Electronically Delivered

February 7, 2024

Licensee
Hillcrest Adams
2229 3rd Avenue East
Hibbing, MN 55746

RE: Project Number(s) SL20529016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 22, 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

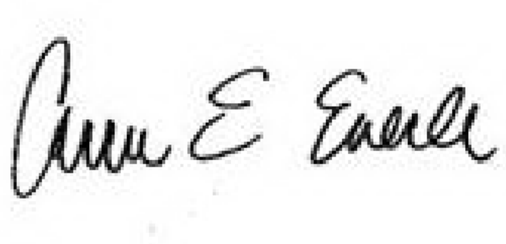
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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,



Carrie Euerle, Supervisor
State Evaluation Team
Email: carrie.euerle@state.mn.us
Telephone: 651-242-8846 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20529	A. BUILDING: _____ B. WING _____	01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST ADAMS	2229 3RD AVENUE EAST HIBBING, MN 55746

(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	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDERS In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL#20529016-0 On January 22, 2024, the Minnesota Department of Health conducted a CHOW (change of ownership) survey at the above provider, and the following correction orders are issued. At the time of the survey and investigation, there were 19 residents receiving services under the provider's Assisted Living Facility license.	0 000	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 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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following	0 680		

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0 680	Continued From page 1 requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop an emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents, staff and visitors of the facility. 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	0 680		

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0 680	Continued From page 2 of the residents). The findings include: The licensee's EPP dated February 7, 2023, lacked a Hazard Vulnerability Assessment (HVA). The EPP binder included generic instructions for staff to follow in case of a fire, severe weather, power outage, and missing resident. The licensee's EPP did not include the following: - hazard vulnerability assessment to include an all-hazards approach with probable risks/hazards by likelihood of occurrence; - a description of the facilities approach to meeting the health/safety/security needs of the staff and residents; - process for EP cooperation with state and local EP officials/organizations; - a description of the population served by the licensee; - development of policies/procedures to address: - procedure for tracking staff and residents; - subsistence needs for staff and residents during an emergency to include (food, water, medical supplies, pharmacy supplies, sewer and waste disposal, emergency lighting, fire detection, extinguishing and alarm systems; - evacuation plan which included staff responsibilities during an evacuation and transporting services for residents being evacuated; - shelter in place; - a medical record documentation system to preserve resident information, security, and availability; - emergency staffing strategies to include volunteers; and - the facilities role in providing care and treatment at alternative sites under a 1135 waiver; - a communication plan that included:	0 680		

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0 680	Continued From page 3 - names and contact information for staff, entities providing services under arrangement, resident physicians, other facilities, volunteers; - contact information for federal, state, tribal, local EP staff, ombudsman, state licensing and certification agencies; - a means to provide information regarding the facility's needs, and its ability to provide assistance to include information about their occupancy; - a method of sharing information from the EPP with residents and their families; and - EP testing/annual testing requirements. On January 22, 2024, at 1:20 p.m., executive director (ED)-B confirmed the plan did not include all the required content. ED-B stated the facility had conducted a table top drill but did not have documentation of the drill. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
01050 SS=D	144G.52 Subd. 8 Content of notice of termination The notice required under subdivision 7 must contain, at a minimum: (1) the effective date of the termination of the assisted living contract; (2) a detailed explanation of the basis for the termination, including the clinical or other supporting rationale; (3) a detailed explanation of the conditions under which a new or amended contract may be executed; (4) a statement that the resident has the right to appeal the termination by requesting a hearing,	01050		

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01050	Continued From page 4 and information concerning the time frame within which the request must be submitted and the contact information for the agency to which the request must be submitted; (5) a statement that the facility must participate in a coordinated move to another provider or caregiver, as required under section 144G.55; (6) the name and contact information of the person employed by the facility with whom the resident may discuss the notice of termination; (7) information on how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities to request an advocate to assist regarding the termination; (8) information on how to contact the Senior LinkAge Line under section 256.975, subdivision 7, and an explanation that the Senior LinkAge Line may provide information about other available housing or service options; and (9) if the termination is only for services, a statement that the resident may remain in the facility and may secure any necessary services from another provider of the resident's choosing. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to provide a termination notice which contained all required information for one of one resident (R1) with records reviewed. 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	01050		

