DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery

July 18, 2023

Licensee
Suite Living Senior Care Of Burnsville, LLC
1880 134th Street East
Burnsville, MN 55337

RE: Conditional License Number 412345
Health Facility Identification Number (HFID) 38412
Project Number(s) SL38412015

Dear Licensee:

On June 12, 2023, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed April 13, 2023. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective July 18, 2023.

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.

Sincerely,

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

PMB

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

June 1, 2023

Licensee
Suite Living Senior Care Of Burnsville, LLC
1880 134th Street East
Burnsville, MN 55337

RE: Conditional License Number 412345
Health Facility Identification Number (HFID) 38412
Project Number(s) SL38412015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a follow-up survey on May 24, 2023, for the purpose of assessing compliance with state licensing statutes. Based on the follow-up survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.20, MDH is issuing a 90-day conditional license due to expire on August 30, 2023**.**

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state 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.."

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 may be 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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this follow-up survey:

St - 0 - 2070 - 144g.81 Subd. 4 - Awake Staff Requirement = $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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.

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by MDH within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

CONDITIONAL LICENSE ISSUED

MDH will issue Suite Living Senior Care Of Burnsville, LLC a conditional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Suite Living Senior Care Of Burnsville, LLC is in substantial compliance.

The following conditions apply on the conditional assisted living facility license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

b. **No new admissions:** Suite Living Senior Care Of Burnsville, LLC will not admit any new residents who require a secured memory care unit under its conditional assisted living facility license until MDH removes the “no new secured memory care unit admissions” condition. Suite Living Senior Care Of Burnsville, LLC must provide MDH:

    i. A list of the names and birthdates of any individuals Suite Living Senior Care Of Burnsville, LLC is currently in the process of admitting to its

secured memory care unit. These individuals will be able to continue the admittance process.

ii. A list of all current residents by location including:
    1. Name and birthdate of each resident
    2. Physical location of each resident
    3. Current payment source for services
    4. If Elderly Waiver, the name and contact information of the care coordinator/case manager
    5. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative.

c. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Suite Living Senior Care Of Burnsville, LLC to correct the violations cited during the survey as well as to determine the overall practice of Suite Living Senior Care Of Burnsville, LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive licensed assisted living services. The OOLTC will share their findings with MDH.

d. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the license if MDH identifies any level 3 or 4 violations or widespread care related violations.

e. **Corrective Action Plan:** Suite Living Senior Care Of Burnsville, LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
    i. A statement of the concern
    ii. A description of what will happen to correct the concern
    iii. A target date for when each correction will be complete
    iv. Who is responsible to make sure it happens
    v. Current status of correction work
    vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:
MDH will determine if Suite Living Senior Care Of Burnsville, LLC is in substantial compliance based on the results of the follow-up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Suite Living Senior Care Of Burnsville, LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Suite Living Senior Care Of

Burnsville, LLC's assisted living facility license, and Suite Living Senior Care Of Burnsville, LLC will correct violations identified during the survey to come into substantial compliance. If MDH determines Suite Living Senior Care Of Burnsville, LLC is not in substantial compliance, MDH may take additional enforcement action against Suite Living Senior Care Of Burnsville, LLC, including placement of additional conditions, issuing a second conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144G.20 up to and including immediate temporary suspension and revocation.

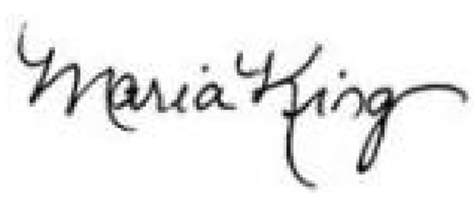
REQUESTING A HEARING:
Pursuant to Minn. Stat. §144G.20, Subd. 17 (c), the licensee may appeal an order immediately temporarily suspending a license or issuing a conditional license. The appeal must be made in writing by certified mail or personal service. If mailed, the appeal must be postmarked and sent to the commissioner within five calendar days after the license holder receives notice. If an appeal is made by personal service, it must be received by the commissioner within five calendar days after the license holder received the order. The request for hearing should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970
Health.HRD.Appeals@state.mn.us

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 Jill Hagen directly at 218-332-5141.

