Electronically Delivered

November 21, 2023

Licensee
Wright Way Home Care, LLC
3701 54th Avenue North
Brooklyn Center, MN  55429

RE: Project Number(s) SL38163015

Dear Licensee:

On October 27, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the September 6, 2023, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

You are encouraged to retain this document for your records.  It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Paul T. Spencer

Paul Spencer, Supervisor
State Rapid Response Team
Email: paul.spencer@state.mn.us
Telephone: 320-223-7329 Fax: 1-800-337-9238

PMB

Electronically Delivered

September 28, 2023

Licensee
Wright Way Home Care, LLC
3701 54th Avenue North
Brooklyn Center, MN 55429

RE: Project Number(s) SL38163015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on September 6, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

**STATE CORRECTION ORDERS**
The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

**IMPOSITION OF FINES**
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4(a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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 survey of your facility.

**DOCUMENTATION OF ACTION TO COMPLY**
Per 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 residents/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 correction 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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and

submit information supporting your position(s).

Please address your cover letter for 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

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Paul Spencer, Supervisor
State Rapid Response Team
Email: paul,spencer@state.mn.us
Telephone: 651-201-4222 Fax: 1-800-337-9238

PMB

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 38163 | A. BUILDING: _____ B. WING _____ | 09/06/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WRIGHT WAY HOME CARE LLC | 3701 54TH AVENUE NORTH BROOKLYN CENTER, MN 55429 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| 0 000 | Initial Comments<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDERS<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>SL38163015<br><br>On September 5, 2023, 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 and investigation, there were 0 residents receiving services under the provider's Provisional Assisted Living Facility license. | 0 000 | Assisted Living Provider 144G. 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><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 SUBDIVISION 1-3. | |
| 0 460 SS=F | 144G.41 Subdivision 1 Minimum requirements | 0 460 | | |

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| 0 460 | Continued From page 1<br><br>(5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week;<br>(6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;<br>(7) permit residents access to food at any time;<br>(8) allow residents to choose the resident's visitors and times of visits;<br>(9) allow the resident the right to choose a roommate if sharing a unit;<br>(10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to ensure one of one residents (R1) had a system in place to request assistance 24 hours per day, seven days per week. This had the potential to affect all residents within facility.<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: | 0 460 | | |

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| 0 460 | Continued From page 2<br><br>R1 admitted to the licensee June 16 , 2023. R1's diagnoses included stroke and diabetes. . R1's service plan dated June 16, 2023, indicated R1 received assistance medication management.<br><br>During a tour of the facilty at 09:10 am, it was noted that there was no call light system in the facility's 3 bedrooms.<br><br>During an interview on September 5th, 2023, at 11:15 a.m., licensed assisted living director in residency(LALD)-A stated the facility did not have a means in place for the residents to call for assistance if needed..<br><br>The licensee lacked a policy addressing this requirement in accordance with Minnesota Statutes 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) Days | 0 460 | | |
| 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>(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 adhere to the Minnesota Food Code, Minnesota Rules, chapter 4626. This had the potential to affect all residents at the facility. | 0 480 | | |

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| 0 480 | Continued From page 3<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>Please refer to the additional documentation included in the "Food and Beverage Establishment Inspection Reports," dated September 5, 2023.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 480 | | |
| 0 660 SS=F | 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 | 0 660 | | |

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| 0 660 | Continued From page 4<br>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 establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included which included a symptom screen as well as completion of a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test for one of one employee (registered nurse (RN)-B).<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>RN-A had a hire date of March 2, 2022. RN-A provided direct care to residents of the assisted living. RN-A's employee record lacked evidence of any type of TB screening or TB testing at the time of hire.<br><br>During an interview on September 5, 2023, at 12:30 p.m., licensed assisted living director (LALD)-A stated there was no screen or testing done for RN-B.<br><br>The licensee's policy titled Tuberculosis screening, states that each employee or volunteer having direct contact with residents | 0 660 | | |

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| 0 660 | Continued From page 5<br><br>must have documentation of baseline health symptoms screening prior to providing care to residents. This includes, at a minimum, the health symptoms screening, TB skin testing via the Mantoux method.<br><br>The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, noted baseline screening for all health care workers (HCW) included a history and symptom screen, and testing for the presence of TB infection.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 660 | | |
| 0 800 SS=D | 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 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 ability | 0 800 | | |

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| 0 800 | Continued From page 6<br>to affect all staff and residents.<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>Findings include:<br><br>On facility tour with Licensed Assisted Living Director (LALD)-A on September 5, 2023, between approximately 12:45 p.m. and 3:00 p.m., it was observed that the ceiling of the basement living area was in a state of disrepair with several loose tiles, water marks, and areas crumbling away from deterioration.<br><br>This deficient condition was visually verified by LALD-A accompanying on the tour.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 800 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for | 0 810 | | |