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01050	Continued From page 5 situation has occurred only occasionally). The findings include: R4 admitted to the facility on September 10, 2020, and discharged on October 2, 2023. The discharge reason was listed as "service termination/lease termination/eviction." R4's diagnoses included cerebral palsy, cataracts, leg tremors, and difficulty ambulating. R4's record contained a care conference meeting summary dated September 27, 2022. In attendance were clinical nurse supervisor (CNS)-C, R4's guardian, a behavioral support specialist, and R4's social worker. The summary indicated, "The meeting was started by discussing expectations of all residents in the facility. The contract that is signed by [R4's guardian and R4] was brought out to show where the infractions of [R4's] behavior could result in immediate termination of services..." The summary further indicated, "It was also stated that this is [R4's] last chance to remain living at Hillcrest Adams Assisted Living facility. If he engages in physical or verbal aggression towards others, causes fear in the staff, residents, or visitors of the building, or continues to smoke or vape in his room, he will effectively terminate his contract with Hillcrest..." A progress note entered by CNS-C on December 14, 2022, at 1:44 p.m., indicated R4's guardian was called "to request that she come to the facility to sign some paperwork. [guardian] asked what the paperwork was about and she was told that there is a release of information form and a written notice for termination of services/housing. She said she would try get to the facility but was	01050		

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01050	Continued From page 6 unsure if she could make it due to the snow stork. She acknowledged the 30 day termination and asked if Hillcrest could schedule a relocation planning conference. She requested it for 9am on Wednesday, 1/11/2023." A progress note entered by CNS-C indicated "resident and care team met on Wednesday 12/28/22 at 9am for planning out the discharge process for [R4]...A letter will be written to [R4's] new providers to tell them about all of the things that make [R4] a great resident- his likes and dislikes, interaction interventions, and positive supports that are known to work for helping [R4] succeed..." R4's record contained an undated, unsigned, Resident Termination Notice that indicated a 30 day notice for violation of the contract was being issued. The effective date was not filled in. The notice was signed by CNS-C on December 28, 2022, but there was no evidence R4 or his guardian had signed the notice. R4's record contained a Resident Relocation Plan dated December 28, 2022, The plan was signed by CNS-C on December 29, 2022, but lacked evidence the guardian had signed the notice. A progress note entered by CNS-C on March 6, 2023, indicated the resident's case manager "has requested that a meeting be scheduled and that [R4's] entire care team to be involved to assist [guardian and R4] in finding suitable placement for R4. A progress note entered by CNS-C on August 14, 2023, indicated she met with the resident's case manager for his routine CADI (community access for disability waiver, a program that provides	01050		

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01050	Continued From page 7 home and community based services for adults with disabilities) waiver meeting with R4's guardian present. CNS-C wrote, "Additionally, nursing brought up that resident is well past his 30 day eviction notice and there has been no communication on moving forward with alternative placement for [R4]. [R4's guardian] continued to state that she does not want [R4] to move out of Hibbing because she couldn't just drop everything and run to him if he had behaviors unless he was here in town." R4's case manager indicated "there has not been openings in Hibbing and that is why there has been no forward progress. Hillcrest administration stepped in to explain that [R4] has been given many chances in the past to rectify his cycling behavior but he continued to make poor choices and that the eviction notice still stands. [R4] and his care team have been given until October 1st to fine [R4] alternative placement...Throughout the meeting, [R4's case manager and guardian] were unhappy with the idea of having a new deadline to find [R4] alternative placement though his 30 day notice was served nearly 8 months prior to this meeting with little forward progress after May. They accused Hillcrest of wanting to "get rid of [R4]" so they didn't have to worry about it anymore." A progress note entered by CNS-C on September 28, 2023, indicated R4's guardian notified her she had accepted placement at a facility out of town. CNS-C called the facility to confirm placement and the new facility "wanted to set a move in date for [R4] which we mutually agreed on Monday so that [R4] would not have to do the admitting process over the weekend. [R4's] guardian was informed of the move in date being Monday, October 2, 2023, at [new facility]. [R4's guardian] asked for an extension until the 6th but this was	01050		

