



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

Electronically Delivered

September 12, 2023

Licensee

Walker Methodist Westwood I

1 Thompson Avenue West

West Saint Paul, MN 55118

RE: Project Number(s) SL30629015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 9, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

The 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. The 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 and enforcement actions 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

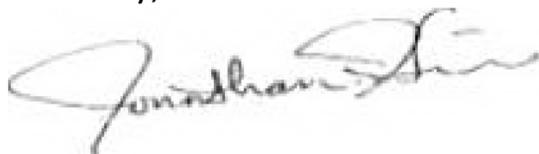
Please address your cover letter for reconsideration requests to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

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,



Jonathan Hill, Supervisor  
State Evaluation Team  
Email: jonathan.hill@state.mn.us  
Telephone: 651-201-3993 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></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><b>INITIAL COMMENTS:</b> SL3062901-0</p> <p>On August 7, 2023, 2023, through August 9, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 116 active residents; 41 residents received services under the Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living licensed providers. 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 surveyors' findings is the Time Period for Correction.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b> The letter in the left column is used for tracking purposes and reflects the scope and level pursuant to 144G.31 Subd. 1, 2 and 3.</p>	
0 480 SS=F	<p><b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b></p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according</p>	0 480		

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
0 480	<p>Continued From page 1</p> <p>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). The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 7, 2023, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 780 SS=D	<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;</p>	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
0 780	<p>Continued From page 2</p> <p>(ii) provide smoke alarms outside each 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 interconnection of required smoke alarms in the resident apartment units 101 and 205. This has the potential to directly affect residents in apartment units 101 and 205.</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>On August 9, 2023, approximately from 10:00 a.m. to 12:30 p.m., survey staff toured the facility</p>	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
0 780	<p>Continued From page 3</p> <p>with the maintenance director (MD)-H and the regional maintenance director (RMD-G) During the tour, survey staff observed the following:</p> <p>1) The smoke alarms in the one-bedroom apartment unit 101 were not interconnected and failed to sound all alarms when tested. The finding was evident as the smoke alarms sounded local when tested by the MD-H.</p> <p>2) The smoke alarm in the den used as a bedroom for sleeping in unit 205, was not interconnected with the other required smoke alarms in the apartment unit. The finding was evident as the smoke alarm inside the den sounded local when tested by the MD-H and he stated that the den was not intended to be used as a sleeping room.</p> <p>The findings were verbally and physically verified by the MD-H accompanying the tour.</p> <p>On August 9, 2023, at approximately 1:30 p.m., during the exit interview, the RMD-G and the MD-H acknowledged the above findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one 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</p>	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
0 800	<p>Continued From page 4</p> <p>repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents and staff.</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 are:</p> <p>On August 9, 2023, approximately from 10:00 a.m. to 12:30 p.m., survey staff toured the facility with the maintenance director (MD)-H and the regional maintenance director (RMD-G). During the tour, survey staff observed the following:</p> <ul style="list-style-type: none"> <li>- The corridor fire-rated doors to the 2nd-floor resident storage rooms and the 1st-floor resident storage room (next to room 106) failed to latch when closed to maintain the smoke-tight integrity of the building corridors.</li> <li>- The 2nd-floor stairway doors A and B, and 1st-floor stairway door C failed to latch when closed to protect the vertical fire rating of the stairway for egress.</li> <li>-The 1st-floor fire barrier doors and 3rd-floor</li> </ul>	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
0 800	<p>Continued From page 5</p> <p>smoke barrier doors failed to latch when closed. In addition, one of the 3rd-floor smoke barrier door finishes was delaminated.</p> <ul style="list-style-type: none"> <li>-The fire-rated doors for the garage trash room failed to close and latch as required to maintain the fire rating of the trash room and to maintain the vertical enclosure protection.</li> <li>-The fire-rated door from the kitchen into the parking garage failed to close and latch for proper fire protection.</li> <li>-The stairway A exit discharge to the exterior of the building was obstructed by dirt, gravel, and weed preventing the door from completely open for proper exiting. The finding was evident as the door was stuck at a 45 degrees when survey staff attempted to open the door.</li> <li>-The stairway C exit walkway had uneven concrete surfaces that causes tripping concerns.</li> <li>-The ceiling inside the 2nd-floor housekeeping room was improperly repaired as the ceiling had plywood installed to seal the penetration in a fire rating ceiling between the 2nd and 3rd floors.</li> </ul> <p>Survey staff explained to the MD-H and the RMD-G that all fire-rated doors must be in proper working order to maintain the integrity of the fire safety plan and must be able to close to protect against the spread of smoke and flames to compartmentalize the building for fire and similar emergency protection.</p> <p>The findings were verbally and physically verified by the MD-H and the RMD-G accompanying the tour.</p> <p>On August 9, 2023, at approximately 1:30 p.m., during the exit interview, the RMD-G and the MD-H acknowledged the above findings.</p> <p>No further information was provided.</p>	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
0 800	Continued From page 6	0 800		
0 810 SS=F	<p><b>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</b></p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> <li>(2) employee actions to be taken in the event of a fire or similar emergency;</li> <li>(3) fire protection procedures necessary for residents; and</li> <li>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</li> </ul> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
--------------------	--	---------------	---	--------------------

