



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 11, 2024

Licensee

Boden Senior Living - Coon Rapids

11372 Robinson Drive Nw

Coon Rapids, MN 55433

RE: Project Number(s) SL30689016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 6, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

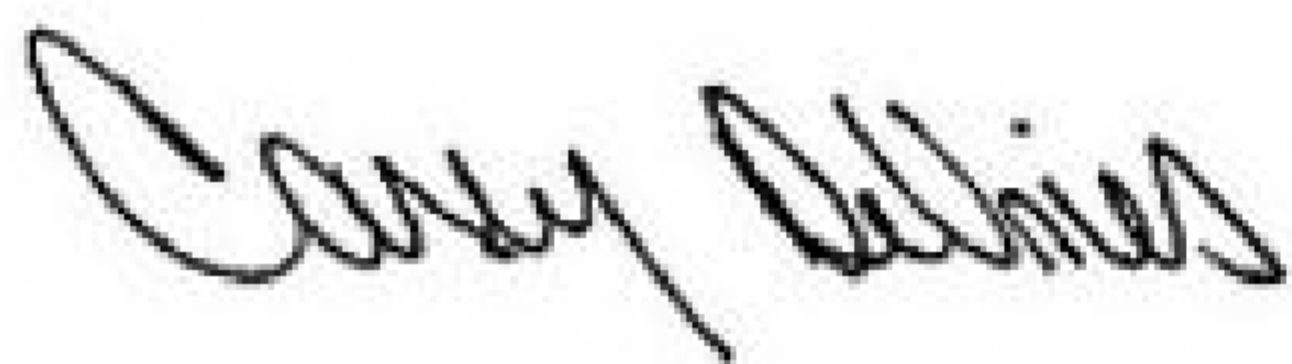
<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us 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,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30689 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/06/2024 |
| NAME OF PROVIDER OR SUPPLIER BODEN SENIOR LIVING - COON RAPIDS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 11372 ROBINSON DRIVE NW COON RAPIDS, MN 55433 | | |
| (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>SL30689016-1</p> <p>On November 4, 2024, through November 6, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 47 residents who received services under the Assisted Living Facility with Dementia Care license.</p> | 0 000 | <p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p> | | |
| 0 485 SS=F | 144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements | 0 485 | | | |

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

TITLE

(X6) DATE

Minnesota Department of Health

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| 0 485 | <p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:</p> <p>(A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and</p> <p>(C) the facility cannot require a resident to include and pay for meals in their contract;</p> <p>(ii) weekly housekeeping;</p> <p>(iii) weekly laundry service;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to offer at least three nutritious meals daily, according to the recommended dietary allowances in the United Stated Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. 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 the residents).</p> | 0 485 | | | |

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| 0 485 | <p>Continued From page 2</p> <p>The findings include:</p> <p>On November 4, 2024, at 9:58 a.m., during the entrance conference licensed assisted living director (LALD)-C stated the licensee served three meals per day, served per Minnesota Food Code.</p> <p>On November 5, 2024, at 8:30 a.m., the surveyor observed unlicensed personnel in the memory care unit serve residents their breakfast meal. The breakfast included bread toast, fried egg, oatmeal, and apple juice, the breakfast meal lacked a seasonal fresh fruit and/or fresh vegetables.</p> <p>On November 5, 2024, at 12:04 p.m., the surveyor observed ULPs in the memory care unit serve residents their lunch meal. The lunch meal served included fried rice, coleslaw, sesame chicken, milk and apple or orange juice. The meal lacked a seasonal fresh fruit and/or fresh vegetables.</p> <p>The licensee's posted menu for two weeks dated between November 3, 2024, and November 16, 2024, indicated fresh fruits would be served only on November 12, 2024, through November 14, 2024, during dinner time.</p> <p>On November 6, 2024, at 11:51 a.m., LALD-C stated all meals were supposed to include a seasonal fresh fruit and/or fresh vegetables. LALD-C also stated they were not aware their menu was lacking a seasonal fresh fruit and fresh vegetables.</p> <p>The Minnesota Department of Health's Assisted Living Resources and Frequently Asked Questions (FAQs) dated October 15, 2024,</p> | 0 485 | | | |

