



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 18, 2025

Licensee

Oak Terrace Assisted Living Of North Mankato LLC

1575 Hoover Drive

North Mankato, MN 56003

RE: Project Number(s) SL30836016

Dear Licensee:

On May 15, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on March 27, 2025. This follow-up survey determined your facility had corrected all of the state correction orders issued pursuant to the March 27, 2025 survey.

The Department of Health 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.

Also, at the time of this follow-up survey completed on May 15, 2025, we identified the following violation(s):

0830 - Local Laws Apply - 144g.45 Subd. 3

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

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>

We urge you to review these orders carefully. If you have questions, please contact Jessie Chenze at 218-332-5175.

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

Sincerely,

A handwritten signature in cursive script that reads "Jessica Chenze".

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30836	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2025
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NAME OF PROVIDER OR SUPPLIER OAK TERRACE ASSISTED LIVING OF NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1575 HOOVER DRIVE NORTH MANKATO, MN 56003
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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>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER FOLLOW UP SURVEY INITIAL COMMENTS SL30836016-1</p> <p>On May 15, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on March 27, 2025. At the time of the survey, there were 87 residents; 86 receiving services under the Assisted Living with Dementia Care License. As a result of the follow-up survey, the following orders were issued.</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>	
{0 660} SS=D	144G.42 Subd. 9 Tuberculosis prevention and control	{0 660}		

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

Minnesota Department of Health

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{0 660}	Continued From page 1 (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:	{0 660}	Not reviewed during this survey.	
0 830 SS=D	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with state and local governing laws. This had the potential to directly affect all	0 830		

Minnesota Department of Health

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0 830	<p>Continued From page 2</p> <p>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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On July 18, 2025, the surveyor initiated a follow-up for the initial survey conducted on March 27, 2025. Surveyor entered the facility at 11:10 a.m. and was met by licensed assisted living director (LALD)-J. LALD-J and the surveyor toured the facility from 12:02 p.m. through 12:35 p.m.</p> <p>During the tour the surveyor observed construction work in progress in the Autumn Lane wing of the facility. Contractors were cutting a window and door opening into an interior wall between the TV room and corridor. Surveyor asked LALD-J if permits were obtained and if the facility had submitted plans to the MN Department of Health (MDH) for plan review. LALD-J stated they were unsure and suggested the surveyor ask the contractor. Surveyor then asked contractor about permits and plan review and contractor stated they didn't know about the MDH plan review and stated they didn't think permits would be required for this work. LALD-J and surveyor discussed MDH plan review and obtaining permits whenever work is performed in the facility.</p> <p>On June 18, 2025, at 3:21 p.m., surveyor</p>	0 830		

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0 830	Continued From page 3 received and email stating that director of maintenance (DM)-C thought the contractor had obtained the building permit. The facility failed to obtain a building permit as required in MN Rule Chapter 1300, and failed to obtain MDH approval for construction work prior to starting the work.	0 830		
{01650} SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those	{01650}		

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{01650}	Continued From page 4 chapters. This MN Requirement is not met as evidenced by:	{01650}	Not reviewed during this survey.	
{01880} SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by:	{01880}	Not reviewed during this survey.	
{01940} SS=E	144G.72 Subd. 3 Individualized treatment or therapy management For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or	{01940}	Not reviewed during this survey.	

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{01940}	Continued From page 5 appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by:	{01940}	Not reviewed during this survey.	
{01950} SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and	{01950}		

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{01950}	Continued From page 6 This MN Requirement is not met as evidenced by:	{01950}	Not reviewed during this survey.	
{02320} SS=D	<p>144G.91 Subd. 4 (b) Appropriate care and services</p> <p>(b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.</p> <p>This MN Requirement is not met as evidenced by:</p>	{02320}	Not reviewed during this survey.	



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April 24, 2025

Licensee

Oak Terrace Assisted Living Of North Mankato LLC
1575 Hoover Drive
North Mankato, MN 56003

RE: Project Number(s) SL30836016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 27, 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.

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.

