



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 16, 2023

Licensee
The Waters Of Oakdale
7088 11th Street North
Oakdale, MN 55128

RE: Project Number(s) SL31195015

Dear Licensee:

On June 14, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the April 28, 2023, 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 cursive script that reads 'Jessica Chenze'.

Jessica Chenze, Supervisor
State Evaluation Team
Email: jessica.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 651-281-9796

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

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May 18, 2023

Licensee
The Waters of Oakdale
7088 11th Street North
Oakdale, MN 55128

RE: Project Number(s) SL31195015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 28, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

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), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

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

The total amount you are assessed is \$3,000.00. 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 the MDH within 15 calendar days of the correction order receipt date.

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

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

Please address your cover letter for reconsideration requests to:

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

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 MDH 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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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.

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,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2023
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NAME OF PROVIDER OR SUPPLIER THE WATERS OF OAKDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 7088 11TH STREET NORTH OAKDALE, MN 55128
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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 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: #SL31195015</p> <p>On April 24, through April 25, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 51 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>On April 25, 2023, the immediacy of correction order 1290 has been removed, however non-compliance remains at a scope and level of G.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>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>	
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</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</p>	0 680		

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

Minnesota Department of Health

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0 680	<p>Continued From page 1</p> <p>temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(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.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, employees, and visitors to the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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>	0 680		

Minnesota Department of Health

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0 680	<p>Continued From page 2</p> <p>The licensee's EP plan undated, lacked: -documentation of annual review; -documentation of missing resident quarterly review; and -policy and procedure to address role of facility under a waiver declared by the Secretary.</p> <p>On April 24, 2023, at approximately 1:15 p.m., licensed assisted living director (LALD)-A acknowledged the licensee's EP plan lacked the above listed required content and was not aware of the required content of Appendix Z.</p> <p>The licensee's Disaster Planning and Emergency Preparedness Plan policy dated July 21, 2021, indicated the licensee's EP plan would meet the required elements of Appendix Z.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee 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</p>	0 810		

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0 810	<p>Continued From page 3</p> <p>or unusual resident needs for movement or evacuation.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide required employee training on fire safety and evacuation. This had the potential to affect all staff, residents, 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>	0 810		

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0 810	<p>Continued From page 4</p> <p>Findings include:</p> <p>A record review and interview were conducted on April 25, 2023, between approximately 3:45 p.m. and 4:30 p.m. with the Environmental Services Manager (Environmental Services Manager)-F, Regional Health and Well-Being Director (Regional Health and Well-Being Director)-E, and the Licensed Assisted Living Director (LALD)-A on the fire safety and evacuation drills for the facility. Record review indicated that the fire safety and evacuation drills for employees had not been performed every other month as required.</p> <p>During record review, Environmental Services Manager-F stated that fire and evacuation drills are scheduled once per month per policy. Record review showed three (3) drill dates in different months on different shifts in 2023 and one (1) drill date in 2022. The calendar did show monthly training is planned going forward. This deficiency was verified by Environmental Services Manager-F during record review and by Environmental Services Manager-F, Regional Health and Well-Being Director-E, and LALD-A during interview.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
01290 SS=G	<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</p>	01290		

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01290	<p>Continued From page 5</p> <p>construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee 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 (BGS) was submitted and a clearance received in affiliation with the assisted living with dementia care licensee's current health facility identification (HFID) for one of one employee (clinical nurse supervisor (CNS)-B).</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 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>CNS-B was hired on January 16, 2018.</p> <p>On April 24, 2023, at approximately 10:20 a.m., during survey entrance conference, CNS-B was identified as the current clinical nursing supervisor.</p>	01290		

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01290	<p>Continued From page 6</p> <p>CNS-B's employee record included a BGS clearance, affiliated with the licensee's former comprehensive HFID license #30281. CNS-B's employee record lacked evidence of current, cleared BGS affiliated with the licensee's current assisted living with dementia care HFID license #31195, effective August 1, 2021.</p> <p>On April 25, 2023, at 11:33 a.m., the Minnesota Department of Human Services NETStudy2 website indicated CNS-B's BGS affiliated with HFID #30281 was listed as "separated" on November 21, 2021.</p> <p>On April 25, 2023, at approximately 11:40 a.m., licensed assisted living director (LALD)-A indicated the BGS for CNS-B was under the former comprehensive license versus the new assisted living license. LALD-A indicated the BGS were conducted at the corporate office associated with the expired HFID and not under the current HFID for the active assisted living with dementia care license.</p> <p>The licensee's Background Studies policy dated July 12, 2021, indicated the licensee complies with all state regulations for pre-employment background checks/studies required for all employees. Additionally, all new hires must have a completed background prior to having contact with residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> <p>On April 25, 2023, the immediacy of correction order 1290 has been removed as confirmed by evaluation supervisor review, however non-compliance remains at a scope and level of</p>	01290		