Sincerely,



Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38412	A. BUILDING: _____ B. WING _____	R 05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITE LIVING SENIOR CARE OF BURNSVILLE	1880 134TH STREET EAST BURNSVILLE, MN 55337

(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 On May 23, 2023 the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for complaint # SL38412015-1. The following immediate correction order is issued for #SL38412015-1 at tag identification 0340 and the following correction order is re-issued for #SL38412015-1 tag identification 2070.	{0 000}		
0 340 SS=I	144G.30 Subd. 5 Correction orders a) A correction order may be issued whenever the commissioner finds upon survey or during a complaint investigation that a facility, a managerial official, an agent of the facility, or an employee of the facility is not in compliance with this chapter. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction. (b) The commissioner shall mail or email copies of any correction order to the facility within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the facility and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically. (c) By the correction order date, the facility must document in the facility's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the facility's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed.	0 340		

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0 340	Continued From page 1 This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to implement actions documented by the licensee as a plan of correction to comply with orders issued during a Provisional Survey completed on April 11 through 13, 2023. The lack of action to ensure compliance with regulations had the potential to affect all residents receiving services at the facility. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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). This resulted in an immediate correction order 0340 issued on May 24, 2023. Findings include: On April 12, 2023, an immediate correction order was issued for failure to comply with 144G.81 Subdivision 4 when it was identified that staff working in the secure memory care unit, would leave the unit without a staff physically present for periods of 15 to 20 minutes, several times during the night. The memory care staff would assist the other staff with resident cares and transfers on the night shift (10:00 p.m. to 6:00 a.m.). Documentation of Action to Comply to Correction Orders document dated April 13, 2023, provided by the licensee indicated the licensee disagreed	0 340	The Minnesota Department of Health documents the State Licensing 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that 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. Per Minnesota Statute §144G.30, Subd. 5 (c), the assisted living facilities must document any action taken to comply with the correction order. A copy of the provider ' s records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider ' s Plan of Correction." The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144G.31, Subd. 2 and 3.	

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0 340	Continued From page 2 with the immediate order and "will be filing a request for reconsideration." The document indicated while staff completed cares on the night shift, they "prop the memory care door open" as the building "is fully secure." The document indicated the licensee used their corporate staffing pool to fill the schedule. The document indicated "our immediate corrective action today is adding a third NOC [night] caregiver and utilize our additional pool NOC staff to fill the schedule as we can find coverage and as we can afford it." The document further indicated "if the request for reconsideration is not granted, after speaking with ownership we will need to either increase the cost again for our residents who are a [mechanical lift] Hoyer for [staff transfer] assistance in order to be able to pay for a constant additional third NOC shift employee 8 hours a day/30 days a month which is easily $5,000 a month in additional payroll expense we cannot add on today at all 10 of our locations". An e-mail correspondence dated April 17, 2023, at 12:49 p.m., from Regional Operations Director (RDO)-E confirmed that the plan was to schedule three staff during the night shift to ensure the memory care had a staff member physically present 24 hours a day. On April 17, 2023, the immediacy was removed based on the plan to schedule three staff during the night shift. The facility schedule dated April 10, 2023, through May 14, 2023, and May 21, 2023, through May 28, 2023, provided by RDO-E, indicated two staff worked from 10:00 p.m. to 6:00 a.m. on the following dates: April 10,11,14,15,16,18,19,20,21,24, 26, 28, 29, and 30, 2023, and May 8, 9, 10, 11, 12, 14, and 22,	0 340		

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0 340	Continued From page 3 2023. In addition, the facility scheduled two staff to work from 10:00 p.m. to 6:00 a.m. on May 23, 24, 25, 26, 27, and 28, 2023. The facility roster provided on April 11, 2023, indicated the licensee provided care and services to 17 residents in the assisted living unit and five residents in the memory care unit for a total of 22 residents. The facility roster provided on May 23, 2023, indicated the licensee provided care and services to 19 residents in the assisted living unit and six residents in the memory care unit for a total of 25. Individual Resident Care Plan documents indicated seven residents in the assisted living unit required assistance from two staff for incontinent cares and transfers. During an interview on May 23, 2023, at 6:30 a.m., unlicensed personnel (ULP)-H stated her shift began at 6:00 a.m. and when she arrived this morning, there was one staff member working on the memory care unit. ULP-H stated during the night shift staff had to leave the memory care unit to assist the assisted living staff person with two person transfers and incontinence care for seven residents at different times. During an interview on May 23, 2023, at 7:30 a.m. ULP-G stated when she worked the night shift in the memory care unit, the practice was to leave the memory care unit unattended when assisted living staff requested help and it took approximately 15 minutes each time to assist with cares/transfers on the assisted living side. ULP-G stated staff left the residents in the memory care unit alone during that time. ULP-G stated she	0 340		