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| 0 810 | Continued From page 7<br><br>residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to provide fire safety and evacuation training, and failed to complete fire safety and evacuation drills for the facility. This 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 | 0 810 | | |

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| 0 810 | Continued From page 8<br><br>cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>Findings include:<br><br>A record review and interview were conducted on September 5, 2023, between approximately 3:00 p.m. and 4:00 p.m. with the Licensed Assisted Living Director (LALD)-A, on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility.<br><br>Record review indicated that the licensee failed to develop a fire safety and evacuation plan with required elements. The plan was not maintained and failed to show employee actions to be taken in the event of a fire or similar emergency, failed to show fire protection procedures necessary for residents, and failed to show procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br><br>Record review also indicated that the licensee failed to complete required employee training on fire safety and evacuation; failed to have fire safety and evacuation plans readily available at all times within the facility; failed to complete training to residents capable of assisting in their own evacuation; and failed to complete required employee evacuation drills.<br><br>During interview, LALD-A provided their fire safety and evacuation plan and acknowledged that it did not contain the required elements. LALD-A also | 0 810 | | |

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| 0 810 | Continued From page 9<br>verified that no training for employees or residents had been completed and no records were available.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 810 | | |
| 0 970 SS=F | 144G.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 facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.<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: | 0 970 | | |

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|---|---|---|---|---|
| 0 970 | Continued From page 10<br><br>On September 5, 2023, at 12:30 p.m., licensed assisted living director (LALD)-A provided licensee's blank example of a Rental Lease and identified the document as licensee's assisted living contract. LALD-A stated the contract is used for all residents who reside in the facility.<br><br>The assisted living contract Titled Wright Way Home Care License NO. 38163 Assisted Living Agreement , read on page sixteen (16) of seventeen (17) P. The resident agrees to be liable and responsible for all obligations herein references, monetary and otherwise, of the resident and where this agreement has been executed by a party designated below.<br><br>On September 6, 2023, at 1:45 p.m., LALD-A stated the licensee would have the language changed to remove the waiver of liability as indicated above.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 970 | | |
| 01490 SS=F | 144G.63 Subd. 4 Training required relating to dementia<br><br>All direct care staff and supervisors providing direct services must demonstrate an understanding of the training specified in section 144G.64.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure two of two records reviewed (registered nurse (RN)-B and | 01490 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 38163 | A. BUILDING: _____ B. WING _____ | 09/06/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WRIGHT WAY HOME CARE LLC | 3701 54TH AVENUE NORTH BROOKLYN CENTER, MN 55429 |

| (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 |
|---|---|---|---|---|
| 01490 | Continued From page 11<br><br>unlicensed personnel (ULP)-C received dementia care training as required.<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><br>The findings include:<br><br>RN-B began working for the licensee March 2, 2022,<br><br>ULP-C had a hire date of January 13, 2022.<br><br>RN-B and ULP-C's employee records indicated RN-B and ULP-C had not completed dementia training.<br><br>On September 5th, 2023, at 11:30 a.m. Licensed assisted living director in residency (LALD)-A stated she did not realize the employees needed dementia training because the licensee was not a dementia care facility.<br><br>A policy titled Wright Way Home Care MN statues 144G.64 Dementia care training states direct care employees must have completed at least eight (8) hours of initial training on required topics in the 160 hours from employment.<br><br>No further information was provided. | 01490 | | |

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

Type: Full
Date: *09/05/23*
Time: 14:37:41
Report: 1021231251

# Food and Beverage Establishment Inspection Report



**Location:**
Wright Way Home Care
3701 54th Ave N
Brooklyn Center, MN55429
Hennepin County, 27

**Establishment Info:**
ID #: N038163
Risk:
Announced Inspection: Yes

**License Categories:**

Expires on: / /

**Operator:**

Phone #:
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.

**2-200 Employee Health**

***2-201.11C*** ***** Priority 1 *****

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority.

NO EMPLOYEE ILLNESS LOG ON-SITE. DISCUSSED EMPLOYEE ILLNESS POLICY AND RECORDING WITH OWNER. AN MDH EMPLOYEE ILLNESS LOG SENT WITH REPORT.

*Comply By: 09/06/23*

**2-500 Responding to contamination events**

***2-501.11*** ***** Priority 2 *****

MN Rule 4626.0123 Provide employees with procedures to follow for cleanup of vomit or fecal matter in the establishment. The procedures must minimize the spread of contamination to food and surfaces within the facility, and minimize the exposure of employees and consumers to contamination.

