



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

Electronically Delivered

November 8, 2024

Licensee  
Heritage House Elder Care  
1415 7th Street Northwest  
Faribault, MN 55021

RE: Project Number(s) SL30821015

Dear Licensee:

On October 8, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the July 16, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kelly Thorson'.

Kelly Thorson, Supervisor  
State Evaluation Team  
Email: Kelly.Thorson@state.mn.us  
Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH



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

Electronically Delivered

August 13, 2024

Licensee  
Heritage House Elder Care  
1415 7th Street Northwest  
Faribault, MN 55021

RE: Project Number(s) SL30821015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 16, 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 . . ."

### **IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

**St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$3,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

**CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

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

### REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor

State Evaluation Team

Email: [Jodi.Johnson@state.mn.us](mailto:Jodi.Johnson@state.mn.us)

Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30821</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HOUSE ELDER CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1415 7TH STREET NW FARIBAULT, MN 55021</b>
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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><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></p> <p><b>SL30821015</b></p> <p>On July 15, 2024, through, July 16, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were seven residents; seven receiving services under the provider's Assisted Living Facility license.</p> <p>2310: An immediate order was issued on July 16, 2024, at a level 3/Widespread (I). The immediacy was lifted, but deficiency remains at a scope/level of I.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p><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></p> <p><b>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.</b></p>	
0 470 SS=F	<p><b>144G.41 Subdivision 1 Minimum requirements</b></p> <p><b>(11) develop and implement a staffing plan for</b></p>	0 470		

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

Minnesota Department of Health

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0 470	<p>Continued From page 1</p> <p>determining its staffing level that:</p> <ul style="list-style-type: none"> <li>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</li> <li>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</li> <li>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;</li> </ul> <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <ul style="list-style-type: none"> <li>(i) awake;</li> <li>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;</li> <li>(iii) capable of communicating with residents;</li> <li>(iv) capable of providing or summoning the appropriate assistance; and</li> <li>(v) capable of following directions;</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement a written staffing plan that included an evaluation completed by a registered nurse at least twice a year. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a licensee's health or safety but had the potential to have harmed a</p>	0 470		

Minnesota Department of Health

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0 470	<p>Continued From page 2</p> <p>resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee held an assisted living license and was licensed for a capacity of ten residents with a current census of seven residents.</p> <p>During the entrance conference on July 15, 2024, at 1:30 p.m. a staffing plan was requested. Owner (O)-A stated the licensee failed to develop and implement a staffing plan for determining it's staffing level that included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility.</p> <p>On July 15, 2024, at 4:24 p.m. O-A stated the staffing plan was not reviewed at least twice a year as required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 470		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p>	0 480		

Minnesota Department of Health

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0 480	<p>Continued From page 3</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. 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 16, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 650 SS=D	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including</p>	0 650		

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0 650	<p>Continued From page 4</p> <p>qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one employee record (unlicensed personnel (ULP)-D) included the required content.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-D's employee record lacked evidence an annual performance review was completed.</p> <p>ULP-D was hired on June 11, 2015, to provide direct care services to the licensee's residents.</p> <p>On July 16, 2024, at 10:01 a.m. licensed assisted living director (LALD)-B stated ULP-D's employee record did not include an annual performance</p>	0 650		

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0 650	Continued From page 5  review, it was missed.  The licensee's Personnel Records policy dated January 2014, indicated the personnel record for an employee shall include an annual performance evaluation that identifies areas of improvement needed and training needs.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control  (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by	0 660		

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0 660	<p>Continued From page 6</p> <p>the Centers for Disease Control and Prevention (CDC) including completion of a current facility risk assessment, and failed to ensure baseline screening for active TB (either a two-step tuberculin skin test (TST) or blood test) was completed and documented for one of one employee (unlicensed personnel (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, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Facility Risk Assessment During the entrance conference on July 15, 2024, at 1:30 p.m., the surveyor requested the licensee's current facility TB risk assessment. Licensed assisted living director (LALD)-B stated he would look to see if the owner had a current version. However, none was provided.</p> <p>ULP-F ULP-F was hired on April 24, 2024, to provide direct care and services to the licensee's residents.</p> <p>On July 16, 2024, at 8:00 a.m. ULP-F was observed to prepare breakfast for the licensee's residents.</p> <p>ULP-F's employee record failed to ensure baseline screening for active TB (either a two-step tuberculin skin test (TST) or blood test)</p>	0 660		