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

0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,500.00.** 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

Oak Terrace Assisted Living Of North Mankato LLC

April 24, 2025

Page 3

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 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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor

State Evaluation Team

Email: jodi.johnson@state.mn.us

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

JMD

Minnesota Department of Health

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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>SL30836016-0</p> <p>On March 24, 2025, through March 27, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 85 residents; 84 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>	
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control	0 660		

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

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0 660	<p>Continued From page 1</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 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 the Centers for Disease Control and Prevention (CDC) to include documentation of timely completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for one of two employees (unlicensed personnel (ULP)-D).</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>	0 660		

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0 660	<p>Continued From page 2</p> <p>The findings include:</p> <p>The licensee's TB risk assessment dated June 25, 2024, indicated the licensee was a low risk.</p> <p>ULP-D was hired to provide direct care services to the licensee's residents on January 2, 2025.</p> <p>ULP-D's employee's record contained a TB Baseline Screening Tool for Health Care Workers form dated December 31, 2024. The form indicated ULP-D had a first-step TST administered on December 31, 2024, and read on January 2, 2025. The form further indicated a second-step TST had been administered on January 15, 2025, and read on January 19, 2025 (four days later).</p> <p>On March 26, 2025, at 10:22 a.m., clinical nurse supervisor (CNS)-A reviewed ULP-D's 2nd step TST and stated it had been read late as should have been read between 48-72 hours after placement.</p> <p>The CDC Clinical Testing Guidance for Tuberculosis: Tuberculin Skin Test dated January 31, 2025, indicated: The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TB skin results. A patient who does not return within 72 hours will need to be rescheduled for another skin test.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		

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0 775	Continued From page 3	0 775		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. 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 the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During facility tour on March 27, 2025, from 12:18 p.m. through 1:54 p.m., with director of maintenance (DM)-C, the surveyor observed the following:</p> <p>FIRE RESISTANT RATED DOORS</p> <p>The following rooms throughout the facility had twenty-minute fire resistant rated doors held open with wedges: employee break room, double doors leading into TV sitting area, double doors leading into rec room, and resident rooms 21, 22, 25, 26, 242, 252, 253, 254, 264, 145, 141. The memory care mechanical room had a twenty-minute fire resistant rated door without a</p>	0 775		

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0 775	<p>Continued From page 4</p> <p>closer. The door and the door frame had holes that indicated a door closer had been installed and was removed.</p> <p>State Fire Code in Minnesota Rules, chapter 7511 requires fire-resistant rated doors must be maintained to automatically close and latch as designed to prevent the spread of smoke and fire to adjoining building areas.</p> <p>LOCKED EXITS</p> <p>The surveyor observed exit doors in the memory care wing by the main entrance, by room 180, by room 192 and by the office that were equipped with locks and required a key, or code to unlock. DM-C stated the locks were not connected to the building fire alarm and would not unlock if the fire alarm activated or if the building lost power as required by State Fire Code in Minnesota Rules, chapter 7511. The locks were not capable of being unlocked by a switch or signal from the fire command center, nursing station, or other approved location.</p> <p>DM-C verified the above findings while accompanying on the tour and stated they understood the requirements.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 775		
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</p>	0 810		

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0 810	<p>Continued From page 5</p> <p>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. (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. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (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 by: Based on interview and record review, the licensee failed to develop the fire safety and evacuation plan with the required content. 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</p>	0 810		

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0 810	<p>Continued From page 6</p> <p>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 March 27, 2025, at 1:55 p.m., director of maintenance (DM)-C 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 licensees FSEP titled, Employee Actions in Case of an Emergency, dated 2/24/25 lacked the following required content:</p> <p>The FSEP included standard resident evacuation procedures but lacked specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate able individuals followed by less ambulatory residents but did not include any procedures for assisting residents during evacuation. The plan lacked a way to identify the individual needs of each resident in writing.</p> <p>During an interview on March 27, 2025, at 2:34 p.m., DM-C and clinical nurse supervisor (CNS)-A stated that staff knew the needs of every resident and they know what to do. CNS-A explained that the individual needs were identified in TELS, a program accessed through an electronic device. CNS-A and DM-C confirmed that the unique needs of residents were not in writing in the FSEP</p>	0 810		
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0 810	Continued From page 7 and that the plan did not included instructions for how staff are to obtain the information. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01290 SS=I	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for two of eight employees (unlicensed personnel (ULP)-E and director of maintenance (DM)-C). This had the potential to affect all residents residing in the facility. This resulted in an immediate order on March 25, 2025.</p> <p>This practice resulted in a level three violation (a</p>	01290		

