Electronically Delivered

December 21, 2022

Licensee
Pathstone Crossing
718 Mound Avenue
Mankato, MN 56001

RE: Project Number(s) SL30425015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on November 30, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

**LICENSING ORDERS**
The enclosed State Form documents the state licensing orders. The Department of Health 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 and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this evaluation of your facility**.

**DOCUMENTATION OF ACTION TO COMPLY**
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 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 Department of Health within 15 calendar days of the correction order receipt date.

A state licensing 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 general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general 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

Free from Maltreatment reconsideration requests should be addressed to:
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Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

PMB

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30425 | A. BUILDING: _____ B. WING _____ | 11/30/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PATHSTONE CROSSING | 718 MOUND AVENUE MANKATO, MN 56001 |

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| 0 000 | Initial Comments<br><br>Initial comments<br>******ATTENTION******<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>SL#30425015<br><br>On November 28, 2022, through November 30, 2022, 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 79 residents; 65 of whom received services under the provider's Assisted Living 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 | 0 470 | | |

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| 0 470 | Continued From page 1<br>determining its staffing level that:<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 observation, interview, and record review, the licensee failed to ensure the required staffing plan was developed and posted as required, potentially affecting all the licensee's current residents, staff and any visitors of the licensee.<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 | 0 470 | | |

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| 0 470 | Continued From page 2<br>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).<br><br>The findings include:<br><br>The licensee lacked a daily staffing schedule developed by the clinical nurse supervisor to:<br>- include direct-care staff work schedules for each direct-care staff member showing all work shifts, including days and hours worked;<br>- identify the direct-care staff member's resident assignments or work location; and<br>- be posted after redacting direct-care staff member's resident assignments, at the beginning of each work shift in a central location in each building<br><br>On November 28, 2022, at approximately 11:04 a.m. during facility tour an observation was made of the main entry area and the licensee lacked the required posting of the staff schedule as listed above.<br><br>On November 28, 2022, at approximately 4:22 p.m. clinical director (CD)-B stated the posting of the staffing schedule did not include the content as required and needed to be updated.<br><br>The licensee's Staffing, Direct-Care Staffing Plan & Daily Schedule policy dated August 1, 2021, indicated the clinical nurse supervisor will develop a 24-hour daily staffing schedule to include direct-care work schedules for each direct-care staff member, indication of all work shifts, including days and hours worked, identify direct-care staff member's resident assignments | 0 470 | | |

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| 0 470 | Continued From page 3<br>or work location, and daily work schedule will be posted at the beginning of each shift.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days | 0 470 | | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br><br>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:<br><br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<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 | 0 480 | | |

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| 0 480 | Continued From page 4<br>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>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated December 1, 2022, for the specific Minnesota Food Code deficiencies.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 480 | | |
| 0 620 SS=D | 144G.42 Subd. 6 (a) Compliance with requirements for reporting ma<br><br>144G.42 Subd. 6. Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan.<br>(a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to immediately report to the Minnesota Adult Abuse Reporting Center (MAARC) suspected maltreatment for one of one resident (R6).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or | 0 620 | | |

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| 0 620 | Continued From page 5<br>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).<br><br>The findings include:<br><br>R6's diagnoses included bipolar affective disorder, manic (also known as manic depression, is a medical diagnosis characterized by wide mood alterations, with periods of both depression and mania).<br><br>R6's Service Plan dated November 30, 2022, indicated the resident was dependent on others for financial management needs causing risk for financial exploitation.<br><br>R6's Record of Grievance/Compliant form dated August 2, 2022, indicated the resident stated she had $50 cash and snacks taken from her room while she was sleeping. Though the complaint was investigated and found to be unsubstantiated, there was no evidence the financial exploitation allegation had been reported to MAARC.<br><br>On November 29, 2022, at 10:21 a.m. clinical director (CD)-B confirmed the licensee had not reported the allegation of stolen money for R6 to MAARC as the resident was in a manic state at the time and the investigation was unsubstantiated.<br><br>The licensee's Vulnerable Adult Maltreatment Policy dated July 17, 2021, indicated:<br>4. Reporting Maltreatment | 0 620 | | |

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| 0 620 | Continued From page 6<br><br>b. Any staff person who witnesses or suspects maltreatment of a vulnerable adult will report the incident immediately to the RN (registered nurse) and/or LALD (licensed assisted living director).<br>i. If the incident appears to be suspected abuse, neglect, or financial exploitation, the RN or LALD or designee will immediately make a report to the CEP (common entry point).<br>a) "Immediately" means as soon as possible, but no longer than 24 hours from the time the RN or LALD received initial knowledge that the incident occurred.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 620 | | |
| 0 970 SS=C | 144.50 Subd. 5 Waivers of liability prohibited<br><br>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 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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. | 0 970 | | |