0 810	<p>Continued From page 7</p> <p>This MN Requirement is not met as evidenced by: Based on documentation review and interview, the licensee failed to provide the minimum required number of employee evacuation drills and training on fire safety and evacuation plan. This has the potential to directly affect the safety of residents receiving care, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On August 9, 2023, at approximately 12:30 p.m. survey staff reviewed the facility's fire safety and evacuation plan and related documentation. The review of the documentation and interview with the maintenance director (MD)-H and the regional maintenance director (RMD)-G at approximately 1:15 p.m. indicated the following:</p> <ul style="list-style-type: none"> <li>-The licensee failed to provide the required employee training twice a year (after new hire orientation) on the fire safety and evacuation plan. No records were available or provided for review.</li> <li>- The licensee failed to provide the required annual resident training on fire safety and evacuation for residents who can assist in their own evacuation on the proper actions to take in the event of a fire including movement,</li> </ul>	0 810		
-------	---	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
0 810	<p>Continued From page 8</p> <p>evacuation, or relocation. No records were available or provided for review.</p> <p>-The licensee failed to provide the minimum number of required employee fire and evacuation drills for their night-shift day work schedule of two drills per year per shift. One night-shift drill record was provided for the review dated, 2/17/2023 (21:00).</p> <p>On August 9, 2023, at approximately 1:30 p.m., during the exit interview, the RMD-G and the MD-H acknowledged the above findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
01880 SS=F	<p><b>144G.71 Subd. 19 Storage of medications</b></p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored according to manufacturer's instructions.</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</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
01880	<p>Continued From page 9</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>On August 7, 2023,2022, at 10:15 a.m., the licensee's single medication refrigerator was observed with registered nurse (RN)-I, and a licensed practical nurse (LPN)-J. The medication refrigerator contained the following medications for residents throughout the facility:</p> <ul style="list-style-type: none"> <li>-Lantus (eight) Solostar, 100 units (U) /milliliter (ml), unopened.</li> <li>-Humalog (six) Kwik Pens. 100 U / ml, unopened</li> <li>-Latanoprost ophthalmic solution (three) 0.005%, unopened.</li> </ul> <p>The medication refrigerator temperature logs were reviewed. The logs indicated during the time period from June 1, 2023, through August 6, 2023, the forms were completed twenty-nine (29) of sixty-seven (67) opportunities.</p> <p>The licensee's Temperature Log for Refrigerator sheets for the time period, June 1, 2023, through August 6, 2023, directed staff to record temperatures for refrigerators which stored resident medications each workday, preferably in the morning.</p> <p>On August 7, 2023, at 10:15 a.m., LPN-J, stated the licensee had one refrigerator which housed temperature-sensitive medications. LPN-J further explained she worked 80% (percent) of the work week (eight of fourteen days). LPN-J stated she documented the refrigerator temperatures only on the days on duty at the facility. LPN-J stated she was not aware who was responsible to log the temperatures in her absence, stating "it should have been done because we store insulin in</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
01880	<p>Continued From page 10</p> <p>there."</p> <p>On August 7, 2023, at 10:45 a.m., RN-I stated she managed the medication storage program. RN-I explained there was not a process in place to ensure refrigerator temperature that stored temperature-sensitive medications for residents of the facility, was logged on a daily basis. "I guess I should be checking when (LPN-J) isn't here."</p> <p>Recommendations for medications storage as follows:</p> <p>-Lantus Solostar Manufacture's Guidelines, revised: June 2022, Before first use: keep new pens in the refrigerator between 36°F to 46°F (2°C to 8°C). Do not freeze. Do not use Lantus if it has been frozen."</p> <p>-Humalog Kwik Pen: Manufacture's Guidelines (Lilly) December 2022, "Store unused Pens in the refrigerator at 36°F to 46°F (2°C to 8°C) Do not freeze BASAGLAR. Do not use if it has been frozen. Unused Pens may be used until the expiration date printed on the label if the Pen has been kept in the refrigerator. Store the Pen you are currently using at room temperature (up to 86°F [30°C]) and away from heat and light."</p> <p>-Latanoprost ophthalmic solution: Pfizer Manufacturing, revised August 2011, "Store unopened bottle(s) under refrigeration at 2° to 8°C (36° to 46°F). Once a bottle is opened for use, it may be stored at room temperature up to 25°C (77°F) for 6 weeks."</p> <p>On August 8, 2023, at 2:30 p.m., the licensed assisted living director, (LALD)-A, stated it was</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WALKER METHODIST WESTWOOD I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118</b>
--	--