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01050	Continued From page 8 denied..." R4's record did not include evidence the licensee issued a written notice of termination that contained: (1) the effective date of the termination of the assisted living contract; (2) a detailed explanation of the basis for the termination, including the clinical or other supporting rationale; (3) a detailed explanation of the conditions under which a new or amended contract may be executed; (4) a statement that the resident has the right to appeal the termination by requesting a hearing, and information concerning the time frame within which the request must be submitted and the contact information for the agency to which the request must be submitted; (5) a statement that the facility must participate in a coordinated move to another provider or caregiver, as required under section 144G.55; (6) the name and contact information of the person employed by the facility with whom the resident may discuss the notice of termination; (7) information on how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities to request an advocate to assist regarding the termination; (8) information on how to contact the Senior LinkAge Line under section 256.975, subdivision 7, and an explanation that the Senior LinkAge Line may provide information about other available housing or service options; and (9) if the termination is only for services, a statement that the resident may remain in the facility and may secure any necessary services from another provider of the resident's choosing.	01050		

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01050	Continued From page 9 On January 22, 2024, at 2:05 p.m., CNS-C stated the resident had a long history of physical and verbal aggression and "eventually he had another outburst and at that point we notified family that as per the previous meeting, if he had these outbursts again we'd have to look at terminating the contract, and at that point we had to protect our other residents and staff members so we started that process. Family was very uncooperative as far as we'd find a place that would accept his paperwork and then family would go and see and say no not that place, that's not a good fit, and family was very strict and specific on what they wanted for him. We tried to work with him, his social worker was hard to get ahold of, she was supposed to be helping. It took us a while, it was tough." On January 22, 2024, at 2:45 p.m., executive director (ED)-B stated R4 would damage property with his electric scooter and was "very verbally aggressive to residents and staff" so the facility had issued a termination notice in December of 2022. ED-B stated they felt they had followed the appropriate termination process. On January 23, 2024, at 9:05 a.m., R4's case manager stated she "didn't feel like they had followed the procedure they were supposed to follow and he [R4] moved against his will." R4's case manager stated when a facility willing to accept R4 was found, "they said he needs to go there, they [the new facility] accepted him and he didn't want to go there, he wanted to stay in Hibbing, but they [Hillcrest Adams] said this is the deal, this is the day they're taking him, you need to go." R4's case manager stated she had reached out to the Ombudsman because she felt the facility hadn't and was concerned the appropriate steps were not being followed.	01050		

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01050	Continued From page 10 On January 23, 2024, at 12:15 p.m., R4's guardian stated the facility had told her in December 2022 they would be terminating the resident's contract and evicting him and at a meeting the facility told him "he'd have three chances to improve his behavior." R4's guardian stated the resident continued to have outbursts and "on the third one they said that was it, you need to go. Some of the residents and staff were scared of him but a lot of times I felt it was staff who got him riled up. I was stressed out I was desperately trying to find somewhere for him. His social worker told me there was nothing else they could do and there was not anything available unless he went to Duluth and he couldn't go that far away from family." R4's guardian stated they were able to find another facility close to, but not in, Hibbing and the resident moved there and has not had any behavioral concerns since moving in there. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01050		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation;	01060		

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01060	Continued From page 11 (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20529	A. BUILDING: _____ B. WING _____	01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST ADAMS	2229 3RD AVENUE EAST HIBBING, MN 55746