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01290	<p>Continued From page 8</p> <p>violation that harmed a client/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 the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>ULP-E ULP-E was hired on November 27, 2024, to provide direct care and services to the facility's residents.</p> <p>ULP-E was on the staff schedule to work Monday, March 24, 2025, from 3:00 p.m. - 10:00 p.m. in the assisted living and on Wednesday, March 26, 2025, from 3:00 p.m. - 10:00 p.m. in the secured unit.</p> <p>ULP-E's employee record lacked evidence of a NETStudy 2.0 background study clearance letter. The NETStudy website indicated ULP-E was separated from the licensee on November 27, 2024.</p> <p>DM-C DM-C was hired on April 1, 2002, to provide maintenance for the facility's building and grounds.</p> <p>DM-C's employee record lacked evidence of a NETStudy 2.0 background study clearance letter, and DM-C was not listed on NETStudy website.</p> <p>On March 25, 2025, at approximately 10:30 a.m., clinical nurse supervisor (CNS)-A, and administrative staff (AS)-I stated ULP-E worked</p>	01290		

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01290	<p>Continued From page 9</p> <p>independently providing direct cares within the facility. AS-I further indicated some of the maintenance staff did not have background studies completed if they did not have resident interaction. AS-I and CNS-A further stated DM-C would potentially enter resident rooms independently to complete maintenance work.</p> <p>The licensee's Background Studies policy dated August 1, 2021, indicated the licensee would conduct a background study on all employees and volunteers and contractors. No employee may provide direct services and have independent direct contact with any residents until acceptable result of the background study have been received.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>On March 25, 2025, the facility took immediate action to mitigate the identified risk. The scope and level remains at I.</p> <p>In addition, one employee (ULP-F) was not affiliated to the licensee's health facility identification (HFID) number 30836.</p> <p>The findings include:</p> <p>ULP-F had a hire date of August 12, 2024, to provide direct care services to residents in the assisted living facility, and worked independently.</p> <p>ULP-F's employee record contained a cleared background study dated March 14, 2023, for a</p>	01290		
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01290	Continued From page 10 sister facility under HFID 28513. On March 25, 2025, at approximately 10:30 a.m., CNS-A and AS-I stated ULP-F came from another facility (HFID 28513), and ULP-F was affiliated with this licensee's HFID (30836) 'today.' No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency	01650		

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01650	<p>Continued From page 11</p> <p>medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of four residents' (R4). service plans included all 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>R4's diagnoses included type II diabetes mellitus, chronic obstructive pulmonary disease (COPD), edema, and atrial fibrillation.</p> <p>R4's Service Plan dated March 7, 2025, indicated R4 received services including medication administration, assistance with bathing, dressing, grooming, toileting, light housekeeping, laundry, wound care, TED stockings/ace wraps/compression stockings, daily weights, and oxygen therapy.</p> <p>R4's service plan lacked the following content: - the identification of staff or categories of staff who will provide the services for daily weights and oxygen therapy</p>	01650		

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01650	<p>Continued From page 12</p> <p>- the frequency of oxygen therapy</p> <p>On March 26, 2025, at 11:14 a.m., clinical nurse supervisor (CNS)-A reviewed R4's service plan and stated it did not include who was responsible for R4's daily weights, or R4's oxygen including the frequency of the oxygen therapy.</p> <p>The licensee's 6.08 Service Plan policy dated August 1, 2022, indicated: 9. A service plan will include: c. The frequency of each service to be provided based on the most recent assessment and resident preferences d. An identification of staff or categories of staff who will be providing services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	01650		
01880 SS=D	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely for one of two residents (R4) observed receiving skin care.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	01880		

