse</p>	01730		

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01730	Continued From page 36 supervisor (CNS)-B stated the licensee had a Individualized Medication Management Plan document, but had not completed it for any of the residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01750 SS=F	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of two unlicensed personnel (ULP-D) was determined competent by a registered nurse (RN) to administer medications. This had the potential to affect all residents receiving 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	01750		

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01750	<p>Continued From page 37</p> <p>resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-D was hired on November 22, 2023, to provide direct cares to the residents living in the facility.</p> <p>ULP-D's employee file lacked evidence of competencies for medication administration had been completed by a RN.</p> <p>ULP-D's record contained an RN Supervisory Visit form dated December 20, 2023, which indicated ULP-D performed medication administration adequately and appropriately when observed by the facility RN.</p> <p>On July 2, 2024, at 10:06 a.m., clinical nurse supervisor (CNS)-B stated ULP-D had not been competency tested on medication administration because she had a trained medication aide (TMA) certificate. CNS-B further stated she was told if a ULP had a TMA certificate they were not required to competency test them on medication administration. CNS-B stated she observed and supervised all ULP on medication administration periodically and had no concerns with ULP-D's ability to administer medications during those observations.</p> <p>The licensee's Medication Management Training for Unlicensed Associates policy dated December 2022, indicated unlicensed medication trained associates may either assist with medications,</p>	01750		

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01750	Continued From page 38 assist residents with self-administration of medications, or administer medications as permitted per state regulation. The medication management training program consist of a series of online learning modules, successful completion of an examination, practical job application experiences, and skills competency evaluations. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01750		
01790 SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written	01790		

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01790	<p>Continued From page 39</p> <p>procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:</p> <ul style="list-style-type: none"> (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) developed training and</p>	01790		

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01790	<p>Continued From page 40</p> <p>competencies for one of two unlicensed personnel (ULP-D) providing medications to residents for unplanned time away from home when the licensed nurse was not available.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-D was hired on November 22, 2023.</p> <p>On July 2, 2024, at 8:35 a.m., the surveyor observed ULP-D assist R2 with dressing.</p> <p>ULP-D's employee record lacked documentation of training and competencies for providing medications for unplanned time away when the RN was not available.</p> <p>On July 2, 2024, at 10:06 a.m., clinical nurse supervisor (CNS)-B stated ULP were trained, and competency tested for providing medications for unplanned time away during orientation for medication management service. However, CNS-B stated she was told ULP-D had a trained medication aide (TMA) certificate and did not need to complete the orientation training and competency testing for medication management.</p> <p>The licensee's Medications and Treatments-Absence from Residence-Planned and Unplanned policy dated April 2018, indicated the</p>	01790		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE WINONA	STREET ADDRESS, CITY, STATE, ZIP CODE 835 EAST BELLEVIEW STREET WINONA, MN 55987
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01790	<p>Continued From page 41</p> <p>following:</p> <ol style="list-style-type: none"> 1. When a resident or responsible party of the resident decides to take the resident on an unplanned leave of absence or an absence that will require the medication passer to release more than two medication passes, the medication passer will notify the nurse. 2. If the nurse is not available at the community, the medication passer should contact the nurse via phone or should call the "on-call" nurse to notify of the unplanned absence and expected length of absence. The nurse may delegate the packaging of medications to a trained medication passer. If there are questions or concerns, the medication passer will clarify with the nurse or the nurse on-call. 3. The nurse, or med passer-trained in the delegated tasks, should provide the resident or resident's representative medications in amounts and dosages needed for the length of the anticipated absence, but not to exceed 120 hours. In the event the resident is not able to self-administer medications, the medications will only be provided to the resident's responsible party who will be responsible for administration or assistance with administration. 4. The medication passer should reconcile the medications to the medication administration record and written instructions including any special instructions for administering or handling the medications will be sent with the resident/responsible party if the nurse is unavailable. The nurse will verify and check reconciliation on their next scheduled visit. <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01790		

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01910	Continued From page 42	01910		
01910 SS=F	<p>144G.71 Subd. 22 Disposition of medications</p> <p>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.</p> <p>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.</p> <p>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medication including the prescription numbers as applicable, and to whom the medications were given 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 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</p>	01910		