ESTABLISHMENT DOES NOT HAVE PROCEDURES IN PLACE ON HOW TO CLEAN UP A VOMITING/FECAL ACCIDENT. INFORMATION ON HOW TO PROPERLY CLEAN UP AN ACCIDENT SENT WITH REPORT. TRAIN EMPLOYEES TO CLEAN UP ACCIDENTS.

*Comply By: 09/13/23*

**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.

NO FOOD THERMOMETER ON-SITE. PROVIDE A DIGITAL THERMOMETER WITH A SMALL DIAMETER PROBE AS DESCRIBED IN RULE ABOVE.

*Comply By: 09/12/23*

**4-300 Equipment Numbers and Capacities**

***4-302.13B*** ***** Priority 2 *****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

ESTABLISHMENT DOES NOT HAVE A MEASURING DEVICE THAT INDICATES THE FINAL UTENSIL SURFACE TEMPERATURE IN DISH MACHINE. PROVIDE. THERMOLABELS LEFT ON-SITE.

*Comply By: 09/12/23*

**4-300 Equipment Numbers and Capacities**

***4-302.14*** ***** Priority 2 *****

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

NO TEST KIT ON-SITE TO MEASURE THE CONCENTRATION OF SANITIZER. PROVIDE A TEST KIT FOR APPROPRIATE SANITIZER. INFORMATION ABOUT FOOD CONTACT SURFACE SANITIZERS AND TEST KITS SENT WITH REPORT.

*Comply By: 09/12/23*

**2-100 Supervision**

***2-102.12AMN***

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

NO CERTIFIED FOOD PROTECTION MANAGER (CFPM) WAS EMPLOYED AT THIS ESTABLISHMENT. OWNER IS IN THE PROCESS OF GETTING HER FOOD SAFETY CERTIFICATE. INFORMATION ON HOW TO OBTAIN CFPM CERTIFICATE SENT WITH REPORT.

*Comply By: 09/27/23*

**4-300 Equipment Numbers and Capacities**

***4-303.11B***

MN Rule 4626.0721B Provide chemical sanitizers to sanitize equipment and utensils during all hours of operation.

NO FOOD CONTACT SURFACE SANITIZER ON-SITE. ESTABLISHMENT HAS AN ALL PURPOSE CLEANER. DISCUSSED WITH OWNER THE DIFFERENT TYPES OF FOOD CONTACT SURFACE SANITIZERS. INFORMATION SENT WITH REPORT.

*Comply By: 09/06/23*

**6-300 Physical Facility Numbers and Capacities**

***6-301.14A***

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

THE HANDWASHING COMPARTMENT IN THE KITCHEN TWO COMPARTMENT SINK IS MISSING A HANDWASHING SIGN/POSTER THAT REMINDS FOOD EMPLOYEES TO WASH HANDS BEFORE RETURNING TO WORK. PROVIDE AS DESCRIBED IN RULE ABOVE.

*Comply By: 09/08/23*

Type: Full
Date: *09/05/23*
Time: 14:37:41
Report: 1021231251
Wright Way Home Care

# Food and Beverage Establishment Inspection Report

**Food and Equipment Temperatures**

Process/Item: Ambient Temperature
Temperature: 38 Degrees Fahrenheit - Location: WHIRLPOOL KITCHEN REFRIGERATOR
Violation Issued: No

| Total Orders In This Report | Priority 1 | Priority 2 | Priority 3 |
|---|---|---|---|
| | 1 | 4 | 3 |

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH OWNER/LALD, AMINA WRIGHT AND HEALTH REGULATION DIVISION NURSE EVALUATOR, MAGGIE REGNIER.

THIS FACILITY IS A RESIDENTIAL HOME AND THEY CURRENTLY HAVE 0 CLIENTS AND THE FACILITY CAN HAVE UP TO 3 CLIENTS.

SINCE ESTABLISHMENT DOES NOT HAVE ANY CLIENTS, IT ALSO DOES NOT HAVE ANY FOOD ON-SITE. PER CONVERSATION WITH AMINA, FOOD WILL BE MADE FOR SAME DAY SERVICE. NO LEFTOVERS ARE GOING TO BE KEPT.

THE KITCHEN HAS RESIDENTIAL EQUIPMENT. THAT EQUIPMENT WILL BE MONITORED AT FUTURE INSPECTIONS.

**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 1021231251 of 09/05/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/__/_____

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

Signed:_____
AMINA WRIGHT
OWNER/LALD

Signed:_____
Melissa Ramos
Environmental Health Specialist
Metro District Office
651-201-4495
Melissa.Ramos@state.mn.us