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0 660	<p>Continued From page 7</p> <p>was completed and documented.</p> <p>On July 15, 2024, at 3:20 p.m. owner (O)-A the licensee had not completed their annual TB facility risk assessment in the last couple of years and knew the employee's files lacked a baseline screening for active TB, if the history and symptom screening was negative for symptoms.</p> <p>The licensee's Tuberculosis policy, dated May 1, 2029, indicated the licensee would no longer require TB testing. All new staff will fill out the screening questioner and turn into management. Staff will only be required to have a Mantoux done if they are symptomatic. However, this policy does not reflect the current CDC guidelines.</p> <p>The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		

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0 680	Continued From page 8	0 680		
0 680 SS=F	<p><b>144G.42 Subd. 10 Disaster planning and emergency preparedness</b></p> <p>(a) The facility must meet the following requirements:                      (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;                      (2) post an emergency disaster plan prominently;                      (3) provide building emergency exit diagrams to all residents;                      (4) post emergency exit diagrams on each floor; and                      (5) have a written policy and procedure regarding missing residents.                      (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.                      (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:                      Based on interview and record review, the licensee failed to develop an all-hazards risk assessment emergency preparedness (EP) program and plan to include Appendix Z required content. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	0 680		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HOUSE ELDER CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1415 7TH STREET NW FARIBAULT, MN 55021</b>
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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
0 680	<p>Continued From page 9</p> <p>safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on July 15, 2024, at 1:30 p.m., the licensee's emergency preparedness plan (EPP) was requested.</p> <p>The licensee lacked the following required information according to Emergency Preparedness: Appendix Z:</p> <ul style="list-style-type: none"> <li>- subsistence needs for staff and residents during an emergency to include (food, water, medical supplies, pharmacy supplies, sewer and waste disposal, emergency lighting, fire detection, extinguishing and alarm systems);</li> <li>- procedure for tracking staff and residents;</li> <li>- evacuation plan which included staff responsibilities during an evacuation and transporting services for residents being evacuated;</li> <li>- shelter in place;</li> <li>- procedure for system of medical documentation that preserves resident information, protects confidentiality, and secures/maintains availability of records;</li> <li>- emergency staffing strategies to include volunteers;</li> <li>- evacuation plan which included staff responsibilities during an evacuation and transporting services for residents being evacuated;</li> <li>- the facilities role in providing care and treatment at alternative sites under a 1135 waiver; and</li> </ul>	0 680		

Minnesota Department of Health

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0 680	<p>Continued From page 10</p> <p>- communication plan that includes primary and alternate means of communicating with facility staff and Federal, State, tribal, regional &amp; local emergency management agencies</p> <p>On July 16, 2024, at 2:57 p.m. licensed assisted living director (LALD)-B stated the EP program was put together by her and she thought it included all the required content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <ul style="list-style-type: none"> <li>(i) provide smoke alarms in each room used for sleeping purposes;</li> <li>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</li> <li>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</li> <li>(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</li> <li>(v) ensure the power supply for existing</li> </ul>	0 780		

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0 780	<p>Continued From page 11</p> <p>smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that functioned and are interconnected so that the actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the facility tour on July 16, 2024, with the owner (O)-E, between 8:30 a.m. and 10:30 a.m. the following facility hazards and disrepair were observed:</p> <p>Surveyor observed when the smoke alarms were push button tested by the O-E, some of the alarms did not operate. All the smoke alarms in the residence where not interconnected.</p> <p>Surveyor explained to the O-E, that all smoke alarms shall comply with Minnesota State Statute 144G.45 which states where more than one smoke alarm is required within an individual</p>	0 780		

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0 780	<p>Continued From page 12</p> <p>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.</p> <p>Surveyor observed when the smoke alarms were removed by the O-E, the smoke alarms were over 10 years old from date of manufacture.</p> <p>Surveyor explained to the O-E, that all smoke alarms shall comply with the Minnesota State Fire Code which states all smoke alarms over 10 years old from date of manufacture shall be replaced.</p> <p>The deficient condition was visually verified by the O-E accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 780		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and</p>	0 800		