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| 0 970 | Continued From page 7<br><br>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).<br><br>The findings include:<br><br>The licensee's assisted living contract included a clause that indicated the resident would waive the licensee's liability for health, safety, or personal property of a resident.<br>-Page 11, section 31 of the contract indicated "Resident will indemnify and hold harmless the Community, its employees and agents from and against any and all claims, actions, damages, and liabilities and expenses in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident of the Apartment or any other part of the Community's property, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents."<br><br>On November 29, 2022, at 2:45 p.m. licensed assisted living director (LALD)-A verified the licensee's contract included the above content, and stated the same contract was utilized for all residents at the facility.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 970 | | |

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| 01620 | Continued From page 8 | 01620 | | |
| 01620 SS=D | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(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.<br>(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.<br>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.<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 registered nurse (RN) completed a timely comprehensive reassessment using the uniform assessment tool for one of five residents (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 | 01620 | | |

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| 01620 | Continued From page 9 | 01620 | | |

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).

The findings include:

R2 was admitted for services on February 25, 2022, and had a diagnoses of hypertension (high blood pressure).

R2's Service Plan dated October 23, 2022, indicated services included escorts, shower assistance, blood pressure monitoring, bedmaking, housekeeping, laundry, and medication administration.

On November 29, 2022, at approximately 8:10 a.m. unlicensed personnel (ULP)-D was observed to administer oral medications to R2.

R2's record included an initial nursing assessment dated February 24, 2022, and a 14-day nursing assessment dated March 14, 2022, which was 6 days overdue.

R2's record included a 90-day nursing assessment dated July 15, 2022, which was 33 days overdue.

R2's record included a 90-day nursing assessment dated October 18, 2022, which was 5 days overdue.

On November 30, 2022, at 9:30 a.m. clinical director (CD)-B verified R2's assessment dates and confirmed the 14-day and 90-day assessments were overdue, as stated above, due to a staffing shortage.

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| 01620 | Continued From page 10<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 01620 | | |
| 01640 SS=D | 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to<br><br>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.<br>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care.<br>(c) The facility must implement and provide all services required by the current service plan.<br>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.<br>(e) Staff providing services must be informed of the current written service plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to finalize a current written service plan within 14 calendar days for one of five residents (R5). | 01640 | | |

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| 01640 | Continued From page 11<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 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).<br><br>The findings include:<br><br>R5's record indicated R5's start of services date was September 6, 2022.<br><br>R5's diagnoses included dementia and atrial fibrillation.<br><br>R5's Service Plan dated September 26, 2022, indicated R5 received services for activities of daily living reminders, housekeeping, laundry and medication administration. The Service Plan was completed 20 days after the start of services and wasn't signed until October 3, 2022 (27 days after start of services).<br><br>On November 30, 2022, at 2:00 p.m. clinical director (CD)-B confirmed R5's Service Plan had not been completed within 14 days after the start of services.<br><br>The licensee's Content of Service Plans policy dated July 25, 2021, indicated a finalized service plan will be completed no later than 14 calendar days after initiation of services.<br><br>No further information was provided.<br><br>TIME PERIOD TO CORRECT: Twenty-one (21) | 01640 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30425 | A. BUILDING: _____ B. WING _____ | 11/30/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHSTONE CROSSING | 718 MOUND AVENUE MANKATO, MN 56001 |

| (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 |
|---|---|---|---|---|
| 01640 | Continued From page 12<br>days | 01640 | | |
| 01650 SS=E | 144G.70 Subd. 4 (f) Service plan, implementation and revisions to<br><br>(f) The service plan must include:<br>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;<br>(2) the identification of staff or categories of staff who will provide the services;<br>(3) the schedule and methods of monitoring assessments of the resident;<br>(4) the schedule and methods of monitoring staff providing services; and<br>(5) a contingency plan that includes:<br>(i) the action to be taken if the scheduled service cannot be provided;<br>(ii) information and a method to contact the facility;<br>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and<br>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.<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 service plan included the required content for three of five | 01650 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30425 | A. BUILDING: _____ B. WING _____ | 11/30/2022 |

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|---|---|---|---|---|
| 01650 | Continued From page 13<br>residents (R1, R2, R5).<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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).<br>The findings include:<br><br>R1<br>R1's Service Plan dated October 17, 2022, indicated services included assistance with activities of daily living, housekeeping, bedmaking, laundry, medication administration including insulin and blood sugar checks, assistance with oxygen and CPAP machine (continuous positive airway pressure machine provides consistent air pressure to maintain an open airway during sleep) management.<br><br>On November 29, 2022, at approximately 7:26 a.m. unlicensed personnel (ULP)-D was observed to administer oral medications to R1.<br><br>R2<br>R2's Service Plan dated October 23, 2022, indicated services included escorts, shower assistance, blood pressure monitoring, bedmaking, housekeeping, laundry, and medication administration.<br><br>On November 29, 2022, at approximately 8:10 a.m. ULP-D was observed to administer oral medications to R2. | 01650 | | |