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| 0 485 | Continued From page 3 indicated providers must offer to provide (or make available) the following services to residents: - seasonal fresh fruit and fresh vegetables. The USDA My Plate Guide Start Simple with MyPlate Today dated December 2020, indicated half the plate should be fruits and veggies as they are packed with fiber and antioxidants. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 485 | | | |
| 0 660 SS=E | 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 | 0 660 | | | |

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| 0 660 | <p>Continued From page 4</p> <p>the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing and screening for two of three employees (unlicensed personnel (ULP-D), ULP-F).</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>The licensee's TB risk assessment form dated March 7, 2024, indicated the facility was at a low risk for TB transmission.</p> <p>ULP-D ULP-D started employment with the licensee on October 22, 2024.</p> <p>ULP-D's record included a TB symptom screening form dated October 6, 2024.</p> <p>ULP-D's record lacked the following information: - testing for the presence of infection with Mycobacterium tuberculosis by administering either a single TB blood test or a two-step tuberculin skin test (TST).</p> <p>ULP-F ULP-F started employment with the licensee on October 22, 2024.</p> <p>ULP-F's record lacked the following information:</p> | 0 660 | | | |

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| 0 660 | <p>Continued From page 5</p> <ul style="list-style-type: none">- assessing for current symptoms of active TB disease;- assessing health care worker's history; and- testing for the presence of infection with <i>Mycobacterium tuberculosis</i> by administering either a single TB blood test or a two-step tuberculin skin test (TST). <p>On November 6, 2024, at 11:55 a.m., licensed assisted living director (LALD)-C stated the licensee forgot to complete the TB screening process for the two new hires. LALD-C also stated all the licensee's employee completed TB symptom screening and a single TB blood test before starting to work with residents.</p> <p>The Minnesota Department of Health's Assisted Living Resources and Frequently Asked Questions (FAQs) dated October 15, 2024, indicated baseline TB screening includes:</p> <ul style="list-style-type: none">- assessing for current symptoms of active TB disease;- assessing TB history; and- testing for the presence of <i>Mycobacterium tuberculosis</i> by administering either a two-step tuberculin skin test (TST) or single TB blood test. <p>The licensee's TB Infection Control Plan policy dated May 2024, indicated baseline screening consists of three components:</p> <ul style="list-style-type: none">- assessing for current symptoms of active TB disease;- assessment of TB history; and- testing for the presence of m-tuberculosis by administering the two-step TST or single BAMT. <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 660 | | | |

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| 0 690 SS=D | <p>144G.43 Subdivision 1 Resident record</p> <p>(a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure resident records were permanently recorded, current, and authenticated with the name and title of the person making the entry 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) 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 was admitted to the licensee on May 28, 2021, under the former comprehensive license and started to receive assisted living services on August 1, 2021.</p> <p>R2's diagnoses included hypertension and major depressive disorder.</p> <p>R2's Service Agreement dated July 10, 2024, indicated R2 received the following services: medication management services, assessment and reassessment every 90 days, and toileting.</p> | 0 690 | | | |

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| 0 690 | Continued From page 7 R2's record included ongoing 90-day assessments completed on April 17, 2024, and November 4, 2024. R2's assessments were completed by a previous nurse and were authenticated by clinical nurse supervisor (CNS)-A. On November 6, 2024, at 12:03 p.m., CNS-A stated R2's assessments were completed by another nurse, but CNS-A signed them later when they realized the assessments were not finalized. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 690 | | | |
| 01620 SS=E | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (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. (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. (e) A facility must inform the prospective resident | 01620 | | | |

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| 01620 | <p>Continued From page 8</p> <p>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) completed ongoing resident reassessments not to exceed 90 calendar days from the last date of the assessment for two of three residents (R2, R4).</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R2 R2 was admitted to the licensee on May 28, 2021, under the former comprehensive license and started to receive assisted living services on August 1, 2021.</p> <p>R2's diagnoses included hypertension and major depressive disorder.</p> <p>R2's Service Agreement dated July 10, 2024, indicated R2 received the following services: medication management services, assessment</p> | 01620 | | | |