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0 800	<p>Continued From page 13</p> <p>well-being of the residents. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic 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 facility tour on July 16, 2024, with the owner (O)-E, between 8:30 a.m. and 10:30 a.m. the following facility hazards and disrepair were observed:</p> <p><b>ELECTRICAL:</b></p> <p>Surveyor observed the light above the dining room table was temporary connected with electrical wire nuts hanging from the electrical box.</p> <p>Surveyor explained to the O-E, that all electrical connections shall be inside a box, completed by a licensed electrician.</p> <p><b>ESCAPE WINDOWS:</b></p> <p>Surveyor observed the window in resident room 8 would not stay fully open when the O-E opened the window.</p> <p>Surveyor explained to the O-E, that the escape window shall be always accessible and openable and shall remain in the open position when</p>	0 800		

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0 800	<p>Continued From page 14</p> <p>opened fully.</p> <p><b>EMERGENCY/ EXIT LIGHTS:</b></p> <p>Surveyor observed the exit/emergency lights failed to operate when push button tested by the O-E.</p> <p>Surveyor explained to the O-E, that all emergency/exit lights shall operate when push button tested, shall be always lit and shall comply with the Minnesota State Fire Code.</p> <p>The deficient conditions were visually verified by the O-E accompanying on the tour.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty-one (21) days.</p>	0 800		
0 820 SS=D	<p><b>144G.45 Subd. 2 (g) Fire protection and physical environment</b></p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by:</p>	0 820		

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0 820	<p>Continued From page 15</p> <p>Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect 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) 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>During the facility tour on July 16, 2024, with the owner (O)-E, between 8:30 a.m. and 10:30 a.m. the following facility hazards and disrepair were observed:</p> <p>Surveyor observed that unoccupied resident room 5 had an escape window that opened into the new addition (craft/activities room) and that the window was blocked by storage on the craft/activities room side.</p> <p>Surveyor explained to the O-E that at least one compliant emergency escape and rescue opening is required within each resident sleeping room. This opening shall be unobstructed and lead directly to the outside of the building.</p> <p>The deficient conditions were visually verified by the HM-A accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days.</p>	0 820		

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0 910	Continued From page 16	0 910		
0 910 SS=C	<p><b>144G.50 Subd. 2 (a-b) Contract information</b></p> <p>(a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility.</p> <p>(b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of:</p> <p>(1) the facility and contracted service provider when applicable;</p> <p>(2) the licensee of the facility;</p> <p>(3) the managing agent of the facility, if applicable; and</p> <p>(4) the authorized agent for the facility.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for one of one resident (R2).</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>R2's Assisted Living Contract was signed by R2 on July 1, 2023.</p> <p>R2's record lacked a written contract to include the provider's health facility identification (HFID) number and authorized agent for the facility.</p>	0 910		

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0 910	Continued From page 17  On July 16, 2024, at 2:03 p.m. licensed assisted living director (LALD)-B stated the contract did not include the HFID number or the authorized agent for all the facility's current residents. LALD-B further stated she was working on updating the contract.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 910		
0 920 SS=C	144G.50 Subd. 2 (c) Contract information  (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and	0 920		

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0 920	<p>Continued From page 18</p> <p>(7) disclosure of the facility's ability to provide specialized diets.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for one of one resident (R2).</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>R2's Assisted Living Contract was signed by R2 on July 1, 2023.</p> <p>R2's record lacked a written contract to include: -description of the assisted living terms/conditions of the contract, including any limitations; -delineation of the cost and nature of any other services provided for an additional fee; -delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; -billing and payment procedures and requirements; and -disclosure of the facility's ability to provide specialized diets.</p> <p>On July 16, 2024, at 2:03 p.m. licensed assisted living director (LALD)-B stated the contract lacked</p>	0 920		

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0 920	Continued From page 19  the above for all the facility's current residents. LALD-B further stated she was working on updating the contract.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 920		
0 930 SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information  (d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider;  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for one of one	0 930		