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|---|---|---|---|
| | 30425 | A. BUILDING: _____ B. WING _____ | 11/30/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PATHSTONE CROSSING | 718 MOUND AVENUE MANKATO, MN 56001 |

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|---|---|---|---|---|
| 01650 | Continued From page 14<br><br>R5<br>R5's Service Plan dated September 26, 2022, indicated R5 received services for activities of daily living reminders, housekeeping, laundry and medication administration.<br><br>R1, R2 and R5's service plan lacked the methods of monitoring assessments of the resident. The service plans indicated residents receiving assisted living services will be reviewed or assessed by a licensed nurse at admission, 14-days after initiation of services, where applicable, every 90 days, and with any change in condition. The service plans did not specify a registered nurse was required to complete the assessments and also did not indicate how the assessments would be conducted (example: face-to-face).<br><br>On November 29, 2022, at approximately 11:57 a.m. clinical director (CD)-B verified the service plan lacked the required methods of monitoring assessment of the resident as listed above.<br><br>The licensee's Contents of Service Plans policy dated August 1, 2021, indicated the service plan would include the methods of monitoring assessments of the resident.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days. | 01650 | | |
| 02140 SS=F | 144G.83 Subd. 3 Supervising staff training<br><br>Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including: | 02140 | | |

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| | 30425 | A. BUILDING: _____ B. WING _____ | 11/30/2022 |

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|---|---|---|---|---|
| 02140 | Continued From page 15<br>(1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and(2) completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to designate a qualified person to oversee staff training in the care of individuals with dementia. This had the potential to affect all 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 of the residents).<br><br>The findings include:<br><br>During the entrance conference on November 28, 2022, at approximately 10:26 a.m. licensed assisted living director (LALD)-A stated being unsure who was certified to oversee training staff in the care of individuals with dementia, but they would check into it.<br><br>On November 30, 2022, at 10:50 a.m. clinical director (CD)-B stated he took the dementia training and knowledge test on the Relias training site for dementia training certification, and was informed this would qualify for supervision of staff for dementia care training. Upon further review, | 02140 | | |

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|---|---|---|---|
| | 30425 | A. BUILDING: _____ B. WING _____ | 11/30/2022 |

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|---|---|---|---|---|
| 02140 | Continued From page 16<br>the Relias training was not an approved training site by the commissioner.<br><br>The licensee's Assisted Living With Dementia Care Dementia Training policy dated July 17, 2021, indicated:<br>4. Supervisor Requirements<br>a. Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia including:<br>i. Two years of work experience related to Alzheimer's disease or other dementias or in health care, gerontology, or another related field.<br>ii. Completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner.<br><br>No further information was provided.<br><br>TIME PERIOD TO CORRECT: Twenty-one (21) days | 02140 | | |
| 03000 SS=D | 626.557 Subd. 3 Timing of report<br><br>(a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:<br>(1) the individual was admitted to the facility from another facility and the reporter has reason to | 03000 | | |

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| | 30425 | A. BUILDING: _____ B. WING _____ | 11/30/2022 |

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| PATHSTONE CROSSING | 718 MOUND AVENUE MANKATO, MN 56001 |

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|---|---|---|---|---|
| 03000 | Continued From page 17<br>believe the vulnerable adult was maltreated in the previous facility; or<br>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4).<br>(b) A person not required to report under the provisions of this section may voluntarily report as described above.<br>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.<br>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.<br>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to immediately report to the Minnesota Adult Abuse Reporting Center | 03000 | | |

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|---|---|---|---|---|
| 03000 | Continued From page 18<br>(MAARC) suspected maltreatment for one of one resident (R6).<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 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).<br><br>The findings include:<br><br>R6's diagnoses included bipolar affective disorder, manic (also known as manic depression, is a medical diagnosis characterized by wide mood alterations, with periods of both depression and mania).<br><br>R6's Service Plan dated November 30, 2022, indicated the resident was dependent on others for financial management needs causing risk for financial exploitation.<br><br>R6's Record of Grievance/Compliant form dated August 2, 2022, indicated the resident stated she had $50 cash and snacks taken from her room while she was sleeping. Though the complaint was investigated and found to be unsubstantiated, there was no evidence the financial exploitation allegation had been reported to MAARC.<br><br>On November 29, 2022, at 10:21 a.m. clinical director (CD)-B confirmed the licensee had not reported the allegation of stolen money for R6 to MAARC as the resident was in a manic state at the time and the investigation was | 03000 | | |

