Electronically Delivered

March 20, 2025

Licensee
Johnson Memorial Assisted Living
1288 Locust Street
Dawson, MN  56232

RE:  Project Number(s) SL30241016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 20, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

**STATE CORRECTION ORDERS**

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

**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:

**St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00**

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

Kelly Thorson

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

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30241 | A. BUILDING: _____ B. WING _____ | 02/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JOHNSON MEMORIAL ASSISTED LIVI | 1288 LOCUST STREET DAWSON, MN 56232 |

| (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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| 0 000 | Initial Comments<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL30241016<br><br>On February 18, 2025, through February 20, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were eleven resident(s); all receiving services under the Assisted Living Facility license. | 0 000 | 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3. | |
| 0 470 SS=F | 144G.41 Subdivision 1 Minimum requirements<br><br>(11) develop and implement a staffing plan for determining its staffing level that: | 0 470 | | |

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| 0 470 | Continued From page 1<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and<br>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;<br>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:<br>(i) awake;<br>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;<br>(iii) capable of communicating with residents;<br>(iv) capable of providing or summoning the appropriate assistance; and<br>(v) capable of following directions;<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to develop and implement a written staffing plan that included an evaluation completed by the clinical nurse supervisor (CNS) (as indicated in Minnesota Administrative Rule 4659.0180) at least twice a year<br><br>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 | 0 470 | | |

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| 0 470 | Continued From page 2<br><br>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 the residents).<br><br>The findings include:<br><br>The licensee held an assisted living license and was licensed for a capacity of 16 residents and had a current census of 11 residents.<br><br>On February 20, 2025, at 11:10 a.m., clinical nurse supervisor (CNS)-B stated we have no documentation of evaluating the staffing plan twice a year. I was not aware of this requirement. We spend lots of time evaluating the plan but do not document it.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 470 | | |
| 0 480 SS=F | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services<br><br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently | 0 480 | | |

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| 0 480 | Continued From page 3<br>enough to effectively administer, manage, and supervise each facility's food service operation;<br>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;<br>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;<br>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. | 0 480 | | |

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| 0 480 | Continued From page 4<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated February 18, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 510 SS=F | 144G.41 Subd. 3 Infection control program<br><br>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.<br>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and | 0 510 | | |

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| 0 510 | Continued From page 5<br><br>Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.<br>(c) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control and current recommendations for hand hygiene. This had the potential to affect all the licensee's residents, staff, and visitors.<br><br>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).<br><br>The findings include:<br><br>On February 19, 2025, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-D obtain R2's blood pressure and blood glucose readings . ULP-D used a vitals machine to obtain R2's blood pressure, then applied gloves and obtained R2's blood glucose reading, changed gloves, wiped down the vitals machine, and doffed gloves. ULP-D did not perform hand hygiene at any time during this process. ULP-D then prepared and administered oral medications for R2 and again failed to perform hand hygiene throughout the | 0 510 | | |

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| 0 510 | Continued From page 6<br>process.<br><br>On February 19, 2025, at 8:37 a.m., the surveyor observed ULP-D perform medication administration for R3. ULP-D donned gloves without first performing hand hygiene and placed medications into a medication cup. ULP-D then doffed gloves and without performing hand hygiene gave the medications to R3.<br><br>On February 19, 2025, at 8:45 a.m., ULP-D stated she was trained to sanitize hands every time before each resdient and before and after gloving. It has been hectic here this morning and I forgot.<br><br>On February 19, 2025, at 11:10 a.m., the surveyor observed ULP-D administer insulin to R4. ULP-D sanitized hands, checked R4's blood glucose via an electronic meter, added a needle to the insulin without first cleaning the hub of the pen, dialed up 8 ordered units without first priming two units, cleansed R4's abdomen and gave the insulin pen to R4 to self-administer. ULP-D doffed gloves and sanitized hands.<br><br>On February 19, 2025, at 11:15 a.m., ULP-D stated she was trained to scrub the hub of the insulin pen before adding the needle and to prime two units of insulin first, but it was a long time ago and has not been doing it.<br><br>On February 19, 2025, at 8:47 a.m., registered nurse (RN)-E stated staff should perform hand hygiene before and after every room and before and after gloving, they were trained to do this.<br><br>On February 19, 2025, at 9:12 a.m., clinical nurse supervisor (CNS)-B stated staff are trained to wash in and out and before and after gloving. | 0 510 | | |

