



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

Electronically Delivered

December 5, 2024

Licensee

The Waters On Mayowood  
827 Mayowood Road Southwest  
Rochester, MN 55902

RE: Project Number(s) SL31474016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 24, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

### **STATE CORRECTION ORDERS**

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

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

### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:



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

### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor

State Evaluation Team

Email: [jodi.johnson@state.mn.us](mailto:jodi.johnson@state.mn.us)

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

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>31474</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE WATERS ON MAYOWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>827 MAYOWOOD ROAD SW ROCHESTER, MN 55902</b>			
(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><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL31474016-0</p> <p>On October 21, 2024, through October 24, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 202 residents; 89 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>		
0 480 SS=F	<b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b>	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE



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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</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 the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 22, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480			
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not</p>	0 970			

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0 970	<p>Continued From page 2</p> <p>include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</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 waiving the facility's liability for health, safety, or personal property of a resident for five of five residents (R2, R4, R5, R6, R7). This had the potential to affect all current residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <ul style="list-style-type: none"><li>- R2's Resident Lease Agreement dated September 26, 2024;</li><li>- R4's Resident Lease Agreement dated August 4, 2021;</li><li>- R5's Resident Lease Agreement dated November 15, 2023;</li><li>- R6's Resident Lease Agreement dated September 27, 2023; and</li><li>- R7's Resident Lease Agreement dated September 28, 2023</li></ul> <p>R2, R4, R5, R6 and R7's Resident Lease</p>	0 970			

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0 970	<p>Continued From page 3</p> <p>Agreement included the following clause under section 19 "Insurance; Personal Property and Loss of Use:" "If the Apartment becomes uninhabitable on a temporary or permanent basis due to accident, casualty, loss of power, sewer back-up, flooding, or acts of third parties, Management will not be responsible for Resident's temporary lodging or cost of relocation. Loss or damage to Resident's personal property, including spoilage of perishables and food items due to power interruptions, are not covered by Management's insurance, and will not be reimbursed by Management. Management has no responsibility to provide temporary or permanent housing or relocation payments to Resident if the Apartment Unit cannot be used on a temporary basis or if Management terminates the Lease due to casualty or damage to the Apartment Unit."</p> <p>On October 22, 2024, at 12:30 p.m. licensed assisted living director/registered nurse (LALD/RN)-B stated the language as noted above was included in the corporate-wide Resident Lease Agreement and was under review by the licensee's legal team. In addition, LALD/RN-B stated the same contract was utilized for all residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 970			
01530 SS=D	<p>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</p> <p>(a) All assisted living facilities must meet the following training requirements:</p>	01530			



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01530	<p>Continued From page 4</p> <p>(1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;</p> <p>(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of three employees (unlicensed personnel (ULP)-H) received the required amount of dementia care training in the required time frame.</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</p>	01530			

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01530	<p>Continued From page 5</p> <p>a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>The licensee provided services under the Assisted Living with Dementia Care licensure.</p> <p>ULP-H had a hire date of June 24, 2024, and provided direct care services under the licensee's Assisted Living with Dementia Care license.</p> <p>On October 22, 2024, at 10:25 a.m. ULP-H was observed to empty R2's urinary catheter leg bag.</p> <p>ULP-C's employee record included Relias training (the licensee's online training system) transcript dated October 24, 2024, which indicated she had completed a total of 2.5 hours of dementia related training and not the required eight hours of training within 80 working hours of the employment start date as required. Furthermore, ULP-H's record lacked the required dementia related training topics to include:</p> <ul style="list-style-type: none"><li>-an explanation of Alzheimer's disease and other dementias;</li><li>- assistance with activities of daily living;</li><li>- problem solving with challenging behaviors;</li><li>- communication skills; and</li><li>- person centered planning and service delivery</li></ul> <p>On October 24, 2024, at 9:15 a.m. licensed assisted living director/registered nurse (LALD/RN)-B stated ULP-H had worked a total of 492 hours to date. LALD/RN-B further stated, "Yes, we know she is short on her dementia training hours. All employees are auto-assigned their trainings and she has not completed this part of her training."</p>	01530			



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01530	Continued From page 6  The licensee's Dementia Training policy dated July 19, 2021, indicated direct care employees will complete eight hours of initial training within 80 hours of the employment start date and would include the required topics of: - an explanation of Alzheimer's disease and other dementias; - assistance with activities of daily living; - problem solving with challenging behaviors; - communication skills; and - person centered planning and service delivery  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530			
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring  (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for	01620			

