



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 6, 2025

Licensee
Woodcrest Assisted Living
1201 Ridgeview Terrace Northeast
Alexandria, MN 56308

RE: Project Number(s) SL30701016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 4, 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,



Jessie Chenze, Supervisor

State Evaluation Team

Email: Jessie.Chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2025
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NAME OF PROVIDER OR SUPPLIER WOODCREST ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 RIDGEVIEW TERRACE NE ALEXANDRIA, MN 56308
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>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>SL30701016-0</p> <p>On February 3, 2025, through February 4, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were nine residents; nine receiving 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=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services	0 485		

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

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0 485	<p>Continued From page 1</p> <p>All assisted living facilities must offer to provide or make available 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 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. The facility must not require a resident to include and pay for meals in the resident's contract.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living contract. This had the potential to affect all residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on February 3, 2025, at 10:12 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar</p>	0 485		

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0 485	<p>Continued From page 2</p> <p>with current minimum assisted living requirements.</p> <p>During the entrance conference on February 3, 2025, at 10:22 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided residents three meals per day. LALD-A further stated the meal cost was included in the contracted monthly base rate.</p> <p>The licensee's Resident Agreement (assisted living contract) dated May 3, 2021, indicated on page four: Section 4: Included Services: three meals a day was included in the monthly base fee.</p> <p>Resident assisted living contracts lacked an option for residents to opt out of payment for one, two, or all meals residents would not want.</p> <p>On February 4, 2025, at 12:32 p.m., LALD-A stated the same assisted living contract was used for all residents and the monthly base fee included three meals per day. LALD-A further stated the licensee was not aware the assisted living contract could not require a resident to include and pay for meals as part of the resident's contact.</p> <p>The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated December 13, 2024, indicated the provider cannot have a blanket "one size fits all" meal charge.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 485		

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0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(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.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH), which included completion of an annual facility TB risk assessment. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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>	0 660		

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0 660	<p>Continued From page 4</p> <p>The findings include:</p> <p>During the entrance conference on February 3, 2025, at 10:12 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar with current minimum assisted living requirements.</p> <p>The licensee's Facility TB Risk Assessment Worksheet for Health Care Settings Licensed by MDH dated January 12, 2023, was completed by LALD-A. On page five, section: 8. Quality Improvement: had written "every 2 (two) years or as needed" for how frequently the TB risk assessment worksheet was conducted or updated by the licensee.</p> <p>On February 3, 2025, at 12:18 p.m., LALD-A stated the licensee had not completed a facility TB risk assessment since January 12, 2023. LALD-A further stated the licensee was not aware it the facility TB risk assessment was required to be completed on an annual basis.</p> <p>The licensee's undated TB Prevention and Control policy indicated the licensee would complete annual review and revision as needed of the completed TB risk assessment.</p> <p>The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated December 13, 2024, indicated a TB risk assessment is required to be completed by the provider annually.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	0 660		

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0 660	Continued From page 5 (21) days	0 660		
0 810 SS=F	<p>144G.45 Subd. 2 (b-f) Fire protection and physical environment</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: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (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.</p> <p>(c) Staff 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 staff 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> <p>This MN Requirement is not met as evidenced</p>	0 810		

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0 810	<p>Continued From page 6</p> <p>by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required training and drills. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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 February 4, 2025, at 11:20 a.m., licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p>FIRE SAFETY AND EVACUATION PLAN:</p> <p>The FSEP (fire safety and evacuation plan) included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine, and Extinguish or Evacuate). The policy had not been updated to provide complete actions for employees to take in the event of a fire or similar emergency at the licensed facility which did not have life safety systems or a fire-resistant construction type.</p>	0 810		

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0 810	Continued From page 7 DRILLS: The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's evacuation drill log indicated evacuation drills were conducted every three months. No other documentation was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained with legible information including the opened date and expiration date for time sensitive medications for two of two residents (R3, R7). 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	01890		