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01880	<p>Continued From page 13</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 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>R4's diagnoses included type II diabetes mellitus, chronic obstructive pulmonary disease (COPD), and atrial fibrillation.</p> <p>R4's Service Plan dated March 7, 2025, indicated R4 received services including medication administration, wound care, and assistance with ace wraps and compression stockings.</p> <p>R4's Service Plan Report (care plan) printed March 25, 2025, indicated: Medications to be stored in a centralized, locked medication cart.</p> <p>R4's provider Discharge Wound Care Plan dated August 6, 2024, included the following order: Skin Care and Compression Toes, feet, and legs 1x daily</p> <ol style="list-style-type: none"> 1. Wash toes and in between toes with water. 2. Take a dry gauze and dry in between toes. 3. Apply miconazole 2% powder in between all toes, under the toes, and to the red skin on top of the feet. 4. Separate all toes with gauze. Can use 1 inch roll gauze and gently wind in between toes or apply 2 x 2 inch gauze in between each toe. 5. DRY TOE WOUNDS: Paint with Betadine 10% and air dry. 6. WET TOE WOUNDS: Apply a tiny dab of Triad OR Criticaid Clear cream, wipe off excess. 7. Apply cream to legs and feet. 	01880		
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01880	<p>Continued From page 14</p> <p>8. Apply knee high sock. 9. Apply Velcro foot wraps or 3 inch low stretch wraps from base of toes up to the ankles. Tape to secure. 10. Apply Velcro leg wraps or 3 inch low stretch wraps from ankle up to knees. Tape to secure. 11. Okay to remove compression at night if someone is able to reapply compression first thing in the morning. 12. Keep the best old Velcro wraps as a "spare set."</p> <p>On March 25, 2025, at 8:45 a.m., unlicensed personnel (ULP)-D was observed applying miconazole 2% powder to R4's toes bilaterally. When finished, ULP-D placed the miconazole 2% powder in R4's plastic treatment container and set the container on the floor under a table in the living room area. ULP-D stated the treatment basket was kept there at R4's request as the resident wanted to be able to see it.</p> <p>On March 27, 2025, at 10:04 a.m., registered nurse (RN)-B stated she could not find evidence of an assessment or provider order for R4 to keep his miconazole 2% powder in his room unsecured.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		
01940 SS=E	<p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare</p>	01940		

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NAME OF PROVIDER OR SUPPLIER OAK TERRACE ASSISTED LIVING OF NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1575 HOOVER DRIVE NORTH MANKATO, MN 56003
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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
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01940	<p>Continued From page 15</p> <p>and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <ul style="list-style-type: none"> (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for three of four residents (R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to</p> 	01940		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30836	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2025
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NAME OF PROVIDER OR SUPPLIER OAK TERRACE ASSISTED LIVING OF NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1575 HOOVER DRIVE NORTH MANKATO, MN 56003
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01940	<p>Continued From page 16</p> <p>cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>During the entrance conference on March 24, 2025, at 10:20 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided treatment management services to the licensee's residents.</p> <p>R2 R2's diagnoses included chronic obstructive pulmonary disease (COPD), weakness, and unsteadiness on feet.</p> <p>R2's Medication Administration Record (MAR) dated March 2025, included the following treatment orders.</p> <ul style="list-style-type: none"> - Knee braces: ON am, OFF hs (hour of sleep) two times a day for knee support. Put in walk-in closet on dresser, right side; - O2 (oxygen) 2 LPM (liters per minute) via nasal cannula, continuously every shift for oxygen check that on, remind to leave on, put back on her; - Change cannula every two weeks in the morning every 14 days for cannula care; - Change green tubing on O2 every 6 months in the morning every 6 months string on the 23rd for one day; - Clean filter of O2 concentrator weekly; wash with warm water and allow to dry and replace in the morning every Thursday for O2 care; - CPAP (continuous positive airway pressure machine) and supplies through Mayo Medical store. Family will pick up supplies; 	01940		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30836	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2025
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NAME OF PROVIDER OR SUPPLIER OAK TERRACE ASSISTED LIVING OF NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1575 HOOVER DRIVE NORTH MANKATO, MN 56003
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01940	<p>Continued From page 17</p> <ul style="list-style-type: none"> - Clean hose once a week. Soak hose in hot soapy water for 20 minutes, rinse with hot water, allow to dry (hang over a bar) in the morning every Wednesday for cleaning of hose; - Change CPAP cushion on mask monthly one time a day starting on the 23rd and ending on the 23rd every month for CPAP care; - Change CPAP mask and tube every three months in the morning every three months starting on the 23rd for one day <p>R2's record lacked a treatment management plan to include the following required content:</p> <ul style="list-style-type: none"> - procedures for notifying a registered nurse when a problem arose with treatments or therapy services. <p>R3 R3's diagnoses included COPD and chronic respiratory failure.</p> <p>R3's Documentation of Survey Report dated March 2025, included the following orders:</p> <ul style="list-style-type: none"> - CPAP: Assist of one to put on and take off every night and AM as she needs. She likes to tend to CPAP independently. Bleed her oxygen through the CPAP, 4L/min. (4 liters per minute); - Empty water chamber in CPAP daily and AM and allow to dry; - CPAP: Make sure distilled water is at full line in water chamber every night; - CPAP: Wipe out cushion face mask daily with clean cloth for infection control; - Oxygen Therapy: 4L/min per nasal cannula at all times <p>R3's record lacked a treatment management plan to include the following required content:</p> <ul style="list-style-type: none"> - procedures for notifying a registered nurse when a problem arose with treatments or therapy 	01940		