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0 340	Continued From page 4 closed the memory care door, which locked, and the residents could not figure out how to get out. ULP-G stated she felt uncomfortable and nervous about leaving the memory care unit unattended but staff on the assisted living side could not transfer or provide cares for some residents without assistance of a second person. ULP-G stated on occasion there was a third staff member on the night shift but could not remember the last time there were three staff members working at night. During an interview on May 23, 2023, at 8:05 a.m. RDO-E stated, "we appealed [a correction order related to staffing on the night shift at another of the licensee's locations], so no actual changes have been made related to the staffing plan." RDO-E stated the licensee assigned three staff on the night shift "when we can" with staff from the corporate staffing pool. TIME PERIOD FOR CORRECTION: IMMEDIATE	0 340		
{02070} SS=I	144G.81 Subd. 4 Awake staff requirement An assisted living facility with dementia care providing services in a secured dementia care unit must have an awake person who is physically present in the secured dementia care unit 24 hours per day, seven days per week, who is responsible for responding to the requests of residents for assistance with health and safety needs, and who meets the requirements of section 144G.41, subdivision 1, clause (12). This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure a staff member was	{02070}		

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{02070}	Continued From page 5 physically present in the secure dementia unit 24 hours a day. The licensee scheduled two staff members for the night shift, which required a staff member to leave the secured dementia unit unattended to assist with two-person transfers with a mechanical lift for three of three residents (R1, R2, R3) who lived on the assisted living unit. This had the potential to impact all residents living in the secured dementia unit. 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). Findings include: R1 admitted to the facility on April 14, 2022, due to diagnoses that included quadriplegia (paralysis of both legs and arms). R1's service agreement dated April 6, 2023, indicated R1 required assistance of two staff with a mechanical lift (Hoyer) for all transfers. R1 was non-ambulatory and used an electric wheelchair. R1's care plan dated April 18, 2023, indicated R1 required two staff with a mechanical lift (Hoyer) for all transfers. The care plan indicated R1 may need emergency medical services (EMS) to assist with evacuation in an emergency due to non-ambulatory and used an electric wheelchair. R2 admitted to the February 8, 2023, due to diagnoses that included cerebral infarction (stroke) with hemiplegia (weakness of one side	{02070}		

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{02070}	Continued From page 6 both leg and arm) and hemiparesis affecting her right dominant side. R2 was non-ambulatory. R2's service agreement dated February 8, 2023, indicated R2 required a mechanical lift (Sara-steady/EZ-stand) with assistance of two staff for transfers. R2's care plan dated February 8, 2023, indicated R2 required assistance of two staff for all transfers with a mechanical lift (EZStand/Sara Steady). R3 admitted to the facility on April 6, 2022, due to diagnoses that included Spina Bifida (spinal cord injury). R3 was non-ambulatory. R3's service agreement dated April 6, 2022, indicated R3 required assistance of two staff and a mechanical (Hoyer) lift for transfers. R3's care plan dated April 6, 2022, indicated R3 was alert and oriented and independent with all decision making. R3 required assistance of two staff members and a mechanical (Hoyer) lift. R3's evacuation plan indicated R3 may need EMS to assist with evacuation in an emergency depending on whether R3 was in bed. The evacuation plan indicated staff would physically assist R3 to evacuate with assistance of two "if in bed and time allows". During an interview on May 23, 2023, at 6:30 a.m., unlicensed personnel (ULP)-H stated her shift began at 6:00 a.m. and when she arrived this morning, there was one staff member working on the memory care unit. ULP-H stated during the day she never left the memory care unit but during the night shift staff had to leave the memory care unit to assist the assisted living	{02070}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{02070}	Continued From page 7 staff person with two person transfers and incontinence care. During an interview on May 23, 2023, at 7:30 a.m. ULP-G stated when she worked the night shift, assigned to the memory care unit, the expectation was to leave the memory care unit when assisted living staff requested help and it took approximately 15 minutes each time to assist with cares/transfers on the assisted living side. ULP-G stated the residents in memory care unit were left alone during that time. ULP-G stated she closed the memory care door, the unit was secured, and the residents could not figure out how to get out. ULP-G stated she felt uncomfortable and nervous about leaving the memory care unit unattended but staff on the assisted living side could not transfer or change some residents without assistance of a second person. ULP-G stated on occasion there was a third staff member on the night shift but could not remember the last time there were three staff members working at night. During an interview on May 23, 2023, at 8:15 a.m., regional director of operations (RDO)-E stated the facility provided a third staff person during the night shift when they "had a pool staff member available" but "staffing was a challenge". During an interview on May 23, 2023, at 10:15 a.m. R3 stated the licensee had a third staff on the night shift "every once in a while" and stated most nights when he needed assistance of two staff to transfer him from his wheelchair into his bed, he had to wait for 20 to 30 minutes for the staff to come from the memory care unit. The facility schedule dated April 10, 2023, through May 14, 2023, and May 21, 2023,	{02070}		