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01910	<p>Continued From page 43</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R3 was admitted to the licensee on March 18, 2024, and discharged on May 17, 2024, to a skilled nursing facility.</p> <p>R3's Medication Disposal- Return to Pharmacy or Resident/Legally Responsible Party form dated May 23, 2024, had columns that identified the medication, strength, and quantity, a signature line for the facility nursing releasing the medications and a second signature line for the resident/legal responsible party/pharmacy. The document did not include a column for the prescription number. The document was not signed by the licensee.</p> <p>On July 2, 2024, at 9:32 a.m., clinical nurse supervisor (CNS)-B confirmed R3 received medication management services and stated the facility's Medication Disposal form did not include an area for the prescription number as required. RN-B stated R3's medications were given to R3's family who signed the medication disposal form, but the licensee had not signed it.</p> <p>The licensee's Medications and Treatments-Unused Medication Disposal/Return to Resident/Legally Responsible Part or Pharmacy policy dated 10/2022, indicated when returning medications to the resident/legally responsible party, the nurse, executive director or designee would: -Send the medications with the resident/legally responsible party upon move-out or call the legally responsible party and request pick-up as</p>	01910		

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01910	<p>Continued From page 44</p> <p>soon as practical. If applicable, temporarily store the medications in a designated locked storage location separate from current medications and treatments. Identify the medications as not in current use.</p> <p>-Complete the applicable information on a Medication Disposal-Return to Pharmacy or Resident/Legally Responsible Party form when the medications are released to the resident/legally responsible party.</p> <p>-Place the completed Medication Disposal-Return to Pharmacy or Resident/Legally Responsible Party form in the resident record under the medications tab.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01910		
01940 SS=D	<p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p> <p>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:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that</p>	01940		

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01940	<p>Continued From page 45</p> <p>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.</p> <p>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 two of two residents (R1 and R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 R1 was admitted on September 17, 2013, with diagnoses that included hypertension (high blood pressure), anxiety and depression.</p> <p>R1's unsigned, service plan dated April 16, 2024,</p>	01940		

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01940	<p>Continued From page 46</p> <p>indicated R1 received services to include grooming, dressing, nutrition, bathing, bathroom assistance, escort/mobility, cognitive/psychosocial, and service coordination. The service plan did not include left wrist splint assistance or Tubi-grip (tubular elastic bandage designed to provide tissue support and compression in treatment of edema) services.</p> <p>R1's activities of daily living (ADL) sheet dated June 2024, indicated R1 received assistance with application and remove of Tubi-grips every day. It did not include assistance with R1's left wrist splint.</p> <p>R1's physician orders dated May 1, 2024, indicated to continue with left wrist splint for four to six weeks for left wrist pain.</p> <p>R1's physician orders dated June 18, 2024, included Place Tubi-grips on in the morning and remove at bedtime for edema.</p> <p>R1's Treatment or Therapy Management Service Plan dated March 6, 2024, indicated R1 received assistance with Tubi-grip placement in the morning and remove at bedtime. It did not include assistance with R1's left wrist splint. R1's Treatment or Therapy Management Service Plan did not include the following required content:</p> <ul style="list-style-type: none"> - statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was 	01940		

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01940	<p>Continued From page 47</p> <p>administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions.</p> <p>R2 R2 was admitted on April 30, 2024, with diagnoses that included hypertension (high blood pressure) and right leg below the knee amputation.</p> <p>On July 2, 2024, at 8:35 a.m., the surveyor observed unlicensed personnel (ULP)-D apply R2's right prosthetic leg.</p> <p>R2's unsigned, service plan dated May 22, 2024, indicated R2 received services to include assistance with grooming, dressing, bathing, bathroom assistance, cognitive/psychosocial and service coordination. The service plan did not include assistance with R2's right prosthetic leg or Tubi-grip services.</p> <p>R2's Treatment or Therapy Management Service Plan dated July 1, 2024, (after the survey started) indicated R2 received assistance with Tub-grip placement in the morning and remove at bedtime. It did not include assistance with R2's right prosthetic leg.</p> <p>R2's ADL sheet dated June 2024, indicated R2 received assistance with application and removal of Tubi-grips every day. It did not include assistance with R2's right prosthetic leg.</p> <p>R2's record lacked physician orders for Tubi-grips and right prosthetic leg.</p> <p>R2's records lacked a treatment management plan to include the following required content: - statement of the type of service that will be</p>	01940		

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01940	<p>Continued From page 48</p> <p>provided;</p> <ul style="list-style-type: none"> - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse when a problem arose with treatments or therapy services; and - 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. <p>On July 2, 2024, at 9:50 a.m., clinical nurse supervisor (CNS)-B stated R1 and R2's treatment management service plan did not include the required content as listed above.</p> <p>The licensee's Treatment or Therapy Management Services policy dated February 2023, indicated:</p> <ul style="list-style-type: none"> -the nurse would assign treatment orders to unlicensed personnel who had been delegated, shown competence and possess the knowledge and skills consistent with the treatment by an RN. -LPN's or ULP would follow resident specific instructions for treatments as indicated on Therapy or Treatment Management Plan and delegated tasks sheets. Documentation of the services should be noted on the ADL sheet or medication administration record or treatment administration record. -ULP should notify nursing if a resident refused treatment or therapy services, if a resident no longer required assistance with treatment or therapy services, or when a resident needs additional assistance. Resident refusals should 	01940		