Minnesota Department of Health

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01940	<p>Continued From page 18</p> <p>services.</p> <p>R4 R4's diagnoses included atrial fibrillation and hypertensive heart disease with heart failure.</p> <p>R4's Documentation Survey Report dated March 2025, included the following orders: - Compression socks and Velcro wraps ON in AM - Compression socks and Velcro wraps OFF in PM. Wash socks in sink and allow to dry</p> <p>R4's record lacked a treatment management plan to include the following required content: - procedures for notifying a registered nurse when a problem arose with treatments or therapy services.</p> <p>On March 26, 2025, at 11:59 a.m., clinical nurse supervisor (CNS)-A and registered nurse (RN)-B stated they had not been adding specific direction to unlicensed staff on when to contact the RN for issues with splints/braces, oxygen, CPAP, compression stockings, and Velcro wraps.</p> <p>The licensee's 7.22 Medication & Treatment Record - Documentation & Refusal policy dated August 1, 2021, indicated: 7) Notify the nurse of any special occurrences or problems during Medication/Treatment/Therapy administration and document the notification of the nurse.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30836	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2025
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01950	Continued From page 19	01950		
01950 SS=D	<p>144G.72 Subd. 4 Administration of treatments and therapy</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one unlicensed personnel (ULP)-D) demonstrated competency in Velcro wraps to a registered nurse (RN).</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>	01950		

Minnesota Department of Health

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01950	<p>Continued From page 20</p> <p>The findings include:</p> <p>During the entrance conference on March 24, 2025, at 10:20 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services including assistance with ace wraps and compression stockings/wraps.</p> <p>ULP-D was hired to provide direct care services to the licensee's residents on January 2, 2025.</p> <p>On March 25, 2025, at 8:45 a.m. the surveyor observed ULP-D applying velcro compression wraps.</p> <p>ULP-D's employee record did not include competencies for Velcro compression wraps.</p> <p>On March 26, 2025, at 10:22 a.m., clinical nurse supervisor (CNS)-A stated ULP-D did not have a competency by a RN for Velcro wraps, although would check to see if this was included in the CNA (certified nursing assistant) training ULP-D received.</p> <p>On March 26, 2025, at approximately 11:50 a.m., CNS-A provided the surveyor with a copy of an email received from South Central College (where ULP-D had obtained his CNA training) that included a picture of the course syllabus. Velcro wraps were not included in the training.</p> <p>The licensee's 5.02 Competency Training Evaluation policy dated August 1, 2021, indicated: 1. A Registered Nurse (or other licensed health professional where appropriate) will determine what nursing services may be delegated to properly trained and competency tested unlicensed personnel.</p>	01950		
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Minnesota Department of Health