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01620	<p>Continued From page 7</p> <p>long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed an assessment for a change in condition for two of five residents (R4, R7).</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 R4 began receiving assisted living with dementia care services on June 16, 2018.</p> <p>R4 had diagnoses to include Alzheimer's Disease, chronic kidney disease, and depression.</p> <p>R4's Service Agreement-Service Plan dated September 30, 2024, included the services of medication management, assistance with feeding, dressing, bathing, toileting, and transfers.</p> <p>R4's record included RN comprehensive assessments dated December 8, 2023, March</p>	01620			



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01620	<p>Continued From page 8</p> <p>19, 2024, June 11, 2024, and September 10, 2024.</p> <p>R4's progress note dated July 12, 2024, indicated R4 was admitted to hospice services.</p> <p>The licensee's RN failed to complete a comprehensive RN assessment for a change in condition with R4's admission to hospice services.</p> <p>On October 22, 2024, at 2:40 p.m. clinical nurse supervisor (CNS)-A stated the RN did not complete a comprehensive assessment at the time of R4's hospice enrollment and should have.</p> <p>R7 R7 began receiving assisted living with dementia care services on October 1, 2023.</p> <p>R7 had diagnoses to include COPD (chronic obstructive pulmonary disease-a chronic respiratory condition), history of colon cancer with the presence of a colostomy, heart failure and chronic kidney disease.</p> <p>R7's Service Plan-Service Agreement dated March 26, 2024, included the services of medication management, colostomy management, oxygen, urinary catheter management, and assistance with dressing, bathing, and transfers.</p> <p>R7's record included comprehensive RN assessments dated March 27, 2024, June 19, 2024, and August 6, 2024.</p> <p>R7's progress notes included: -June 27, 2024, indicated a change in condition</p>	01620			

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01620	<p>Continued From page 9</p> <p>with difficulty to rouse, required sternal rub, and notification of provider.</p> <p>-July 1, 2024, emergency relocation form was sent to the Office of Ombudsman and resident representative, regarding R7's hospitalization.</p> <p>-July 2, 2024, indicated R7 returned from a hospitalization for a change in mentation and urinary tract infection and referenced several new orders.</p> <p>The licensee failed to ensure the RN completed a comprehensive assessment for a change in condition following R7's return from the hospital on July 2, 2024.</p> <p>On October 23, 2024, at 3:30 p.m. CNS-A stated no comprehensive RN assessment was completed for a change in condition for R7 following a return to the facility from a hospitalization and stated "There should have been one completed. Unfortunately, this was during a time of nurse turn over and looks like it was missed."</p> <p>The licensee's Comprehensive Resident Assessment, Monitoring, and Reassessment policy dated July 19, 2021, indicated the RN would complete a face-to-face comprehensive assessment with a resident's change in condition as indicated.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01620			
01750 SS=D	<p>144G.71 Subd. 7 Delegation of medication administration</p>	01750			



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01750	<p>Continued From page 10</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <p>(1) instructed the unlicensed personnel in the proper methods to administer the medications, 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 records; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to specify in writing, specific instructions for as needed (PRN) medications and documented those instructions for one of five residents (R7) for medication administration delegated to unlicensed personnel.</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>R7's diagnoses included heart failure, COPD (chronic obstructive pulmonary disease-chronic lung disease), history of colon cancer with presence of a colostomy.</p> <p>R7's Service Agreement/Service Plan dated</p>	01750			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>31474</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE WATERS ON MAYOWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>827 MAYOWOOD ROAD SW ROCHESTER, MN 55902</b>		
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01750	<p>Continued From page 11</p> <p>March 26, 2024, indicated he received the services of medication administration and management of his colostomy bag/apparatus.</p> <p>On October 22, 2024, at 8:25 a.m. licensed practical nurse (LPN)-F was observed to change R7's colostomy appliance. LPN-F stated the medication trained unlicensed personnel (ULP) had already administered R7's morning medications.</p> <p>R7's signed provider's orders dated October 21, 2024, indicated R7 received three medications for pain (one oral and one topical), one for gout, one for depression, one for blood thinning, one for itching, one breathing nebulizer, two for sleep, one for cholesterol, one for heart failure (fluid overload), three for constipation (one scheduled and two PRN), one topical for skin rash/irritation, one topical antifungal, and three supplements.</p> <p>R7's medication administration record (MAR) dated October 2024, included: -senna-s 50 milligrams (mg)-8.6 mg, one tablet daily as needed for constipation; and -milk of magnesia 1200 mg/15 milliliters (ml), give 30 ml daily as needed for constipation</p> <p>The licensee failed to provide instruction for the ULP to understand which PRN medication for constipation should be used first and second.</p> <p>On October 23, 2024, at 3:30 p.m. clinical nurse supervisor (CNS)-A stated the standard practice was for staff to contact the on duty/in person registered nurse when directions for PRN medications were needed. CNS-A stated there were no written instructions for the resident's PRN medications, nor written instructions to call nursing for further instruction. CNS-A stated, "We</p>	01750			