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	38412	A. BUILDING: _____ B. WING _____	R 05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITE LIVING SENIOR CARE OF BURNSVILLE	1880 134TH STREET EAST BURNSVILLE, MN 55337

(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
{02070}	Continued From page 8 through May 28, 2023, indicated two staff worked from 10:00 p.m. to 6:00 a.m. on the following dates: April 10,11,14,15,16,18,19,20,21,24, 26, 28, 29, and 30, 2023, and May 8, 9, 10, 11, 12, 14, and 22, 2023. In addition, the facility scheduled two staff to work from 10:00 p.m. to 6:00 a.m. on May 23, 24, 25, 26, 27, and 28, 2023. The Staffing and Scheduling policy dated July 20, 2021, indicated the clinical nurse supervisor would develop and implement a written staffing plan that provided an adequate number of qualified direct-care staff to meet the residents' needs 24-hours a day, seven days a week and that the staffing levels were adequate to address residents' scheduled and reasonably foreseeable unscheduled needs.	{02070}		

Electronically Delivered

April 24, 2023

Licensee
Suite Living Senior Care Of Burnsville, LLC
1880 134th Street East
Burnsville, MN 55337

RE: Project Number(s) SL38412015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license with dementia care.** 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 April 13, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted no 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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 2070 - 144g.81 Subd. 4 - Awake Staff Requirement = $3,000

The total amount you are assessed is $3,000. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

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,

Jessica Sellner

Jessica Sellner, Supervisor
State Rapid Response Team
Email: jessica.sellner@state.mn.us
Telephone: 320-223-7370J Fax: 651-215-6894
PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38412	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITE LIVING SENIOR CARE OF BURNSVILLE	1880 134TH STREET EAST BURNSVILLE, MN 55337

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0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482/144G.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# 38412015 On April 11 through April 13, 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 there were 21 residents receiving services under the provider's Provisional Assisted Living with Dementia Care license. The following immediate orders are issued for #SL38412015, tag identification 0680 and 2070, on April 12, 2023. The immedicay was removed for tag identifcation 0680 and 2070 on April 17, 2023. Scope and severity remain at an F for tag 0680. Scope and severity remain at an I for 2070. The following correction orders are issued that were not issued at the time of immediate correction orders. Tag idetification 0480, 0640,	0 000	The Minnesota Department of Health documents the State Licensing 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that 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. Per Minnesota Statute §144G.30, Subd. 5 (c), the assisted living facilities must document any action taken to comply with the correction order. A copy of the provider ' s records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider ' s Plan of Correction." The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144G.31, Subd. 2 and 3.	

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0 000	Continued From page 1 0790, 0970.	0 000		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated April 11, 2023 for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c	0 640		

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0 640	Continued From page 2 The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the licensee failed to post required information for reporting suspected crime. This deficient practice had the potential to affect all residents, staff, and visitors. 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). Findings include: During initial tour of the facility on April 11, 2023, at 10:00 a.m. the investigator observed no posting of information for reporting suspected crime available for staff, residents, and visitors. During an interview on April 13, 2023, at 10:04	0 640		

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0 640	Continued From page 3 a.m. regional director of operations, (RDO)- confirmed that the facility did not have a posting with required information for reporting a suspected crime. The Vulnerable Adult Maltreatment Prevention and Reporting policy dated July 19, 2021, indicated the facility would post information for reporting suspected crime and maltreatment. TIME PERIOD FOR CORRECITON: Seven (7) days.	0 640		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following 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.	0 680		

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0 680	Continued From page 4 (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and document review the licensee failed to ensure a written emergency disaster plan contained all required content, including information for evacuation of three of three residents (R1, R2, and R3) reviewed who required assistance of two staff with a mechanical lift for transfers and relied on wheelchairs for mobility. The licensee did not develop a plan for emergencies that occurred when only two staff were working on the night shift, one in assisted living and one in the secured memory care unit. The emergency disaster plan also did not include staff contact information, staff assignments, transportation arrangements in the event of a need for evacuation, or equipment/materials for communication including resident medical information. This had the potential to affect all 21 residents. The facility was notified of the immediacy on April 12, 2023. The immediacy was removed on April 17, 2023. 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 is 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). Findings include:	0 680		