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01950	Continued From page 21 2. Only unlicensed personnel who are determined to be competent and possess the knowledge and skills consistent with the complexity of tasks being delegated will be permitted to perform such delegated tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure delegated procedures were followed for one of three residents (R4) observed during a treatment. 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).	02320		

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02320	<p>Continued From page 22</p> <p>The findings include:</p> <p>R4's diagnoses included type II diabetes mellitus, chronic obstructive pulmonary disease (COPD), and atrial fibrillation.</p> <p>R4's Service Plan dated March 7, 2025, indicated R4 received services including medication administration, wound care, and assistance with ace wraps and compression stockings.</p> <p>R4's provider Discharge Wound Care Plan dated August 6, 2024, included the following order: Skin Care and Compression Toes, feet, and legs 1x daily</p> <ol style="list-style-type: none"> 1. Wash toes and in between toes with water. 2. Take a dry gauze and dry in between toes. 3. Apply miconazole 2% powder in between all toes, under the toes, and to the red skin on top of the feet. 4. Separate all toes with gauze. Can use 1 inch roll gauze and gently wind in between toes or apply 2 x 2 inch gauze in between each toe. 5. DRY TOE WOUNDS: Paint with Betadine 10% and air dry. 6. WET TOE WOUNDS: Apply a tiny dab of Triad OR Criticaid Clear cream, wipe off excess. 7. Apply cream to legs and feet. 8. Apply knee high sock. 9. Apply Velcro foot wraps or 3 inch low stretch wraps from base of toes up to the ankles. Tape to secure. 10. Apply Velcro leg wraps or 3 inch low stretch wraps from ankle up to knees. Tape to secure. 11. Okay to remove compression at night if someone is able to reapply compression first thing in the morning. 12. Keep the best old Velcro wraps as a "spare set." 	02320		

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02320	<p>Continued From page 23</p> <p>R4's medication administration record (MAR) dated March 2025, included the above wound care order scheduled daily at 8:00 a.m.</p> <p>R4's Documentation Survey Report dated March 2025, included the following:</p> <ul style="list-style-type: none"> - Compression socks and Velcro wraps ON in AM - Compression socks and Velcro wraps OFF in PM. Wash socks in sink and allow to dry. - Lotion legs every AM and PM. <p>On March 25, 2025, at 8:45 a.m., unlicensed personnel (ULP)-D entered R4's room on the second floor, and announced he would be performing the treatment to R4's feet and legs. ULP-D removed R4's stockings, then applied lotion to R4's feet and legs bilaterally. ULP-D then obtained a sealed individual cup of saline solution from R4's treatment container, and stated he would be applying the saline to R4's toes, including underneath and between each toe, then drying them with gauze. After that, apply antifungal powder and then weave a piece of gauze in between the toes on each foot. The surveyor asked ULP-D if he was administering medications to the residents on the second floor this morning. ULP-D stated he was "only a CNA (certified nursing assistant) and not a med passer". ULP-D donned clean gloves, wet a piece of gauze in saline, then proceeded to cleanse R4's toes bilaterally using the same gauze on the top and bottom of the toes then discarded. ULP-D obtained a clean gauze, wet in saline, then cleansed in between the toes on R4's right foot, discarded the gauze, then obtained a clean gauze, wet in saline and repeated the procedure on the toes of R4's left foot. ULP-D then obtained a clean dry gauze, and dried in between the toes of R4's right foot, discarded the gauze, obtained a new clean dry</p>	02320		
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02320	<p>Continued From page 24</p> <p>gauze and repeated the procedure on the toes of R4's left foot. Next ULP-D obtained antifungal powder from R4's treatment container and applied into the webbed spaces and in between the toes on R4's feet bilaterally. ULP-D then obtained a dry gauze, folded it in half, and wove the gauze between the toes on R4's right foot, then obtained another dry gauze and completed the procedure to the toes on R4's left foot. ULP-D then disposed of his gloves and applied R4's compression stockings to his lower legs bilaterally. ULP-D then applied R4's Velcro wraps over the compression stockings to R4's lower legs bilaterally. ULP-D then placed R4's treatment basket with supplies including the antifungal powder, on the floor under the table in R4's living room area. ULP-D stated the treatment basket was kept there at R4's request as the resident wanted to be able to see it. ULP-D then collected the garbage bag with the used treatment supplies, exited R4's room, disposed of the garbage, then washed his hands. The surveyor asked ULP-D if a registered nurse (RN) had trained him to do the treatment to R4's feet, ULP-D stated, "No, another CNA did."</p> <p>On March 25, 2025, at 9:48 a.m., the surveyor observed licensed practical nurse (LPN)-G performing the ordered wound care treatment to R4's legs/feet bilaterally. Prior to starting, LPN-G described the treatment she would be providing to R4. The surveyor informed LPN-G that a ULP had just completed a portion of the treatment an hour earlier to R4's feet and toes. LPN-G stared at the surveyor for several seconds then asked which ULP it was. The surveyor asked LPN-G if the ULPs were trained to do the treatment to R4's feet and she responded, "Yes". The surveyor further asked if the ULP was not medication trained was he still able to apply the prescribed</p>	02320		
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Minnesota Department of Health