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01940	<p>Continued From page 49</p> <p>be reported to the nurse. In the event treatment or services are omitted for any reason, the nurse must be notified.</p> <p>-the nurse would contact the resident's physician/healthcare provider and responsible party for omitted treatments.</p> <p>-a registered nurse would periodically monitor and evaluate treatments and therapies that are provided to each resident upon change of condition and at least every 90 days.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01940		
01960 SS=D	<p>144G.72 Subd. 5 Documentation of administration of treatments</p> <p>Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatment or therapies were administered as prescribed, or to document the reason they were not provided, for two of two residents (R1, R2).</p>	01960		

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01960	<p>Continued From page 50</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>R1 R1 was admitted on September 17, 2013, with diagnoses that included hypertension (high blood pressure), anxiety and depression.</p> <p>R1's unsigned service plan dated April 16, 2024, indicated R1 received services to include grooming, dressing, nutrition, bathing, bathroom assistance, escort/mobility, cognitive/psychosocial, and service coordination. The service plan did not include left wrist splint assistance or Tubi-grip (tubular elastic bandage designed to provide tissue support and compression in treatment of edema) services.</p> <p>R1's physician orders dated May 1, 2024, indicated to continue with left wrist splint for four to six weeks for left wrist pain.</p> <p>R1's activities of daily living (ADL) sheet dated June 2024, did not include assistance with R1's left wrist brace.</p> <p>R2 R2 was admitted on April 30, 2024, with diagnoses that included hypertension (high blood pressure) and right leg below the knee amputation.</p>	01960		

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01960	<p>Continued From page 51</p> <p>On July 2, 2024, at 8:35 a.m., the surveyor observed unlicensed personnel (ULP)-D apply R2's right prosthetic leg.</p> <p>R2's unsigned service plan dated May 22, 2024, indicated R2 received services to include assistance with grooming, dressing, bathing, bathroom assistance, cognitive/psychosocial and service coordination. The service plan did not include assistance with R2's right prosthetic leg or Tubi-grip services.</p> <p>R2's record lacked physician orders for right prosthetic leg.</p> <p>R2's ADL sheet dated June 2024, did not include assistance with R2's right prosthetic leg.</p> <p>On July 2, 2024, at 11:29 a.m., clinical nurse supervisor (CNS)-B stated R1 no longer required the wrist brace but sometimes requested to wear it for comfort. CNS-B stated R1's record lacked documentation of staff assisting R1 with the wrist brace. CNS-B stated R2 was mostly independent with the application of his prosthetic leg and only needed assistance with applying it after a shower. CNS-B stated R2's record lacked documentation of staff assisting R2 with the prosthetic leg.</p> <p>The licensee's Treatment or Therapy Management Services policy dated February 2023, indicated: -ULP would follow resident specific instructions for treatments as indicated on Therapy or Treatment Management Plan and delegated tasks sheets. Documentation of the services should be noted on the ADL sheet or medication administration record or treatment administration record.</p>	01960		

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01960	Continued From page 52 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		
01970 SS=D	<p>144G.72 Subd. 6 Treatment and therapy orders</p> <p>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for two of two residents (R1 and R2) receiving treatments.</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>R1</p>	01970		

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01970	<p>Continued From page 53</p> <p>R1 was admitted on September 17, 2013, with diagnoses that included hypertension (high blood pressure), anxiety and depression.</p> <p>R1's unsigned service plan dated April 16, 2024, indicated R1 received services to include grooming, dressing, nutrition, bathing, bathroom assistance, escort/mobility, cognitive/psychosocial, and service coordination. The service plan did not include left wrist splint assistance or Tubi-grip (tubular elastic bandage designed to provide tissue support and compression in treatment of edema) services.</p> <p>R1's physician orders dated May 1, 2024, indicated to continue with left wrist splint for four to six weeks for left wrist pain. R1's record lacked an updated order to continue to use wrist splint after six weeks.</p> <p>R2 R2 was admitted on April 30, 2024, with diagnoses that included hypertension (high blood pressure) and right leg below the knee amputation.</p> <p>On July 2, 2024, at 8:35 a.m., the surveyor observed unlicensed personnel (ULP)-D apply R2's right prosthetic leg.</p> <p>R2's unsigned service plan dated May 22, 2024, indicated R2 received services to include assistance with grooming, dressing, bathing, bathroom assistance, cognitive/psychosocial and service coordination. The service plan did not include assistance with R2's right prosthetic leg or Tubi-grip services.</p> <p>R2's record lacked physician orders for Tubi-grips and right prosthetic leg.</p>	01970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30556	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE WINONA	STREET ADDRESS, CITY, STATE, ZIP CODE 835 EAST BELLEVIEW STREET WINONA, MN 55987
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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
01970	<p>Continued From page 54</p> <p>On July 2, 2024, at 11:29 a.m., clinical nurse supervisor (CNS)-B stated R1's wrist splint had been discontinued after six weeks and did not have a current order for R1 to continue to use it. CNS-B stated R2's record lacked physician orders for Tubi-grips and for his prosthetic leg.</p> <p>The licensee's Treatment or Therapy Management Services policy dated February 2023, indicated: -when identified that a resident would benefit from treatment or therapy service, nursing would contact the resident's physician/healthcare provider to obtain an order for such services. A licensed nurse may obtain the physician/healthcare provider order in writing, electronically or verbally. The nurse receiving the order should implement a treatment or therapy plan within 24 hours of receipt and educate the resident or responsible party before treatment or therapies are initiated.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01970		