(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
01880	<p>Continued From page 11</p> <p>expected for refrigerators that held medications for resident use, to be monitored and documented on daily basis as the policy indicated.</p> <p>The licensee's Medication Management Services Assisted Living/Storage of Medications policy, dated as revised July 23, 2023, indicated medications that required refrigeration would be stored per manufacturer's direction and maintained at a temperature range between 36-46 degrees Fahrenheit.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		

Type: Full  
Date: 08/07/23  
Time: 11:00:00  
Report: 1031231192

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Walker Methodist Westwood I  
1 Thompson Avenue West  
West St Paul, MN55118  
Dakota County, 19

**Establishment Info:**

ID #: 0038234  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6512592474  
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.

### 3-500A Microbial Control: cooling

#### 3-501.14A **\*\* Priority 1 \*\***

MN Rule 4626.0385A Cool cooked TCS food: 1. within 2 hours from 135 degrees F (57 degrees C) to 70 degrees F (21 degrees C); and 2. within a total of 6 hours from 135 degrees F (57 degrees C) to 41 degrees F (5 degrees C) or less.

CHICKEN TORTILLA SOUP IN WALK-IN MEASURED 60F. STAFF SAID SOUP WAS MADE YESTERDAY. \*\*\*SOUP DISCARDED.\*\*\* COOL FOODS IN SMALL CONTAINERS WITH LIDS OFF. MONITOR TEMPERATURES.

Comply By: 08/07/23

### 6-500 Physical Facility Maintenance/Operation and Pest Control

#### 6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

SMALL AREA TO LEFT OF WALK-IN COOLER HAS MISC ITEMS/DEBRIS AND HAS NOT BEEN CLEANED. REMOVE ITEMS AND CLEAN. CLEAN ON REGULAR BASIS.

Comply By: 08/21/23

### Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 at Degrees Fahrenheit

Location: Sanitizer Dispenser

Violation Issued: No

Quaternary Ammonia: = 200 at Degrees Fahrenheit

Location: Sanitizer Bucket

Violation Issued: No

Type: Full  
Date: 08/07/23  
Time: 11:00:00  
Report: 1031231192  
Walker Methodist Westwood I

# Food and Beverage Establishment Inspection Report

---

Hot Water: = at 163 Degrees Fahrenheit  
Location: Dish Machine  
Violation Issued: No

---

Quaternary Ammonia: = 200 at Degrees Fahrenheit  
Location: Sanitizer Bucket (cook line)  
Violation Issued: No