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0 930	<p>Continued From page 20</p> <p>resident (R2).</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>R2's Assisted Living Contract was signed by R2 on July 1, 2023.</p> <p>R2's record lacked a written contract to include: -description of the assisted living facility's (ALF) complaint resolution process, including the name and contact info of person who is designated to handle/resolve complaints; -contact info for Office of Health Facility Complaints (OHFC); and -resident's right to obtain services from an unaffiliated service provider</p> <p>On July 16, 2024, at 2:03 p.m. licensed assisted living director (LALD)-B stated the contract lacked the above for all the facility's current residents. LALD-B further stated she was working on updating the contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 930		
0 940 SS=C	144G.50 Subd. 2 (e; 5-7) Contract information	0 940		

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0 940	<p>Continued From page 21</p> <p>(5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including:</p> <ul style="list-style-type: none"> <li>(i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers;</li> <li>(ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b);</li> <li>(iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided;</li> <li>(iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required;</li> <li>(v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent;</li> <li>(vi) a statement that residents may be eligible for assistance with rent through the housing support program; and</li> <li>(vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program;</li> </ul> <p>(6) the contact information to obtain long-term care consulting services under section 256B.0911; and</p> <p>(7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	0 940		

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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HOUSE ELDER CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1415 7TH STREET NW FARIBAULT, MN 55021</b>
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0 940	<p>Continued From page 22</p> <p>licensee failed to execute a written assisted living contract with the required content for one of one resident (R2).</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>R2's Assisted Living Contract was signed by R2 on July 1, 2023.</p> <p>R2's record lacked a written contract to include:</p> <ul style="list-style-type: none"> <li>-description of the assisted living facility's (ALF) policies related to medical assistance waivers, including: <ul style="list-style-type: none"> <li>-whether the ALF is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers;</li> <li>-whether the ALF has an agreement to provide housing support</li> <li>-whether there is a limit on the number of people at the ALF who can receive customized living services or housing support, if so the limit must be provided;</li> <li>-whether the ALF requires the resident to private pay for a period of time, and the length of time required;</li> <li>-statement that medical assistance waivers provide payment for services but do not cover the cost of rent;</li> <li>-statement that residents may be eligible for assistance with rent through the housing support</li> </ul> </li> </ul>	0 940		

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0 940	<p>Continued From page 23</p> <p>program; -description of rent requirements for people eligible for medical assistance waiver but not housing support program -contact info to obtain long-term care consulting services; and -toll-free phone number for Minnesota Adult Abuse Reporting Center (MAARC)</p> <p>On July 16, 2024, at 2:03 p.m. licensed assisted living director (LALD)-B stated the contract lacked the above for all the facility's current residents. LALD-B further stated she was working on updating the contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 940		
0 950 SS=C	<p>144G.50 Subd. 3 Designation of representative</p> <p>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your</p>	0 950		

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0 950	<p>Continued From page 24</p> <p>guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee provided the required notice for the right to a designated representative with the required verbiage on a document separate from the contract for one of one resident (R2).</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> <p>The findings include:</p> <p>R2's Assisted Living Contract dated July 1, 2023, lacked the required notice to designate a representative.</p> <p>R2's record lacked evidence in writing of providing on a document separate from the</p>	0 950		

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0 950	<p>Continued From page 25</p> <p>contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>On July 16, 2024, at 2:03 p.m. licensed assisted living director (LALD)-B stated the contract needed to be updated to include the above content and was the same template used for all residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 950		
01620 SS=F	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs</p>	01620		

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01620	<p>Continued From page 26</p> <p>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 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) had completed and/or documented a comprehensive assessment to include the required areas of assessment per Assisted Living Facilities: Minnesota Rules Chapter 4659, for three of three residents (R2, R5, R6).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 R2's diagnoses included dementia.</p> <p>R2's service plan dated December 20, 2023,</p>	01620		