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01290	Continued From page 7 G.	01290		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to	01790		

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01790	<p>Continued From page 8</p> <p>be provided;</p> <p>(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;</p> <p>(v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;</p> <p>(vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and</p> <p>(vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</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) developed training and competencies for unlicensed personnel (ULP) who provided medications to residents for unplanned time away from home when the licensed nurse was not available for one of one employee (ULP-C).</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</p>	01790		

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01790	<p>Continued From page 9</p> <p>or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-C was hired on February 22, 2022.</p> <p>ULP-C's record lacked documentation of training and competency for unplanned time away related to medication administration when the RN is not available.</p> <p>On April 24, 2023, at approximately 2:30 p.m., licensed assisted living director (LALD)-A acknowledged ULP-C's record lacked documentation of training and competency for unplanned times away. LALD-A stated there was a power point for ULP staff on unplanned time away training, but no documentation was available, and competency for residents unplanned time away would not be in any employee records.</p> <p>The licensee's Medication Administration - Outings and Unplanned Leaves policy dated May 26, 2017, indicated the required training and competency for ULPs related to unplanned time away would be provided and included in the employee's record.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01790		
02350 SS=C	<p>144G.91 Subd. 7 Courteous treatment</p> <p>Residents have the right to be treated with courtesy and respect, and to have the resident's</p>	02350		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2023
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NAME OF PROVIDER OR SUPPLIER THE WATERS OF OAKDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 7088 11TH STREET NORTH OAKDALE, MN 55128
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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
02350	<p>Continued From page 10</p> <p>property treated with respect</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language which required the resident to purchase rental insurance at the licensee's request. This had the potential to affect all residents who signed an assisted living contract.</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>On April 24, 2023, at approximately 11:00 a.m., licensed assisted living director (LALD)-A provided a Resident Lease Agreement and indicated it was the current assisted living contract used by the licensee for all residents who resided in the facility.</p> <p>On page 14 of 23, the licensee's Resident Lease Agreement date January 1, 2023, read, "Management shall have the right to require Resident to obtain renters' insurance in such amounts and coverages as Management may require."</p> <p>On April 24, 2023, at approximately 1:00 p.m., LALD-A stated the licensee's contract had been revised to be in compliance with statutes, but</p>	02350		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2023
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02350	<p>Continued From page 11</p> <p>stated the licensee was unaware the language quoted above was in licensee's assisted living contract. LALD-A indicated the licensee's assisted living contract was drafted by a lawyer and missed the language when reviewing the contract.</p> <p>The licensee's Contract Requirements policy dated November 2022, indicated the assisted living contract would comply will state regulation regarding the contents of an assisted living contract.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02350		



Minnesota Department of Health
Food Pools & Lodging Services
P.O. Box 64975
St Paul, MN 55164-0975
651 201 4500

Type: Full
Date: 04/24/23
Time: 13:41:15
Report: 8058231089

Food and Beverage Establishment Inspection Report

Page 1

Location:

The Waters Of Oakdale
7088 11th Street North
Oakdale, MN55128
Washington County, 82

Establishment Info:

ID #: 0038891
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6513935260
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

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit
Location: SANI DISPENSER
Violation Issued: No

Hot Water: = --- at 170 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: TOMATO
Temperature: 40 Degrees Fahrenheit - Location: WALK IN
Violation Issued: No

Process/Item: TURKEY
Temperature: 41 Degrees Fahrenheit - Location: WALK IN
Violation Issued: No

Process/Item: CHOWDER
Temperature: 38 Degrees Fahrenheit - Location: WALK IN
Violation Issued: No

Process/Item: TOMATO
Temperature: 37 Degrees Fahrenheit - Location: PREP
Violation Issued: No

Process/Item: HOT DOG
Temperature: 41 Degrees Fahrenheit - Location: PREP
Violation Issued: No

Type: Full
Date: 04/24/23
Time: 13:41:15
Report: 8058231089
The Waters Of Oakdale

Food and Beverage Establishment Inspection Report

Process/Item: SOUP
Temperature: 189 Degrees Fahrenheit - Location: WARMER
Violation Issued: No

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

HRD INSPECTION,

COMMERCIAL KITCHEN

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 8058231089 of 04/24/23.

Certified Food Protection Manager: JASON KOLODZEK

Certification Number: 57185 Expires: 10/11/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

JASON KOLODZEK
PERSON IN CHARGE

Signed:  _____

Inspector Number 8058
Sanitarian 3
MDH Metro Office
651 201 4500
health.foodlodging@state.mn.us