(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
01060	Continued From page 12 one or one resident (R3). 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). The findings include: R3 admitted to the facility on April 19, 2023, and discharged on January 8, 2024. R3's progress notes indicated the resident was taken into custody and booked at the jail due to a parole violation on October 16, 2023. The progress note indicated the resident would be in custody "at least through October 25." The resident was put on hold at the facility, but not discharged. Progress notes indicated the resident was released from jail on December 26, 2023, and discharged to a residential treatment program. The assisted living discharged the resident on January 8, 2024, as the resident was still in a residential treatment program. R1's record lacked a written notice that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20529	A. BUILDING: _____ B. WING _____	01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST ADAMS	2229 3RD AVENUE EAST HIBBING, MN 55746

(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
01060	Continued From page 13 expected to return to the facility, or a statement that a return date is not currently known; - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. In addition, R3's record lacked notification to the Office of Ombudsman for Long-Term Care with in four days that R3 had been relocated and had not returned to the facility. On January 22, 2024, documentation of a written notice and notification of the Office of Ombudsman for Long-Term Care was requested, but not provided. On January 22, 2024, at 2:20 p.m., clinical nurse supervisor (CNS)-C confirmed an emergency relocation notice was not completed. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days.	01060		

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

Type: Full
Date: *01/22/24*
Time: 10:30:00
Report: 7983241026

Food and Beverage Establishment Inspection Report

Location:
Hillcrest Adams
2229 3rd Avenue East
Hibbing, MN55746
St. Louis County, 69

Establishment Info:
ID #: 0038210
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2182634157
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Chlorine: > 50 at 120 Degrees Fahrenheit
Location: Final rinse of the warewashing machine.
Violation Issued: No

Chlorine: = 200 at N/A Degrees Fahrenheit
Location: Wiping cloth bucket.
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Refrigerator
Temperature: 40 Degrees Fahrenheit - Location: Sliced cheese in the south Arctic Air double-door upright refrigerator.
Violation Issued: No

Process/Item: Upright Refrigerator
Temperature: 41 Degrees Fahrenheit - Location: Macaroni & cheese in the north Arctic Air double-door upright refrigerator.
Violation Issued: No

Process/Item: Upright Freezer
Temperature: N/A Degrees Fahrenheit - Location: Food in the south Beverage Air double-door upright freezer was frozen solid.
Violation Issued: No

Process/Item: Upright Freezer
Temperature: N/A Degrees Fahrenheit - Location: Food in the north Beverage Air double-door upright freezer was frozen solid.
Violation Issued: No

Type: Full
Date: *01/22/24*
Time: 10:30:00
Report: 7983241026
Hillcrest Adams

Food and Beverage Establishment Inspection Report

Process/Item: Upright Freezer
Temperature: N/A Degrees Fahrenheit - Location: Food in the Mildea single-door upright freezer in the storeroom was frozen solid.
Violation Issued: No

Process/Item: Cooling
Temperature: 52 Degrees Fahrenheit - Location: Sausage cooling in the north Arctic Air double-door upright refrigerator for approximately three hours fifteen minutes.
Violation Issued: No

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

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GENERAL COMMENTS:

1) Discussed excluding food employees ill with vomiting or diarrhea, eliminating bare hand contact with ready-to-eat food, and ensuring that in-house inspections of daily operations are conducted on a periodic basis to ensure that food safety policies and procedures are followed.

2) Provided an illness reporting fact sheet, an employee illness decision guide, an employee illness log, a vomit cleanup poster, a TCS fact sheet, a temperature/time fact sheet, a cooling fact sheet, a date-marking fact sheet, and a highly susceptible population fact sheet.

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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 7983241026 of 01/22/24.

Certified Food Protection Manager: Holli Johnson

Certification Number: FM62527 Expires: 06/05/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Julie
Cook - Person in Charge

Signed: 7983

651-201-4500
health.foodlodging@state.mn.us