

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Anoka Rehabilitation and Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 4th Avenue Anoka, MN 55303	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47083</p> <p>Based on observation, interview and document review, the facility failed to ensure 1 of 2 unit ice and water dispensers for resident use were maintained in a clean and sanitary manner on the Cornerstone unit kitchenette. In addition, the facility failed to ensure 1 of 2 unit refrigerators were maintained in a clean and sanitary manner. This had the potential to effect 60 residents served by the Cornerstone unit kitchenette.</p> <p>Findings include:</p> <p>On 10/2/24 at 12:43 p.m., family member (FM)-A stated in August of 2024, the family council had shared concerns with management regarding the condition of the Cornerstone unit ice and water dispenser. There was excessive build up of hard water residue on the dispenser, leaving the family members concerned that the residents were ingesting bacteria.</p> <p>On 10/2/24 at 4:10 p.m., FM-B stated she had concerns about debris in the ice and water dispenser on the Cornerstone unit that served her family member. She had approached management about this concern in August 2024.</p> <p>On 10/2/24 at 4:37 p.m., the Cornerstone unit ice and water dispenser was observed with dietary aide (DA)-A. The drip tray was covered in a whitish gray colored matter. There was whitish-gray colored residue covering the stainless steel of the machine, the chute where the ice was dispensed, and the chute where the water was dispensed. In addition, there was whitish-gray residue on the left side of the refrigerator which was positioned to the left of the ice and water dispenser. At 4:47 p.m., the Cornerstone unit ice and water dispenser unit was observed with the director of maintenance (DM)-A. DM-A stated, We have tried everything to get the hard water off. DM-A stated the ice and water dispenser is cleaned for hard water build up weekly by the maintenance department and daily by housekeeping.</p> <p>On 10/2/24 at 4:44 p.m., nursing assistant (NA)-A was observed preparing several cups of ice water from the ice water dispenser on the Cornerstone unit kitchenette. She placed them on a cart. NA-A stated she was transporting the cups to the unit for the supper meal. NA-A stated the dietary staff was responsible to clean the ice and water dispenser.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/3/24 at 10:10 a.m., DA-B stated R1 recently complained about the taste of the water. They have tried to clean the ice and water dispenser, but have not found anything to successfully remove the residue buildup. The Cornerstone freezer was also observed with DA-B. An unidentified light brown colored substance was observed in the grooves of the length of the rubber door seal. There was also an unidentified white substance observed at the front of the base of the freezer. DA-B stated the refrigerator/freezer was cleaned daily by the dietary department.</p> <p>On 10/3/24 at 10:27 a.m., the freezer rubber seal was observed with the assistant culinary director (ACD)-A. She stated the DA's were supposed to clean these items daily.</p> <p>On 10/3/24 at 11:22 a.m., R1 was asked if he drinks the water from the ice and water dispenser on the Cornerstone unit. R1 responded, he does drink the water, but, It's terrible! It tastes so bad!</p> <p>10/3/24 at 1:45 p.m., registered nurse (RN)-A stated a resident complained about the taste of the water from the Cornerstone unit about one month ago. RN-A stated, Sometimes it (the dispenser) is not clean and stated sometimes she tried to wipe it down. RN-A stated the kitchen staff were responsible to clean it.</p> <p>A facility policy regarding cleaning the kitchenette equipment was requested, but was not provided.</p>		