Electronically Delivered

February 13, 2025

Licensee
Midwest Residential Inc.
5620 West 99th Street
Bloomington, MN  55437

RE:  Project Number(s) SL36953016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 5, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

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

**CORRECTION ORDER RECONSIDERATION PROCESS**

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us 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,

Renee L. Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: renee.anderson@state.mn.us
Telephone: 651-201-5871 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 |
|---|---|---|---|
| | 36953 | A. BUILDING: _____ B. WING _____ | 12/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MIDWEST RESIDENTIAL INC | 5620 WEST 99TH STREET BLOOMINGTON, MN 55437 |

| (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<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>SL36953016-0<br><br>On December 3, 2024, through December 5, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were fiive residents; five receiving services under the 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 Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.<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>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3. | |
| 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 | 0 480 | | |

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| 0 480 | Continued From page 1<br>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 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 | 0 480 | | |

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| 0 480 | Continued From page 2<br><br>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 (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<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) 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 document titled, Food and Beverage Establishment Inspection Reports (FBEIR) dated, December 2, 2024, and December 3, 2024, 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 | | |

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| 0 660 | Continued From page 3 | 0 660 | | |
| 0 660 SS=D | 144G.42 Subd. 9 Tuberculosis prevention and control<br><br>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.<br>(b) 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 interview and record review, the licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included ensuring TB signs and symptoms screening was completed prior to having direct contact with residents of the facility for one of two employees (registered nurse (RN)-C).<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 | 0 660 | | |

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| 0 660 | Continued From page 4<br><br>a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>The licensee's Facility Tuberculosis (TB) Risk Assessment, dated "2023", indicated the facility was at a low risk for TB transmission.<br><br>RN-C had a hire date of October 10, 2024, and provided supervisory and direct resident cares for the licensee.<br><br>RN-C's employee record included a TB history and symptom screening form, completed November 22, 2024.<br><br>On December 4, 2024, at 11:35 a.m., RN-C stated her start date was October 10, 2024, but the TB history and symptom screen was not completed until November 22, 2024. RN-C stated, "I am not sure how this happened. It must have been overlooked."<br><br>On December 5, 2024, at 2:15 p.m., licensed assisted living director (LALD)-A stated staff was to be educated, screened for active TB, and current signs and symptoms of TB before providing direct care to maintain safety for the residents.<br><br>The licensee's Infection Control/TB Screening policy dated August 1, 2021, indicated screening would be conducted as follows:<br>-new staff would be screened for active signs of TB using the Baseline TB Screening Tool for HCWs.<br>-staff should be screened for signs and symptoms on an annual basis. | 0 660 | | |

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| 0 660 | Continued From page 5<br><br>The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record."<br>No further information was provided.<br><br>The CDC's document titled Baseline Tuberculosis Screening and Testing for Health Care Personnel dated December 19, 2023, recommended all health care personnel should be screened for TB upon hire and the TB screening process included:<br>- a baseline individual TB risk assessment;<br>- TB symptom evaluation; and<br>- a TB test which could include TB blood test or TB skin test.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 660 | | |
| 0 800 SS=F | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the | 0 800 | | |

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| 0 800 | Continued From page 6<br>health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to maintain the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents. This deficient condition had the potential to affect all staff, residents, 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, 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>On December 4, 2024, at approximately 12:00 p.m., survey staff toured the facility with licensed assisted living director (LALD)-A. The following was observed:<br><br>GENERAL MAINTENANCE:<br>The electrical box on the main level bedroom hallway ceiling was not protected with a cover. All active electrical wires shall be protected.<br><br>On December 4, 2024, at 2:00 p.m., LALD-A | 0 800 | | |

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| 0 800 | Continued From page 7<br>stated they understood the above-listed deficiencies.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 800 | | |
| 01890 SS=D | 144G.71 Subd. 20 Prescription drugs<br><br>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to ensure time-sensitive medications were appropriately labeled with date to indicate when opened and ensure medications were stored correctly for one of two residents (R1).<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 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>R1 had a diagnosis to include asthma.<br><br>R1's service plan, dated May 28, 2024, indicated R1 received services which included assistance | 01890 | | |

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| 01890 | Continued From page 8<br>with medication management.<br><br>R1's medication administration record (MAR), dated November 1, 2024 through December 4, 2024, indicated R1 was administered Arnuity Ellipta (a prescription inhalation medicine used to prevent and control symptoms of asthma for better breathing) at a dosage of 100 micrograms (mcg) daily.<br><br>On December 4, 2024, at 10:00 a.m., R1's Arnuity Ellipta was observed opened but lacking a label to indicate the date staff first used the inhalation medication or when it would expire once opened. ULP-D stated she was trained to put a date on the label of a multi-use medication with a shortened expiration date.<br><br>On December 5, 2024, at 2:15 p.m., licensed living facility director (LALD)-A stated it was the licensee's practice to date all time sensitive medications with a shortened expiration date when opened and preferably when the medication expired as well. LALD-A further explained staff who administered medications were educated on this practice and to check each time a medication was administered.<br><br>The Glaxo Smith Kline Arnuity Ellipta manufacturer's instructions, dated November 2024, indicated,<br>"-store Arnuity in the unopened tray and only open when ready for use.<br>-safely throw away Arnuity in the trash six weeks after the tray is opened or when the counter reads "0", whichever comes first.<br>-write the date the tray was opened on the label on the inhaler".<br><br>The licensee's Medication Storage policy, dated | 01890 | | |

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| 01890 | Continued From page 9<br>August 1, 2021, indicated medications would be stored per manufacturer's directions.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01890 | | |

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

Type: Full
Date: *12/03/24*
Time: 10:30:05
Report: 1050241271

# Food and Beverage Establishment Inspection Report



**Location:**
Midwest Residential Inc
5620 West 99th Street
Bloomington, MN55437
Hennepin County, 27

**Establishment Info:**
ID #: 0038408
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6513152649
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 previously issued on 12/02/24 have NOT been corrected.