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| 01620 | <p>Continued From page 9</p> <p>and reassessment every 90 days, and toileting.</p> <p>R2's record included ongoing 90-day assessments completed on April 17, 2024, and November 4, 2024. There were 201 days between the assessments.</p> <p>R4 R4 was admitted to the licensee on November 16, 2022.</p> <p>R4's diagnoses included chronic diastolic heart failure, type two diabetes with diabetic chronic kidney disease.</p> <p>R4's record included ongoing 90-day assessments completed on July 8, 2024, October 7, 2024, and a change of condition completed on November 4, 2024. The assessments completed on July 8, 2024, and October 7, 2024, had 91 days between assessments.</p> <p>On November 6, 2024, at 12:03 p.m., clinical nurse supervisor (CNS)-A stated R2's assessments were completed by another nurse, but CNS-A signed them later when they realized the assessments were not completed. CNS-A also stated R4 was in hospital but when they returned the change of condition was not completed until after they realized the 90-day assessment was overdue.</p> <p>The licensee's Minnesota Clinical Assessment Guide dated May 2024, indicated nursing assessments are due every 90 days.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01620 | | | |

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Type: Full
Date: 11/05/24
Time: 15:00:00
Report: 8087241257

Food and Beverage Establishment Inspection Report

Location:
The Homestead At Coon Rapids
11372 Robinson Drive Nw
Coon Rapids, MN55433
Anoka County, 02

Establishment Info:
ID #: 0038799
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7632335100
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Wash Temperature Gauge: = -- at 164 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Rinse Temperature Gauge: = -- at 187 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Max Utensil Surface Temp: = -- at 163 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding: BEEF
Temperature: 151 Degrees Fahrenheit - Location: WARMING UNIT
Violation Issued: No

Process/Item: Hot Holding: COOKED PASTA
Temperature: 149 Degrees Fahrenheit - Location: WARMING UNIT
Violation Issued: No

Process/Item: Ambient Air
Temperature: 36 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: DELI MEAT
Temperature: 35 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Type: Full
Date: 11/05/24
Time: 15:00:00
Report: 8087241257
The Homestead At Coon Rapids

Food and Beverage Establishment
Inspection Report

Process/Item: Cold Holding: CHEESE
Temperature: 35 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: MILK
Temperature: 35 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: COLESLAW
Temperature: 36 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Process/Item: Ambient Air
Temperature: -18 Degrees Fahrenheit - Location: STAND-UP FREEZER
Violation Issued: No

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

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.

INSPECTION DONE WITH DIRECTOR JOHN MARTIN FOR HRD NURSE EVALUATOR II BENARD NYANGENA.

DURING TIME OF INSPECTION, MAIN KITCHEN WAS CLOSED AND NOT OPERATIONAL FOR RENOVATIONS. DURING CONSTRUCTION, MEMORY CARE KITCHEN IS BEING USED TO PREPARE FOOD.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

- HAND WASHING
- NOROVIRUS
- BARE HAND CONTACT WITH READY TO EAT FOODS
- EMPLOYEE ILLNESS
- EMPLOYEE EXCLUSION
- COOLING METHODS
- REHEATING METHODS
- SANITIZER CONCENTRATION
- DATE MARKING
- ALL ITEMS ON THIS REPORT
- ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT.

Type: Full
Date: 11/05/24
Time: 15:00:00
Report: 8087241257
The Homestead At Coon Rapids

Food and Beverage Establishment Inspection Report

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

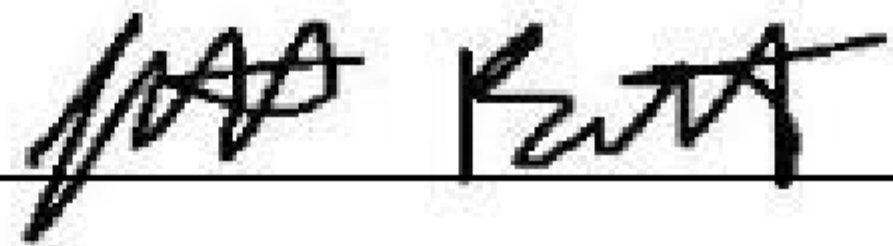
I acknowledge receipt of the Minnesota Department of Health inspection report number 8087241257 of 11/05/24.

Certified Food Protection Manager ROSE CHERMAK

Certification Number: FM118420 Expires: 12/21/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
JOHN MARTIN
DIRECTOR

Signed:  _____
John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
john.boettcher@state.mn.us