---

## Food and Equipment Temperatures

Process/Item: Cooking/Turkey  
Temperature: 168 Degrees Fahrenheit - Location: Pan on Griddle  
Violation Issued: No

---

Process/Item: Hot Hold/Veg Soup  
Temperature: 188 Degrees Fahrenheit - Location: Soup Warmer  
Violation Issued: No

---

Process/Item: Cold Hold/HB Eggs  
Temperature: 35 Degrees Fahrenheit - Location: 2-Door Glass Cooler  
Violation Issued: No

---

Process/Item: Cold Hold/Tea  
Temperature: 40 Degrees Fahrenheit - Location: Traulsen Reach-in Cooler  
Violation Issued: No

---

Process/Item: Cold Hold/Chx Tortilla Sp  
Temperature: 60 Degrees Fahrenheit - Location: Walk-in Cooler  
Violation Issued: Yes

---

Process/Item: Cold Hold/Ranch  
Temperature: 41 Degrees Fahrenheit - Location: Walk-in Cooler  
Violation Issued: No

---

Process/Item: Cold Hold/Tomatoes; Sliced  
Temperature: 40 Degrees Fahrenheit - Location: Prep Table (top)  
Violation Issued: No

---

Process/Item: Cold Hold/Burger Patty  
Temperature: 40 Degrees Fahrenheit - Location: Prep Table (bottom)  
Violation Issued: No

---

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

Inspection conducted by Chris F (MDH).

All violations discussed with Jason after inspection.

Discussed:

- Product Cooling
- Facilities upkeep and maintenance
- Handwashing and glove use
- Thermometer use

Type: Full  
Date: 08/07/23  
Time: 11:00:00  
Report: 1031231192  
Walker Methodist Westwood I

# Food and Beverage Establishment Inspection Report

NOTIFY INSPECTOR OF ADDITIONS OR CHANGES TO THE BUILDING, MAJOR EQUIPMENT ADDITIONS, OR CHANGES OF EQUIPMENT DUE TO A MENU CHANGE. THESE ACTIONS MAY REQUIRE A REMODEL PLAN REVIEW.

\*\*\*ANY CUSTOMER COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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

I acknowledge receipt of the Environmental Health inspection report number 1031231192 of 08/07/23.

Certified Food Protection Manager: Jennifer M. Camplin

Certification Number: FM70463 Expires: 12/25/25

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

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

Jason Bobbit  
Person in Charge

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

Chris Foster  
Public Health Sanitarian II  
Freeman Office Building  
651-983-8760  
chris.j.foster@state.mn.us

Report #: 1031231192

# Food Establishment Inspection Report



**Environmental Health  
Food, Pools, and Lodging**  
625 Robert St. N  
St. Paul

No. of RF/PHI Categories Out

1

Date 08/07/23

No. of Repeat RF/PHI Categories Out

0

Time In 11:00:00

Legal Authority MN Rules Chapter 4626

Time Out

Walker Methodist Westwood I

**Address**

1 Thompson Avenue West

**City/State**

West St Paul, MN

**Zip Code**

55118

**Telephone**

6512592474

**License/Permit #**

0038234

**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
<b>Supervision</b>			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	PIC knowledgeable; duties & oversight		
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
	Certified food protection manager, duties		
<b>Employee Health</b>			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Mgmt/Staff; knowledge, responsibilities & reporting		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Proper use of reporting, restriction & exclusion		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Procedures for responding to vomiting & diarrheal events		
<b>Good Hygienic Practices</b>			
6	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O		
	Proper eating, tasting, drinking, or tobacco use		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O		
	No discharge from eyes, nose, & mouth		
<b>Preventing Contamination by Hands</b>			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O		
	Hands clean & properly washed		
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		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Adequate handwashing sinks supplied/accessible		
<b>Approved Source</b>			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Food obtained from approved source		
12	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
	Food received at proper temperature		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Food in good condition, safe, & unadulterated		
14	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A N/O		
	Required records available; shellstock tags, parasite destruction		
<b>Protection from Contamination</b>			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
	Food separated and protected		
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
	Food contact surfaces: cleaned & sanitized		
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status		COS	R
<b>Time/Temperature Control for Safety</b>			
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
	Proper cooking time & temperature		
19	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
	Proper reheating procedures for hot holding		
20	<input type="radio"/> IN <input checked="" type="radio"/> OUT N/A N/O		
	Proper cooling time & temperature		
21	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
	Proper hot holding temperatures		
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
	Proper cold holding temperatures		
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
	Proper date marking & disposition		
24	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
	Time as a public health control: procedures & records		
<b>Consumer Advisory</b>			
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
	Pasteurized foods used; prohibited foods not offered		
<b>Food and Color Additives and Toxic Substances</b>			
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Food additives: approved & properly used		
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>			
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Compliance with variance/specialized process/HACCP		