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01890	<p>Continued From page 8 of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on February 3, 2025, at 10:21 a.m., licensed assisted living director (LALD)-A stated the licensee provided medication management services to residents.</p> <p>On February 4, 2025, from 7:17 a.m. until 7:23 a.m., the surveyor reviewed the locked medication storage cabinet with unlicensed personnel (ULP)-C and observed the following:</p> <ul style="list-style-type: none"> - R3's opened Lantus 100 units/ milliliter (mL) insulin pen was not labeled with an open date or expiration date; and - R7's opened Lantus 100 units/mL insulin pen was not labeled with an open date or expiration date. <p>On February 4, 2025, at 7:24 a.m., ULP-C stated the above medications were not labeled with the open date or expiration date of the time sensitive medications. ULP-C further stated ULPs were trained write open and expiration date on time sensitive medication.</p> <p>On February 4, 2025, at 10:42 a.m., clinical nurse supervisor (CNS)-B stated time sensitive medications were supposed to be labeled with open and expiration dates or staff would not know when to dispose of any un-used medication.</p> <p>The manufacturer's instructions for Lispro (Lantus) insulin pens dated February 2020, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it.</p> <p>The licensee's undated Storage of Medications policy indicated prescription medications must be</p>	01890		

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01890	<p>Continued From page 9</p> <p>kept in their original container bearing the original prescription label with legible information stating [sic] the prescription number, name of drug, strength and quantity of drug, expiration date of time-dated drug, directions for use, resident's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medication.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		
02310 SS=F	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were appropriate based on the needs of residents who resided at the facility with regards to safely storing chemicals. This had the potential to affect all nine residents, staff, and visitors of the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when</p>	02310		

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02310	<p>Continued From page 10</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee held an assisted living with dementia care license issued on July 1, 2024, with an expiration date of June 30, 2025.</p> <p>During the entrance conference on February 3, 2025, at 10:12 a.m., licensed assisted living director (LALD)-A stated the licensee provided services to residents with dementia and other related disorders.</p> <p>On February 4, 2025, at 6:50 a.m., the surveyor observed the following chemicals in an unsecured cabinet located in a shared resident bathroom with warning labels which indicated flammable, do not spray toward face or body, or keep out of reach of children: -Gain Febreze air freshener spray; -NutraSpear sanitizing spray; -Febreze air freshener; and -Family Guard disinfectant wipes.</p> <p>Immediately following the above observation, unlicensed personnel (ULP)-E stated all chemicals were supposed to be locked in the laundry room and not stored in the bathroom cabinet.</p> <p>On February 4, 2025, at 10:55 a.m., ULP-C stated chemicals were supposed to be stored in locked cabinets or in the locked laundry room.</p> <p>On February 4, 2025, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated all chemicals were supposed to be stored in the locked laundry room</p>	02310		

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02310	<p>Continued From page 11</p> <p>or in a locked cabinet where residents cannot access them.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02310		



MN Department of Health
 Food, Pools, and Lodging Services
 PO Box 64975
 St. Paul, MN 55164-0975
 218-332-5150

Type: Full
 Date: 02/04/25
 Time: 14:07:41
 Report: 7935251011

Food and Beverage Establishment Inspection Report

Page 1

Location:

Woodcrest Assisted Living
 Woodcrest Assited Living
 1201 Ridgeview Terrace NE
 Alexandria, MN56308
 Douglas County, 21

Establishment Info:

ID #: 0037892
 Risk:
 Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3207662451
 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.

Food and Equipment Temperatures

Process/Item: Cold Holding
 Temperature: 38 Degrees Fahrenheit - Location: Fridge
 Violation Issued: No

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

Things to Remember:

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.
2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.
3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.
4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

Type: Full
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Woodcrest Assisted Living

Food and Beverage Establishment Inspection Report

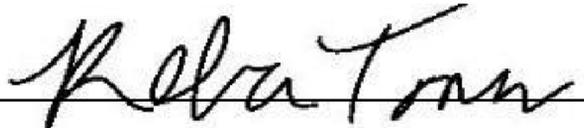
NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the MN Department of Health inspection report number 7935251011 of 02/04/25.

Certified Food Protection Manager: Kayla Jeanette Thoennes

Certification Number: 35693 Expires: 02/28/28

Signed: _____
kayla@woodcrestassisted
living.net

Signed:  _____
Rebecca Tonneson
Public Health San Supervisor
Fergus Falls District Office
218-332-5142
rebecca.tonneson@state.mn.us