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01620	<p>Continued From page 27</p> <p>indicated R2 received assistance with bathing, dressing, and medication management.</p> <p>R2's last three assessments were requested. R1's Care Plan Review Assessments dated October 22, 2023, January 20, 2024, and April 19, 2024, were provided. The assessment did not include the components required in the Uniform Assessment Tool according to the Assisted Living Facilities: Minnesota Rules Chapter 4659.0150 subpart 2, section A, 1-3.</p> <p><b>R5</b> R5's diagnoses included borderline personality disorder.</p> <p>R5's service plan dated August 18, 2023, indicated R5 received assistance with bathing, medication management and compression socks.</p> <p>R5's assessments were requested and April 19, 2024, assessment was provided. The assessment did not include the components required in the Uniform Assessment Tool according to the Assisted Living Facilities: Minnesota Rules Chapter 4659.0150 subpart 2, section A, 1-3.</p> <p><b>R6</b> R6's diagnoses included mononeuritis multiplex (a nerve disorder).</p> <p>R6's Service Plan signed August 18, 2023, identified R5 received assistance with ankle and foot orthosis (AFO) brace, bathing, dressing, grooming, weekly weight and blood pressure.</p> <p>R6's assessment was requested and April 19, 2024, assessment was provided. The assessment did not include the components</p>	01620		

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01620	<p>Continued From page 28</p> <p>required in the Uniform Assessment Tool according to the Assisted Living Facilities: Minnesota Rules Chapter 4659.0150 subpart 2, section A, 1-3.</p> <p>On July 16, 2024, at 11:25 a.m. clinical nurse supervisor (CNS)-C stated a resident's supervisory assessment was completed every 90 days and CNS-B would complete a change of condition assessment if a change of condition occurred. Licensed assisted living director (LALD)-B reviewed the criteria for the Uniform Assessment Tool and stated their 14-day, 90-day, and change of condition assessments did not contain the required content for any of the residents.</p> <p>The licensee's Initial and On-going Assessment of Residents policy dated April 17, 2014, indicated an RN will complete a nursing assessment of each resident prior to the initiation of nursing or delegated nursing services or therapy or assigned therapy services. The RN will reassess the resident and update the service plan based on the resident's needs and at a frequency not to exceed 90 days from the last date of the assessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
01910 SS=D	<p>144G.71 Subd. 22 Disposition of medications</p> <p>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer</p>	01910		

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01910	<p>Continued From page 29</p> <p>part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.</p> <p>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.</p> <p>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to complete in the resident's record the disposition of medications, including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition for one of one discharged resident (R1).</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>	01910		

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01910	<p>Continued From page 30</p> <p>R1 began receiving services on April 17, 2017, with diagnoses including anxiety.</p> <p>R1's discharge summary dated March 15, 2024, identified R1 received services which included medication administration.</p> <p>R1 was discharged from the licensee on March 15, 2024. R1's record lacked a completed documentation of a disposition of medications upon discharge that included: -prescription number as applicable; and -quantity</p> <p>On July 16, 2024, at 11:25 a.m. clinical nurse supervisor (CNS)-C stated the licensee did not complete a disposition of medications upon R1's discharge including the prescription numbers as applicable and the quantity of medication.</p> <p>The licensee's Disposition or Disposal of Medication policy dated April 17, 2015, indicated documentation of destruction included quantity and prescription number.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01910		
02310 SS=I	<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>	02310		

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02310	<p>Continued From page 31</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 provided according to acceptable health care, medical or nursing standards for three of three residents (R2, R5, R6) with a bed rail. This resulted in an immediate correction order on July 16, 2024.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 On July 15, 2024, at 2:48 p.m. on facility tour with owner-A, the surveyor observed R2's bed with a consumer side rail on the left side of the bed.</p> <p>R2's diagnoses included dementia.</p> <p>R2's Service Plan dated December 20, 2023, identified R2 received assistance with bathing, dressing, medication administration, toileting and weekly weight.</p> <p>R2's "90 Day Supervisory Visit" dated April 19, 2024, failed to mention the bed rail was in use.</p> <p>R2's record lacked: - an assessment for bed rail use;</p>	02310		