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| 0 510 | Continued From page 7<br><br>On February 19, 2025, at 12:00 p.m., CNS-B stated staff are trained to scrub the hub and prime the pen when it comes to insulin administration, the expectation is for them to do this and I need to do more spot checks for infection control issues.<br><br>The Center of Disease Control (CDC) Core Infection Prevention and Control Practices regarding hand hygiene dated November 29, 2022, recommends healthcare personnel should use an alcohol-based rub or wash with soap and water for the following clinical indications: immediately before touching a patient, before performing aseptic task or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated services, and immediately after glove removal.<br><br>The licensee's Handwashing policy dated August, 2024, indicated hand washing must be performed (even if gloves are used):<br>before and after contact with a patient or resident<br>before performing aseptic task<br>after contact with blood, body fluids, visibly contaminated surfaces or after contact with objects in patient or resdients rooms<br>after removing personal protective equipment (e.g., gloves, gowns, facemask)<br>after using the restroom<br>before meals<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 510 | | |

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| 01290 SS=F | 144G.60 Subdivision 1 Background studies required<br><br>(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.<br>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure a background study was affiliated to the current health facility identification (HFID) number for three of three employees on the facility provided employee roster unlicensed personnel (ULP) D, ULP-G, and ULP-H).<br><br>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 the residents).<br><br>The findings include: | 01290 | | |

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| 01290 | Continued From page 9<br><br>On February 18, 2025, at 3:00 p.m., the surveyor reviewed the facility's NETStudy 2.0 roster (background study) and compared it to the facility's staff roster and discovered three employees were not affiliated with the licensee's HFID #30241.<br><br>On February 19, 2025, at 10:00 a.m., human resources (HR)-C stated that even though the new licensure had already started some employees were run under the old HFID and went through. The drop down list showed two different HFID numbers and I just chose one. We now have a better process in place to ensure all staff have background checks run under the correct HFID and will work with the director of nursing as a second check to know if staff are working at the assisted living, the long term care center, or both and will affiliate accordingly.<br><br>The licensee's Preconditions of Employment procedure indicated patient facing positions may not start work until negative drug screen is obtained, MN Background Study through MN Department of Human Services is cleared, Tuberculosis clearance per CDC recommendation, meets requirements of Physical Therapy screening, and verification of identity and authorization to work in the United States as required by Federal law.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days | 01290 | | |
| 01750 SS=D | 144G.71 Subd. 7 Delegation of medication administration | 01750 | | |

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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 |
|---|---|---|---|---|
| 01750 | Continued From page 10<br><br>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:<br>(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;<br>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and<br>(3) communicated with the unlicensed personnel about the individual needs of the resident.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure the administration of client medications by unlicensed personnel (ULP) followed acceptable standards for one of one employee (ULP-D) observed during medication pass.<br><br>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>ULP-D had a hire date of September 28, 2022, and provided services, including medication administration, to the licensee's residents.<br><br>On February 19, 2025, at 11:10 a.m., the | 01750 | | |

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|---|---|---|---|
| | 30241 | A. BUILDING: _____ B. WING _____ | 02/20/2025 |

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|---|---|---|---|---|
| 01750 | Continued From page 11<br><br>surveyor observed ULP-D administer insulin to R4. ULP-D sanitized hands, checked R4's blood glucose level, added a needle to the insulin pen and dialed up 8 units per provider order. ULP-D failed to prime the insulin pen with two units.<br><br>A skills competency document dated January 3, 2024, indicated ULP-D passed a competency regarding administering insulin which included instruction to prime the pen.<br><br>On February 19, 2025, at 11:15 a.m., ULP-D stated she was trained to prime the insulin pen but it was a long time ago and has not been doing it.<br><br>On February 19, 2025, at 12:00 p.m., clinical nurse supervisor (CNS)-B stated staff have been trained and are expected to prime insulin pens.<br><br>The licensee's Administration of Medication by Unlicensed Personnel policy dated March, 2024, indicated unlicensed personnel that will provide assistance with medication administration will be trained and competency tested by the RN.<br><br>No further information was provided.<br><br>Time period for correction: Seven (7) days | 01750 | | |
| 01880 SS=F | 144G.71 Subd. 19 Storage of medications<br><br>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.<br><br>This MN Requirement is not met as evidenced | 01880 | | |

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|---|---|---|---|---|
| 01880 | Continued From page 12<br>by:<br>Based on observation and interview, the licensee failed to ensure all medications were securely locked in substantially constructed compartments and permit only authorized personnel had access.<br><br>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 the residents).<br><br>The findings include:<br><br>On February 19, 2025, at 8:32 a.m., the surveyor observed the medication refrigerator and noted the lack of a lock. The contents of the medication refrigerator included:<br>-10 unopened pens of insulin<br>-4 bottles of eye drops<br><br>On February 19, 2025, at 8:47 a.m., registered nurse (RN)-E stated she had no idea why the medication refrigerator did not have a lock on it, but it should.<br><br>The licensee's Storage of Medications policy dated March, 2022, indicated in the tenant's individualized medication management plan, the RN may identify the need for secured storage of the medications within the tenant's private living space or in a central storage area because of the tenant's cognitive status, concerns about medication diversion or other concerns. When secured storage of the medications is necessary, the RN will identify where the medications will be | 01880 | | |

