

Electronically Delivered

May 1, 2025

Licensee
Gleseners Assisted Living
150 Main Street
Bird Island, MN 55310

RE: Project Number(s) SL30586016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 16, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

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

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

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

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

If you have any questions, please contact me.

Sincerely,



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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER GLESENERS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 150 MAIN STREET BIRD ISLAND, MN 55310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL30586016</p> <p>On April 14, 2025, through April 16 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 11 residents; 11 receiving services under the Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

Minnesota Department of Health

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

TITLE

(X6) DATE

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

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0 480	<p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition;</p> <p>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p> This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p> This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p> The findings include:</p> <p> Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 15, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p> TIME PERIOD FOR CORRECTION: Please refer</p>	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
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 establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) to include a facility TB risk assessment. This had the potential to affect all current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems	0 660		

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0 660	<p>Continued From page 4</p> <p>are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on April 15, 2025, at 10:55 a.m., the surveyor requested to review the facility's TB risk assessment. Licensed assisted living director (LALD)-A provided the surveyor a TB risk assessment dated July 26, 2023.</p> <p>On April 14, 2025, at 1:32 p.m., LALD-A stated the licensee's current TB facility risk assessment was outdated and must have gotten missed for annual review.</p> <p>The licensee's Policies and Procedures Pertaining to TB Prevention and Control policy dated August 1, 2021, indicated annual review and revision as needed of the TB risk assessment for the agency.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) day</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:</p> <p>(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</p>	0 680		

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0 680	<p>Continued From page 5</p> <p>emergency;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(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.</p> <p>(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 have a written emergency preparedness plan (EPP) with all of the required content and failed to post an emergency preparedness plan prominently. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p>	0 680		

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0 680	<p>Continued From page 6</p> <p>During the facility tour on April 14, 2025, at 12: 45 p.m., the surveyor noted the facility's layout included three levels with 12 apartments. There was no evidence of signage posted or information regarding the licensee's emergency plan. Community supports manager (CSM)-C provided a binder that was stored in an office and indicated the contents were the licensee's EPP.</p> <p>The licensee's EPP dated May 22, 2024, lacked documentation including all the required elements including:</p> <ul style="list-style-type: none"> - a quarterly review of the missing resident plan; - arrangement with other facilities; - policy and procedure to address role of facility under a waiver declared by the Secretary; and - methods for sharing information. <p>On April 15, 2025, at 1:35 p.m., community services director (CSD)-E and licensed assisted living director (LALD)-A stated the licensee had not fully developed and implemented the facility's emergency preparedness plan/program and would work on updating.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:	0 950		

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0 950	<p>Continued From page 7</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee provided the required notice for right to a designated representative with the required verbiage on a document separate from the contract for two of two residents (R2, R3).</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</p>	0 950		

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0 950	<p>Continued From page 8</p> <p>or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R2 R2 was admitted on October 7, 2024, with diagnoses that included diabetes.</p> <p>R2's Assisted living service plan dated April 9, 2025, included an area to designate or decline a designated representative; however, the agreement lacked a separate page for designated representative to include the required verbiage.</p> <p>R2's record lacked evidence in writing of providing on a document separate from the contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>R3 R3 was admitted on September 11, 2016, with diagnoses that included a brain aneurysm.</p> <p>R3's Resident Agreement dated August 1, 2021, included an area to designate or decline a designated representative; however, lacked a</p>	0 950		

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0 950	<p>Continued From page 9</p> <p>separate page for designated representative to include the required verbiage.</p> <p>R3's record lacked evidence in writing of providing on a document separate from the contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>On April 15, 2025, at 1:52 p.m., community services director (CSD)-E stated the correct verbiage for designated representative page is posted for all tenants and visitors to see on the board but not specifically in each contract and signed. CSD-E further stated the same contract was used for all residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 950		
01760 SS=D	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who</p>	01760		