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02320	<p>Continued From page 25</p> <p>antifungal powder to R4's toes and LPN-G responded, "Yes". LPN-G then proceeded to remove R4's Velcro wraps and compression stocking bilaterally, then removed the gauze from between R4's toes bilaterally and completed the prescribed wound treatment. LPN-G stated ULPs were not able to apply the betadine to the wounds or to apply the stretch wraps from the base of the toes to the ankle.</p> <p>On March 26, 2025, at 8:19 a.m., clinical nurse supervisor (CNS)-A stated when the licensee hires a ULP who is also a CNA, they do not provide competency testing by an RN and the CNA is only able to do cares within their scope. CNS-A further stated ULPs that are CNAs who are not medication trained are not able to do tasks such as delegated treatments. CNS-A stated ULP-D had not been trained to do the treatment for R4 by an RN and should not have provided that care.</p> <p>The licensee's 5.02 Competency Training Evaluation policy dated August 1, 2021, indicated:</p> <ol style="list-style-type: none"> 1. A Registered Nurse (or other licensed health professional where appropriate) will determine what nursing services may be delegated to properly trained and competency tested unlicensed personnel. 2. Only unlicensed personnel who are determined to be competent and possess the knowledge and skills consistent with the complexity of tasks being delegated will be permitted to perform such delegated tasks. <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02320		



Minnesota Dept. of Health
 Division of Environmental Health
 Food, Pools, and Lodging
 12 Civic Center Plaza
 Mankato, MN

Type: Full
 Date: 03/24/25
 Time: 12:10:52
 Report: 1028251032

Food and Beverage Establishment Inspection Report

Location:

Oak Terrace North Mankato
 1575 Hoover Drive
 North Mankato, MN56003
 Nicollet County, 52

Establishment Info:

ID #: 0038868
 Risk:
 Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5073872037
 ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 185 Degrees Fahrenheit
 Location: Dish Machine - Rinse
 Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
 Temperature: 38 Degrees Fahrenheit - Location: Eggs
 Violation Issued: No

Process/Item: Upright Cooler
 Temperature: 36 Degrees Fahrenheit - Location: Ambient
 Violation Issued: No

Process/Item: Upright Freezer
 Temperature: -5 Degrees Fahrenheit - Location: Ambient
 Violation Issued: No

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

This Inspection was conducted in conjunction with HRD.

Type: Full
Date: 03/24/25
Time: 12:10:52
Report: 1028251032
Oak Terrace North Mankato

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Dept. of Health inspection report number 1028251032 of 03/24/25.

Certified Food Protection Manager: Sheri Dorn

Certification Number: FM1041 Expires: 03/31/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

Sheri Dorn
Food Service Director

Signed:  _____

Ryan Miller
Environmental Health Specialist
MDH - Mankato
507-995-7672
Ryan.Miller@state.mn.us