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| 01880 | Continued From page 13<br>stored, how they may be secured or locked under proper temperature controls and who has access to the medications.<br><br>No further information was provided.<br><br>TIME PERIOD TO CORRECT: Seven (7) days. | 01880 | | |
| 01940 SS=F | 144G.72 Subd. 3 Individualized treatment or therapy managemen<br><br>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:<br>(1) a statement of the type of services that will be provided;<br>(2) documentation of specific resident instructions relating to the treatments or therapy administration;<br>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;<br>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and<br>(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 | 01940 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 01940 | Continued From page 14<br>be current and updated when there are any changes.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to develop a treatment or therapy management plan to include the required content for one of one resident (R2).<br><br>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 the residents).<br><br>The findings include:<br><br>R2 was admitted to the facility on September 18, 2024.<br><br>R2's Service Plan dated January 16, 2025, indicated R1 received assistance with medication management and administration.<br><br>On February 19, 2025, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-D check R2's blood sugar.<br><br>R2's Individualized Treatment and Therapy Management Plan dated January 16, 2025, indicated R2 received the treatment of COVID monitoring.<br><br>R2's Medication Administration Record for February 2025, indicated blood sugar checks | 01940 | | |

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| 01940 | Continued From page 15<br>were completed daily.<br><br>R2's record lacked evidence of an individualized treatment or therapy management plan which included the following for blood sugar monitoring:<br>- a statement of the type of services that would be provided<br>- documentation of specific resident instructions relating to the treatments or therapy administered<br>- identification of treatment or therapy tasks that would be delegated to unlicensed personnel<br>- procedures for notifying an RN or appropriate licensed health professional when a problem arises with treatments or therapy services; and<br>- any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment or therapy was administered as prescribed; and monitoring of treatment or therapy to prevent possible complications or adverse reactions.<br><br>On February 19, 2025, at 2:20 p.m., registered nurse (RN)-E stated she thought the blood sugar monitoring should have been on the treatment plan but didn't know for sure, but would be sure to add it. At 3:10 p.m., RN-E further stated they do not have blood sugar parameters on the medication administration record for R2. They have for other residents but never added it for R2. Staff have called if R2's blood sugar is below 70, but there is nothing in writing.<br><br>The licensee's Documentation of Medication, Treatment and Therapy Management Services policy dated August 2022, indicated the RN will document the services the resident will receive on the resident's individualized medication management plan and individualized treatment and therapy plan and resident's medication/treatment record or MAR/TAR. | 01940 | | |

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|---|---|---|---|---|
| 01940 | Continued From page 16<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01940 | | |

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

Type: Full
Date: *02/18/25*
Time: 14:03:51
Report: 7935251016

# Food and Beverage Establishment Inspection Report



**Location:**
Johnson Memorial Assisted Livi
1288 Locust Street
Dawson, MN56232
Lac Qui Parle County, 37

**Establishment Info:**
ID #: 0037558
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 3207694323
ID #:

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

The following orders were issued during this inspection.

**3-300B Protection from Contamination: cross-contamination, eggs**

***3-302.11A(1)*** ***** Priority 1 *****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

DO NOT STORE RAW EGGS OVER READY-TO-EAT FOODS. EGGS MOVED TO BOTTOM OF COOLER DURING INSPECTION.

*Corrected on Site*

**4-500 Equipment Maintenance and Operation**

***4-501.11AB***

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

REPLACE GASKET ON CHEST FREEZER. GASKET IS DAMAGED AND CAUSING SOME ICE BUILD-UP ON SIDES OF FREEZER.

*Comply By: 03/31/25*

**Surface and Equipment Sanitizers**

Hot Water: = at 173 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Fridge
Violation Issued: No

Type: Full
Date: *02/18/25*
Time: 14:03:51
Report: 7935251016
Johnson Memorial Assisted Livi

# Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: Fridge
Violation Issued: No

| Total Orders In This Report | Priority 1 | Priority 2 | Priority 3 |
|---|---|---|---|
| | 1 | 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 MN Department of Health inspection report number 7935251016 of 02/18/25.

Certified Food Protection Manager: Tane Fisk

Certification Number: 113761 Expires: 10/10/25

Signed: _____
Establishment Representative

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