Type: Full
Date: 07/02/24
Time: 13:26:45
Report: 1009241121

Food and Beverage Establishment Inspection Report

Page 1

Location:

Brookdale Winona
835 East Belleview Street
Winona, MN55987
Winona County, 85

Establishment Info:

ID #: 0038480
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5074543090
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.

2-200 Employee Health

2-201.11A

**** Priority 1 ****

MN Rule 4626.0040A The licensee must ensure that employees and conditional employees report to the person in charge information about their health as it relates to illnesses transmissible through food. A food employee or conditional employee must report to the person in charge the date of onset of symptoms such as vomiting, diarrhea, jaundice, sore throat with fever, boils or infected wounds, diagnosed illnesses such as norovirus, hepatitis A virus, Salmonella spp, Shigella spp, Shiga toxin-producing Escherichia coli or other enteric bacterial, viral, or parasitic pathogens, and if they have been exposed to, or are the suspected source of, a probable or confirmed disease outbreak within the last 30 days.

ILLNESSES INVOLVING VOMITING, DIARRHEA, NAUSEA, ETC. OF STAFF WHO PREPARE OR ASSIST WITH SERVICE OF FOOD ARE NOT CURRENTLY BEING REPORTED AND RECORDED. AN ILLNESS LOG WILL ACCOMPANY THIS REPORT.

Comply By: 07/02/24

4-500 Equipment Maintenance and Operation

4-501.114C3

**** Priority 1 ****

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

QUATERNARY AMMONIUM SANITIZER TESTED 0 PPM IN THE SANITIZER BUCKET & FROM THE QA DISPENSER. CALL SERVICE TECH TO REPAIR DISPENSER. ENSURE TEST STRIPS ARE USED DAILY TO VERIFY QA CONCENTRATION. Note: Ecolab service request was place during this inspection

Corrected on Site

Type: Full
Date: 07/02/24
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Report: 1009241121
Brookdale Winona

Food and Beverage Establishment Inspection Report

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.

QA TEST STRIPS ARE EXPIRED. ORDER NEW TEST STRIPS AND USE DAILY TO ENSURE QA SANITIZER IS MAINTAINED AT 200 PPM TO 400 PPM. Note: Danielle ordered test strips during this inspection.

Corrected on Site

Surface and Equipment Sanitizers

QA: = 0 ppm at Degrees Fahrenheit
Location: Sanitizer bucket, sanitizer dispenser
Violation Issued: Yes

Hot Water: > 160 at Degrees Fahrenheit
Location: Dishmachine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: GE, milk, cheese
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 37 Degrees Fahrenheit - Location: Arctic Air, milk, mayo
Violation Issued: No

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

COMMENTS:

Danielle Bulawa was present during this inspection.

Please be aware that Norovirus, often thought to be the "stomach flu" continues to be the leading cause of foodborne illness outbreaks. A person who has contracted Norovirus continues to be contagious at least three days after symptoms have subsided. Because of this, it is important to report and record any illnesses, even if staff did not report to work while ill.

To further reduce the risk of transmitting Norovirus and other pathogens that may cause illness, continue to closely monitor handwashing, proper cleaning and sanitizing of equipment and surfaces, do not allow bare-hand contact with ready-to-eat foods.

Establishment info: email dbulawa@brookdale.com

Type: Full
Date: 07/02/24
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Brookdale Winona

Food and Beverage Establishment Inspection Report

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 1009241121 of 07/02/24.

Certified Food Protection Manager: Danielle Bulawa

Certification Number: FM85512 Expires: 08/31/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Danielle Bulawa
Dining Service Coordinator

Signed: Lesli Haines

Lesli Haines, RS/REHS
Public Health Sanitarian III
Rochester District Office
507-206-2745
lesli.haines@state.mn.us