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02310	<p>Continued From page 32</p> <ul style="list-style-type: none"> <li>- documentation of risk vs. benefits discussion with R2 or R2's responsible party;</li> <li>- documentation R2's bed rail was used, installed, and maintained per manufacturer's instructions; and</li> <li>- documentation R2's bed rail was checked for recalls with the Consumer Product Safety Commission (CPSC).</li> </ul> <p>R5 On July 15, 2024, at 2:48 p.m. on facility tour with owner-A, the surveyor observed R5's bed with a consumer side rail on the left side of the bed.</p> <p>R5's diagnoses included borderline personality disorder.</p> <p>R5's Service Plan signed August 18, 2023, identified R5 received assistance with bathing, medication administration, and compression socks.</p> <p>R5's "90 Day Supervisory Visit" dated April 19, 2024, failed to mention a bed rail was in use.</p> <p>R5's record lacked:</p> <ul style="list-style-type: none"> <li>- an assessment for bed rail use;</li> <li>- documentation of risk vs. benefits discussion with R5 or R5's responsible party;</li> <li>- documentation R5's bed rail was used, installed, and maintained per manufacturer's instructions; and</li> <li>- documentation R5's bed rail was checked for recalls with the Consumer Product Safety Commission (CPSC).</li> </ul> <p>R6 On July 15, 2024, at 2:48 p.m. on facility tour with owner-A, the surveyor observed R6's bed with a consumer side rail on the right side of the bed.</p>	02310		

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02310	<p>Continued From page 33</p> <p>R6's diagnoses included mononeuritis multiplex (a nerve disorder).</p> <p>R6's Service Plan signed August 18, 2023, identified R5 received assistance with ankle and foot orthosis (AFO) brace, bathing, dressing, grooming, weekly weight and blood pressure.</p> <p>R6's "90 Day Supervisory Visit" dated April 19, 2024, failed to mention a bed rail was in use.</p> <p>R6's record lacked:</p> <ul style="list-style-type: none"> <li>- an assessment for bed rail use;</li> <li>- documentation of risk vs. benefits discussion with R6 or R6's responsible party;</li> <li>- documentation R6's bed rail was used, installed, and maintained per manufacturer's instructions; and</li> <li>- documentation R6's bed rail was checked for recalls with the Consumer Product Safety Commission (CPSC).</li> </ul> <p>On July 16, 2024, at 11:27 a.m. clinical nurse supervisor (CNS)-B stated she was aware R2, R5, and R6 had a bed rail; however, she failed to complete the required contents.</p> <p>The Food and Drug Administration's (FDA) A Guide to Bed Safety Bed Rails in Hospitals Nursing Homes and Home Health Care dated June 21, 2006, indicated the following information: "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30821</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HOUSE ELDER CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1415 7TH STREET NW FARIBAULT, MN 55021</b>
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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
02310	<p>Continued From page 34</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources &amp; Frequently-Asked Questions (FAQs) last updated April 3, 2024, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>- Purpose and intention of the bed rail;</li> <li>- Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail;</li> <li>- The resident's bed rail use/need assessment;</li> <li>- Risk vs. benefits discussion (individualized to each resident's risks);</li> <li>- The resident's preferences;</li> <li>- Installation and use according to manufacturer's guidelines;</li> <li>- Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and</li> <li>- Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements".</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>On July 16, 2024, the immediacy was removed</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30821</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HOUSE ELDER CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1415 7TH STREET NW FARIBAULT, MN 55021</b>
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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
02310	Continued From page 35  based on supervisory review. The scope and level remains at a level 3/Widespread (I).	02310		
03090 SS=C	<p>144.6502, Subd. 8 Notice to Visitors</p> <p>(a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."</p> <p>(b) The facility is responsible for installing and maintaining the signage required in this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the required notice was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all current residents in the assisted living facility, staff, and any visitors to the facility.</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 15, 2024, at 2:48 p.m. during the facility tour, the surveyor observed three entrances accessible by visitors to the facility with a notice stating: "You may be on video surveillance and/or</p>	03090		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30821</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HOUSE ELDER CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1415 7TH STREET NW FARIBAULT, MN 55021</b>
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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
03090	<p>Continued From page 36</p> <p>electronic monitoring". The entrances lacked the required statutory language notice for electronic monitoring.</p> <p>On July 15, 2024, at 2:54 p.m. owner (O)-A stated the licensee was not aware of the required verbatim notice to be posted at each entrance accessible by visitors.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	03090		

Type: Full  
Date: 07/16/24  
Time: 08:53:39  
Report: 8044241163

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Heritage House Elder Care  
1415 7th Street Nw  
Faribault, MN55021  
Rice County, 66

**Establishment Info:**

ID #: 0038103  
Risk:  
Announced Inspection: Yes

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 5073345111  
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.