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| | 30425 | A. BUILDING: _____ B. WING _____ | 11/30/2022 |

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|---|---|---|---|---|
| 03000 | Continued From page 19<br>unsubstantiated.<br><br>The licensee's Vulnerable Adult Maltreatment Policy dated July 17, 2021, indicated:<br>4. Reporting Maltreatment<br>b. Any staff person who witnesses or suspects maltreatment of a vulnerable adult will report the incident immediately to the RN (registered nurse) and/or LALD (licensed assisted living director).<br>i. If the incident appears to be suspected abuse, neglect, or financial exploitation, the RN or LALD or designee will immediately make a report to the CEP (common entry point).<br>a) "Immediately" means as soon as possible, but no longer than 24 hours from the time the RN or LALD received initial knowledge that the incident occurred.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 03000 | | |

Minnesota Dept. of Health

Mankato

Type: Full
Date: *12/01/22*
Time: 11:55:02
Report: 1028221185

# Food and Beverage Establishment Inspection Report



**Location:**
Pathstone Crossing
708 Mound Avenue
Mankato, MN56001
Blue Earth County, 07

**Establishment Info:**
ID #: 0009475
Risk: Medium
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**
Ecumen

Phone #: 5073854348
ID #: 07148

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.

**4-300 Equipment Numbers and Capacities**

4-302.12A ** Priority 2 **

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

The food thermometer in the "Assisted Living Kitchen 4000" was not functioning. Provide a working and readily accessible food thermometer at all times.

*Comply By: 12/01/22*

**4-300 Equipment Numbers and Capacities**

4-302.12B ** Priority 2 **

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

Provide a food thermometer for the memory care kitchen.

*Comply By: 12/02/22*

**5-200C Plumbing: Maintenance, fixture location**

5-205.11AB ** Priority 2 **

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

Discontinue using the handwashing sink in the memory care kitchenette for storing utensils and containers of sanitizing solution. The handwashing sink must only be used for handwashing.

*Comply By: 12/01/22*

**4-200 Equipment Design and Construction**

4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

The refrigerator in the memory care kitchenette is not ANSI-certified. Discontinue storing potentially hazardous temperature-controlled food in that refrigerator.

*Comply By: 12/01/22*

**4-200 Equipment Design and Construction**

4-201.11BMN

MN Rule 4626.0506B Provide an exhaust ventilation hood that meets the requirements in the Minnesota Mechanical Code, Minnesota Rules, chapter 1346.

The ventilation hood in both Assisted Living kitchens does not extend 6 inches past the cooking equipment. When the kitchen is remodeled, the ventilation hood above the cooking equipment must extend 6 inches past the equipment.

*Comply By: 12/01/22*

**6-500 Physical Facility Maintenance/Operation and Pest Control**

6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

The drywall behind the three-compartment sink in the "Assisted Living Kitchen 5000" is damaged and must be replaced. Replace with material that is water impermeable, such as stainless steel, FRP, or stone tile.

*Comply By: 12/01/22*

**Surface and Equipment Sanitizers**

Quaternary Ammonia: = 200ppm at Degrees Fahrenheit
Location: Wiping Cloth Bucket
Violation Issued: No

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

Hot Water: = at 182 Degrees Fahrenheit
Location: Dish Machine - Rinse
Violation Issued: No

Hot Water: = at 181 Degrees Fahrenheit
Location: Dish Machine - Rinse
Violation Issued: No

**Food and Equipment Temperatures**

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

# Food and Beverage Establishment Inspection Report



Process/Item: Upright Freezer
Temperature: -8 Degrees Fahrenheit - Location: Ambient
Violation Issued: No

Process/Item: Hot Holding
Temperature: 155 Degrees Fahrenheit - Location: Lasagna
Violation Issued: No

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

Process/Item: Hot Holding
Temperature: 140 Degrees Fahrenheit - Location: Brocolli
Violation Issued: No

Process/Item: Upright Freezer
Temperature: 0 Degrees Fahrenheit - Location: Ambient
Violation Issued: No

Process/Item: Hot Holding
Temperature: 140 Degrees Fahrenheit - Location: Lasagna
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: Cut Melon
Violation Issued: No

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

This Inspection was conducted in conjunction with HRD.

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

I acknowledge receipt of the Minnesota Dept. of Health inspection report number 1028221185 of 12/01/22.

Certified Food Protection Manager: Angela Melchoir

Certification Number: FM100665 Expires: 07/26/25

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

Signed: _____
Matthew Melius
Kitchen Manager

Signed: _____
Ryan Miller
Environmental Health Spec. II
Mankato
Ryan.Miller@state.mn.us