**3-300C Protection from Contamination: equipment/utensils, consumers**

***3-304.12B***

MN Rule 4626.0275B Store the food preparation and dispensing utensil in a food that is not TCS food with the handles above the top of the food within containers or equipment that can be closed such as bins of sugar, flour or cinnamon.

OBSERVED SCOOPS LEFT INSIDE CONTAINERS ON KITCHEN COUNTER. DISCUSSED MN REQUIREMENTS YOU MUST REMOVE OR PLACE UP RIGHT SO THAT SCOOP DOES NOT TOUCH PRODUCT. COMPLY WITH RULE ABOVE.

*Issued on: 12/02/24* *Comply By: 12/03/24*

No NEW orders were issued during this inspection.

**Surface and Equipment Sanitizers**

Hot Water: = at 167F Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: Cold Holding/Eggs
Temperature: 40F Degrees Fahrenheit - Location: Reach-In Cooler
Violation Issued: No

Process/Item: Cold Holding/Milk
Temperature: 39F Degrees Fahrenheit - Location: Reach-In Cooler
Violation Issued: No

Type: Full
Date: *12/03/24*
Time: 10:30:05
Report: 1050241271
Midwest Residential Inc

# Food and Beverage Establishment Inspection Report

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

ANNOUNCED INSPECTION WAS CONDUCTED BY MDH ANDREW SPAULDING AND IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. INSPECTION CONDUCTED IN PRESENCE OF THE PERSON IN CHARGE.

DISCUSSED FOOD SERVICE AREA FLOORS, WALLS, CEILINGS, COUNTERTOPS, AND FINISH MATERIALS MUST BE NON-ABSORBANT, SMOOTH, DURABLE, AND EASILY CLEAN ABLE. CEILINGS CANNOT HAVE POPCORN TEXTURE.

CABINETS CANNOT HAVE HOLLOW BASES. EXPOSED WOOD IS NOT APPROVED FOR FOOD SERVICE AREAS. WOOD IS NOT AN APPROVED FOOD CONTACT SURFACE.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS

**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 1050241271 of 12/03/24.

Certified Food Protection Manager: Marsa Sufi

Certification Number: FM115953 Expires: 02/24/26

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

Signed: _____
Marsa Sufi

Signed: _____
Andrew Spaulding
Public Health Sanitarian 2
FPLS Metro
651-201-5298
andrew.spaulding@state.mn.us

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

Type: Full
Date: *12/02/24*
Time: 10:47:22
Report: 1050241264

# Food and Beverage Establishment Inspection Report



**Location:**
Midwest Residential Inc
5620 West 99th Street
Bloomington, MN55437
Hennepin County, 27

**Establishment Info:**
ID #: 0038408
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6513152649
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.

**3-300C Protection from Contamination: equipment/utensils, consumers**

***3-304.12B***

MN Rule 4626.0275B Store the food preparation and dispensing utensil in a food that is not TCS food with the handles above the top of the food within containers or equipment that can be closed such as bins of sugar, flour or cinnamon.

OBSERVED SCOOPS LEFT INSIDE CONTAINERS ON KITCHEN COUNTER. DISCUSSED MN REQUIREMENTS YOU MUST REMOVE OR PLACE UP RIGHT SO THAT SCOOP DOES NOT TOUCH PRODUCT. COMPLY WITH RULE ABOVE.

*Comply By: 12/03/24*

**Surface and Equipment Sanitizers**

Hot Water: = at 167F Degrees Fahrenheit
Location: DISWASHER
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: Cold Holding/EGGS
Temperature: 40F Degrees Fahrenheit - Location: REACH-IN COOLER
Violation Issued: No

Process/Item: Cold Holding/MILK
Temperature: 39F Degrees Fahrenheit - Location: REACH-IN COOLER
Violation Issued: No

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

ANNOUNCED INSPECTION WAS CONDUCTED BY MDH ANDREW SPAULDING AND IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. INSPECTION CONDUCTED IN PRESENCE OF THE PERSON IN CHARGE.

DISCUSSED FOOD SERVICE AREA FLOORS, WALLS, CEILINGS, COUNTERTOPS, AND FINISH MATERIALS MUST BE NON-ABSORBANT, SMOOTH, DURABLE, AND EASILY CLEANABLE. CEILINGS CANNOT HAVE POPCORN TEXTURE.

CABINETS CANNOT HAVE HOLLOW BASES. EXPOSED WOOD IS NOT APPROVED FOR FOOD SERVICE AREAS. WOOD IS NOT AN APPROVED FOOD CONTACT SURFACE.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS

**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 1050241264 of 12/02/24.

Certified Food Protection Manager: Marsa Sufi

Certification Number: FM115953 Expires: 02/24/26

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

Signed: _____

Marsa Sufi
Operator

Signed: _____

Andrew Spaulding
Public Health Sanitarian 2
FPLS Metro
651-201-5298
andrew.spaulding@state.mn.us