**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

		COS	R
<b>Safe Food and Water</b>			
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
	Pasteurized eggs used where required		
31	<input type="radio"/> IN <input type="radio"/> OUT		
	Water & ice obtained from an approved source		
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
33	<input type="radio"/> IN <input type="radio"/> OUT		
	Proper cooling methods used; adequate equipment for temperature control		
34	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
	Plant food properly cooked for hot holding		
35	<input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
	Approved thawing methods used		
36	<input type="radio"/> IN <input type="radio"/> OUT		
	Thermometers provided & accurate		
<b>Food Identification</b>			
37	<input type="radio"/> IN <input type="radio"/> OUT		
	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
38	<input type="radio"/> IN <input type="radio"/> OUT		
	Insects, rodents, & animals not present		
39	<input type="radio"/> IN <input type="radio"/> OUT		
	Contamination prevented during food prep, storage & display		
40	<input type="radio"/> IN <input type="radio"/> OUT		
	Personal cleanliness		
41	<input type="radio"/> IN <input type="radio"/> OUT		
	Wiping cloths: properly used & stored		
42	<input type="radio"/> IN <input type="radio"/> OUT		
	Washing fruits & vegetables		

		COS	R
<b>Proper Use of Utensils</b>			
43	<input type="radio"/> IN <input type="radio"/> OUT		
	In-use utensils: properly stored		
44	<input type="radio"/> IN <input type="radio"/> OUT		
	Utensils, equipment & linens: properly stored, dried, & handled		
45	<input type="radio"/> IN <input type="radio"/> OUT		
	Single-use/single service articles: properly stored & used		
46	<input type="radio"/> IN <input type="radio"/> OUT		
	Gloves used properly		
<b>Utensil Equipment and Vending</b>			
47	<input type="radio"/> IN <input type="radio"/> OUT		
	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	<input type="radio"/> IN <input type="radio"/> OUT		
	Warewashing facilities: installed, maintained, & used; test strips		
49	<input type="radio"/> IN <input type="radio"/> OUT		
	Non-food contact surfaces clean		
<b>Physical Facilities</b>			
50	<input type="radio"/> IN <input type="radio"/> OUT		
	Hot & cold water available; adequate pressure		
51	<input type="radio"/> IN <input type="radio"/> OUT		
	Plumbing installed; proper backflow devices		
52	<input type="radio"/> IN <input type="radio"/> OUT		
	Sewage & waste water properly disposed		
53	<input type="radio"/> IN <input type="radio"/> OUT		
	Toilet facilities: properly constructed, supplied, & cleaned		
54	<input type="radio"/> IN <input type="radio"/> OUT		
	Garbage & refuse properly disposed; facilities maintained		
55	<input checked="" type="radio"/> X <input type="radio"/> IN <input type="radio"/> OUT		
	Physical facilities installed, maintained, & clean		
56	<input type="radio"/> IN <input type="radio"/> OUT		
	Adequate ventilation & lighting; designated areas used		
57	<input type="radio"/> IN <input type="radio"/> OUT		
	Compliance with MCIAA		
58	<input type="radio"/> IN <input type="radio"/> OUT		
	Compliance with licensing & plan review		

**Food Recalls:**

**Person in Charge (Signature)**

**Date:** 08/07/23

Inspector (Signature)