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01760	<p>Continued From page 10</p> <p>administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure medications were administered as ordered for one of two residents (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 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's diagnoses included diabetes.</p> <p>R2's Assisted Living Service plan dated April 9, 2025, indicated R2 received services including medication administration.</p> <p>R2's prescriber orders dated April 3, 2025, included:</p> <ul style="list-style-type: none"> - increase Semglee to 48 units daily. 	01760		

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01760	<p>Continued From page 11</p> <p>R2's April 2025, electronic medication administration record (EMAR) noted the following:</p> <p>-Semglee 100 unit/mL (milliliter) (3 mL); inject 48 units subcutaneous once daily. EMAR included staff initials starting April 5 through April 15, 2025, that documented the medication was administered.</p> <p>On April 15, 2025, at 8:08 a.m., the surveyor observed unlicensed personnel (ULP)-D dial Semglee insulin pen to 48 units. ULP-D wasted 2 units to make 46 units and administered subcutaneous into left lower stomach.</p> <p>On April 15, 2025, at 9:55 a.m., the surveyor made a telephone call to ULP-D with clinical nurse supervisor (CNS)-B and licensed assisted living director (LALD)-A regarding the Semglee insulin dose. ULP-D stated that 48 units was dialed, wasted 2 units, and injected 46 units. CNS-B stated ULP-D should have dialed insulin pen to 2 units, wasted, and then dialed to 48 units to administer per MAR instruction. LALD-A stated that was a medication error and would give 2 additional units as the provider ordered.</p> <p>The licensee's Delegated Nursing Task with Medications: Insulin Pen policy dated February 19, 2024, indicated staff to dial the insulin pen to two units and waste these two units (to assure there is no air in the needle) by pushing the injection button. Hold the needle pointing up into the air when doing the 2-unit waste. The pen should be reset to "0" when the 2 units are wasted. Proceed to dial up the correct number of units of insulin for administration. Verify the correct dose matches the order.</p> <p>No further information was provided.</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER GLESENERS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 150 MAIN STREET BIRD ISLAND, MN 55310		
(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
01760	<p>Continued From page 12</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01940 SS=D	<p>144G.72 Subd. 3 Individualized treatment or therapy management</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 will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(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:</p>	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER GLESENERS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 150 MAIN STREET BIRD ISLAND, MN 55310		
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01940	<p>Continued From page 13</p> <p>Based on observation, interview, and record review, the licensee failed to develop a treatment management plan to include all required content for one of two residents (R2) with blood glucose monitoring.</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>R2's diagnoses included diabetes.</p> <p>R2's Assisted Living Service plan dated April 9, 2025, indicated R2 received services including blood glucose monitoring.</p> <p>On April 15, 2025, at 8:08 a.m., the surveyor observed unlicensed personnel (ULP)-D test R2's blood glucose, with a result of 80.</p> <p>R2's Treatment Therapy Management Plan lacked 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> <p>On April 15, 2025, at 2:32 p.m., clinical nurse supervisor (CNS)-B and licensed assisted living director (LALD)-A stated R2's individual treatment management plan did not include the</p>	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER GLESENERS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 150 MAIN STREET BIRD ISLAND, MN 55310		
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01940	<p>Continued From page 14</p> <p>resident-specific requirements as stated above.</p> <p>The licensee's Assisted Living Treatment and Therapy Services policy, dated July 1, 2023, indicated the licensee must develop and maintain a current individualized management and therapy record containing any client specific requirements relating to documentation of the treatment or therapy received.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	01940		
03090 SS=C	<p>144.6502, Subd. 8 Notice to Visitors</p> <p>(a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."</p> <p>(b) The facility is responsible for installing and maintaining the signage required in this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the required notice was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all current residents in the assisted living facility, staff, and any visitors to the facility.</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not</p>	03090		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER GLESENERS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 150 MAIN STREET BIRD ISLAND, MN 55310		
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03090	<p>Continued From page 15</p> <p>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> <p>On April 14, 2025, at 12:45 p.m. during the facility tour, the surveyor observed one entrance accessible by visitors to the facility. The entrance lacked the required statutory language notice for electronic monitoring.</p> <p>On April 14, 2025, at 12:52 p.m., licensed assisted living director (LALD)-A stated the notice of electronic monitoring was located inside the assisted living elevator, rather than inside the entrance to be accessible by visitors. LALD-A further stated the licensee was not aware of the required verbatim notice to be posted at each entrance accessible by visitors.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	03090		

Type: Full
Date: 04/15/25
Time: 10:51:33
Report: 7990251012
Gleseners Assisted Living

Food and Beverage Establishment Inspection Report

Page 2

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

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 7990251012 of 04/15/25.