Minnesota Department of Health

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01750	Continued From page 12  can add that verbiage to the PRN medications when there is more than one PRN medication to manage the same symptoms."  The licensee's Medication Plan policy dated September 13, 2021, indicated the licensee would develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: -Documentation of specific resident instructions relating to the administration of medications  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
01890 SS=D	144G.71 Subd. 20 Prescription drugs  A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications included a proper label and open date for two of eleven residents (R1, R2).  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	01890			

Minnesota Department of Health

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01890	<p>Continued From page 13</p> <p>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><b>R1</b> On October 21, 2024, at 2:15 p.m. unlicensed personnel (ULP)-C was observed to set up and administer R1's oral medications and eye drops. R1's Refresh eye drops were stored in his locked medication cabinet in his apartment. The eye drops lacked a proper label.</p> <p>ULP-C stated the manufacturer's label on the bottle directed to give 1-3 drops. She stated she administered according to what the medication administration record (MAR) indicated as one drop to each eye. ULP-C stated R1 had just recently moved into the memory care unit and his home supply of medications were currently being used up.</p> <p><b>R2</b> On October 21, 2024, at 4:00 p.m. registered nurse (RN)-D was observed to check R2's blood sugar. The surveyor and RN-D then reviewed the contents of R2's locked medication cabinet. R2's medication cabinet included a NovoLog insulin pen and a glargine insulin pen. Both insulin pens included a handwritten open date; however, they lacked a proper medication label as required.</p> <p>On October 21, 2024, at 4:20 p.m. clinical nurse supervisor (CNS)-A indicated both R1 and R2 were recent admissions to the dementia care unit and came from elsewhere with their medications; she added sometimes newly admitted residents</p>	01890			



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01890	<p>Continued From page 14</p> <p>brought their current supply of medications from home and did not include a proper label nor an open date. The practice used was to use up the resident's current supply before reordering. CNS-A stated all medications should have a proper label and time sensitive medications should include an open date.</p> <p>The licensee's Medication Storage Policy dated September 5, 2019, indicated prescription medications will be stored in original containers bearing the original prescription label with legible information stating the prescription number, name of medication, strength and quantity of medication, expiration date of a time-dated medication, directions for use, resident name, prescriber's name, date of issue, and the name and address of the licensed pharmacy that issued the medications.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: seven (7) days.</p>	01890			



Type: Full  
Date: 10/22/24  
Time: 10:20:24  
Report: 1038241187

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

The Waters On Mayowood  
827 Mayowood Road Sw  
Rochester, MN55902  
Olmsted County, 55

**Establishment Info:**

ID #: 0038032  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 5072522910  
ID #:

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

The following orders were issued during this inspection.

### 4-600 Cleaning Equipment and Utensils

#### 4-602.12

MN Rule 4626.0850 Clean the food contact surfaces of cooking and baking equipment and interior cavities of microwave ovens at least every 24 hours.

Microwave Dirty

Comply By: 10/22/24

### Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit

Location: Dishwasher

Violation Issued: No

Hot Water: = at Degrees Fahrenheit

Location:

Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Walk-In Cooler

Temperature: 36 Degrees Fahrenheit - Location: Hamburger

Violation Issued: No

Process/Item: Walk-In Freezer

Temperature: 0 Degrees Fahrenheit - Location: Bread

Violation Issued: No

Process/Item: Upright Freezer

Temperature: 0 Degrees Fahrenheit - Location: Ice Cream

Violation Issued: No



Type: Full  
Date: 10/22/24  
Time: 10:20:24  
Report: 1038241187  
The Waters On Mayowood

Food and Beverage Establishment  
Inspection Report

Process/Item: Upright Cooler  
Temperature: 37 Degrees Fahrenheit - Location: Eggs  
Violation Issued: No

Process/Item: Prep Cooler  
Temperature: 41 Degrees Fahrenheit - Location: Grated Cheese  
Violation Issued: No

Process/Item: Hot Holding  
Temperature: 200 Degrees Fahrenheit - Location: Soup  
Violation Issued: No

Process/Item: Cooking  
Temperature: 150 Degrees Fahrenheit - Location: PreCooked Hotdog  
Violation Issued: No

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


**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 1038241187 of 10/22/24.

Certified Food Protection Manager: Thomas Hartmann

Certification Number: FM68286 Expires: 10/12/27

Signed: \_\_\_\_\_  
Establishment Representative

Signed:  \_\_\_\_\_  
Rob Davis  
Sanitarian 2  
Rochester District Office  
507-810-9902  
rob.davis@state.mn.us