### **3-200A Food Characteristics: approved source**

#### **3-201.11A \*\* Priority 1 \*\***

MN Rule 4626.0130A Remove all foods not obtained from approved sources from the premises.

Ground beef in freezer packed in bags labeled "NOT FOR SALE" from Lonsdale Meat Market.

Do not use this meat and consult with processor about obtaining beef butchered in accordance to USDA requirements for resale.

*Comply By: 07/16/24*

### **4-700 Sanitizing Equipment and Utensils**

#### **4-702.11 \*\* Priority 1 \*\***

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.

Pot and pan not sanitized after washing.

Items will be sent through dishwasher.

*Comply By: 07/16/24*

### **4-300 Equipment Numbers and Capacities**

#### **4-302.12A \*\* Priority 2 \*\***

MN Rule 4626.0705A Provide a readily accessible food temperature measuring device to ensure attainment and maintenance of food temperatures.

No thermometer for checking food temperatures.

*Comply By: 07/18/24*

Type: Full  
Date: 07/16/24  
Time: 08:53:39  
Report: 8044241163  
Heritage House Elder Care

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# Food and Beverage Establishment Inspection Report

Page 2

## 4-300 Equipment Numbers and Capacities

### 4-302.13B **\*\* Priority 2 \*\***

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

No stickers or thermometer for dishwasher.

*Comply By: 07/23/24*

## 4-300 Equipment Numbers and Capacities

### 4-302.14 **\*\* Priority 2 \*\***

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

No chlorine test kit.

*Comply By: 07/22/24*

## 2-100 Supervision

### 2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

No certified food protection manager on staff.

*Comply By: 09/16/24*

## 3-300C Protection from Contamination: equipment/utensils, consumers

### 3-305.11A

MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

Bottom shelves in storage room less than six inches off floor.

*Comply By: 07/22/24*

## 6-300 Physical Facility Numbers and Capacities

### 6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

Signs not posted in kitchen or bathrooms.

*Comply By: 07/22/24*

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## Surface and Equipment Sanitizers

Hot Water: = at 160.0 Degrees Fahrenheit  
Location: Dishwasher  
Violation Issued: No

---

## Food and Equipment Temperatures

Type: Full  
 Date: 07/16/24  
 Time: 08:53:39  
 Report: 8044241163  
 Heritage House Elder Care

# Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding  
 Temperature: 39.1 Degrees Fahrenheit - Location: Milk in upright  
 Violation Issued: No

Process/Item: Cold Holding  
 Temperature: 37.1 Degrees Fahrenheit - Location: Spaghetti in upright  
 Violation Issued: No

Process/Item: Cold Holding  
 Temperature: 39.0 Degrees Fahrenheit - Location: Upright  
 Violation Issued: No

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

HRD inspection conducted with Jenn Panitzke. Inspection report reviewed on site with Todd.

Domestic kitchen consists of vinyl flooring, painted gypsum walls and ceiling, wooden hollow base cabinets, laminate counters, NSF refrigerator, and domestic equipment (including a dishwasher).

Establishment Info: Amanda: astrese@gmail.com

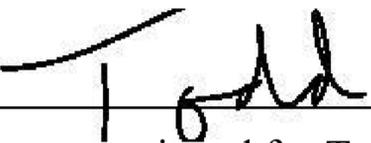
**NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

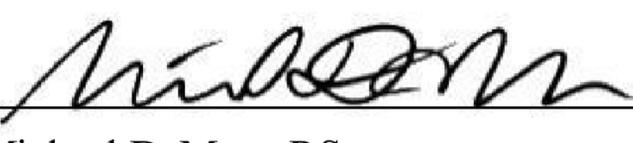
I acknowledge receipt of the Minnesota Department of Health inspection report number 8044241163 of 07/16/24.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Signed:   
 Inspector signed for Todd

Signed:   
 Michael DeMars, RS  
 Public Health Sanitarian III  
 Rochester District Office  
 507-216-1096  
 michael.demars@state.mn.us