Certified Food Protection Manager Kasey Lynn Athmann

Certification Number: 48873 Expires: 04/06/28

Inspection report reviewed with person in charge and emailed.

Signed: Emailed
Establishment Representative

Signed: Brian D. Donke
7990

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

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out	1
No. of Repeat RF/PHI Categories Out	0
Legal Authority MN Rules Chapter 4626	

Date 04/15/25
Time In 10:51:33
Time Out

Gleseners Assisted Living	Address 150 Main Street	City/State Bird Island, MN	Zip Code 55310	Telephone 3203653823
License/Permit # 0037470	Permit Holder	Purpose of Inspection Full	Est Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

IN=in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS=corrected on-site during inspection

R=repeat violation

Compliance Status			cos	R	Compliance Status	cos	R		
Surveillance									
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC knowledgeable; duties & oversight				18 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Proper cooking time & temperature			
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Certified food protection manager, duties				19 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding			
Employee Health									
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Mgmt/Staff knowledge, responsibilities&reporting				20 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Proper cooling time & temperature			
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & exclusion				21 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Proper hot holding temperatures			
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting & diarrheal events				22 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Proper cold holding temperatures			
Good Hygienic Practices									
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	Proper eating, tasting, drinking, or tobacco use				23 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Proper date marking & disposition			
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	No discharge from eyes, nose, & mouth				24 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Time as a public health control: procedures & records			
Preventing Contamination by Hands									
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	Hands clean & properly washed				Consumer Advisory				
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed				25 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Consumer advisory provided for raw/undercooked food			
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks supplied/accessible				Highly Susceptible Populations				
Approved Source									
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source				26 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Pasteurized foods used; prohibited foods not offered			
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Food received at proper temperature				Food and Color Additives and Toxic Substances				
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated				27 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Food additives: approved & properly used			
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Required records available; shellstock tags, parasite destruction				28 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used			
Protection from Contamination									
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Food separated and protected				Conformance with Approved Procedures				
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Food contact surfaces: cleaned & sanitized				29 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Compliance with variance/specialized process/HACCP			
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food				Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.				

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is **not** in compliance

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

COS=corrected on-site during inspection R= repeat violation

Good Retail Practices			cos	R	cos	R	
Safe Food and Water							
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Pasteurized eggs used where required				Proper Use of Utensils		
31	Water & ice obtained from an approved source				43	In-use utensils: properly stored	
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Variance obtained for specialized processing methods				44	Utensils, equipment & linens: properly stored, dried, & handled	
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control				45	Single-use/single service articles: properly stored & used	
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Plant food properly cooked for hot holding				46	Gloves used properly	
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Approved thawing methods used				Utensil Equipment and Vending		
36	Thermometers provided & accurate				47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
Food Identification							
37	Food properly labeled; original container				48	Warewashing facilities: installed, maintained, & used; test strips	
Prevention of Food Contamination							
38	Insects, rodents, & animals not present				49	Non-food contact surfaces clean	
39	Contamination prevented during food prep, storage & display				Physical Facilities		
40	Personal cleanliness				50	Hot & cold water available; adequate pressure	
41	Wiping cloths: properly used & stored				51	Plumbing installed; proper backflow devices	
42	Washing fruits & vegetables				52	Sewage & waste water properly disposed	

Food Recalls:

Person in Charge (Signature) Emailed

Date: 04/16/25

Inspector (Signature) Bryan D. Dashi