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0 680	Continued From page 5 R1 admitted to the facility on April 14, 2022, due to diagnoses that included quadriplegia. R1's service agreement dated April 14, 2022, indicated R1 required assistance of two staff for all transfers with a hoyer lift. R1 was non ambulatory and used an electric wheelchair. R1's care plan dated January 24, 2023, indicated R1 required two staff for all transfers with a mechanical lift (hoyer). The care plan indicated R1 required emergency medical services (EMS) to assist with evacuation if not in his wheelchair. R2 admitted to the February 8, 2023, due to diagnoses that included cerebral infarction with hemiplegia and hemiparesis affecting her right dominant side. R2 was non ambulatory. R2's service agreement dated February 8, 2023, indicated R2 required a mechanical lift (Sara-steady/EZ-stand) with assistance of two staff. R2's care plan dated February 8, 2023, indicated R2 required assistance of two staff for all transfers with a mechanical lift (EZ-Stand/Sara Steady). R3 admitted to the facility on April 6, 2022, due to diagnoses that included Spina bifida. R3 was non ambulatory. R3's service agreement dated April 6, 2022, indicated R3 required assistance of two staff and a mechanical (hoyer) lift. R3's care plan dated April 6, 2022, indicated R3 was alert and oriented and independent with all decision making. R3 required assistance of two	0 680		

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0 680	Continued From page 6 staff members and a mechanical (hoyer) lift. R3's evacuation plan indicated R3 may need EMS to assist with evacuation depending on whether R3 was in bed. The evacuation plan indicated staff would physically assist R3 to evacuate with assistance of two "if in bed and time allows". The facility Emergency Preparedness Manual dated October 4, 2022, lacked evidence of a transportation agreement indicating a transportation provider had agreed, in the event of an emergency or disaster situation, to transport residents, volunteers, and/or staff. The manual failed to detail staff assignments in the event of an emergency. The manual failed to include specific instruction for evacuation of residents requiring assistance of two staff, during times when one staff was assigned to the assisted living unit and one staff was assigned to the secured memory care unit. The licensee failed to conduct a minimum of two emergency preparedness drills. During an interview on April 12, 2023, at 3:58 p.m. assisted living director (ALD)-A confirmed the above items were not included in the facility emergency preparedness plan, and to her knowledge had not been completed. ALD-A stated she was not aware of the presence of the "incident command post equipment and materials needed to communicate during an emergency incident response" which according to the facility emergency preparedness plan included resident medical information. ALD-A stated all staff had access to the electronic health record and each staff station had a binder of resident information. (Review of the binder showed that the information did not include the resident's service plan, care plan, or medication list.)	0 680		

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0 680	Continued From page 7 The Emergency Preparedness policy dated July 20, 2021, indicated the licensee will ensure the plan included all elements of Centers for Medicare and Medicaid Services State Operation Manual Appendix Z. The policy indicated the licensee would conduct a minimum of two emergency preparedness drills every twelve months. TIME PERIOD FOR CORRECTION: Two (2) day.	0 680		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the portable fire extinguishers. This deficient condition had the ability to affect all staff, residents, and visitors. 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	0 790		

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0 790	Continued From page 8 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). Findings include: On April 13, 2023, between 12:45 p.m. and 1:35 p.m., survey staff toured the facility with the assisted living director (ALD)-A. During the facility tour, survey staff observed portable fire extinguishers with service tags dated November 2021. This deficient condition was verified by ALD-A accompanying on the facility tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		
0 970 SS=E	144G.50 Subd. 5 Waivers of liability prohibited 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. This MN Requirement is not met as evidenced by: Based on interview and document 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 four of four residents (R1, R3, R5, and R6) reviewed for contracts.	0 970		

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0 970	Continued From page 9 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 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). Findings include: R1 admitted to the facility on April 14, 2022, due to diagnoses that included quadriplegia. R3 admitted to the facility on April 6, 2022, due to diagnoses that included Spina bifida. R5 admitted to the facility on April 28, 2022, due to diagnoses that included cerebral palsy and autistic disorder. R6 admitted to the facility on May 4, 2022, due to diagnoses that included cerebral palsy During an interview on April 13, 2023, at 10:04 a.m. regional director of operations (RDO)-E, confirmed that the four residents' (R1, R2, R5, and R6) assisted living contract did include a waiver of liability, RDO-E stated the facility was aware and had removed the waiver of liability from the current contracts. RDO-E stated she was not aware that the policy included a copy of a contract that included a waiver of liability. The Service Plan policy dated August 1, 2022, did not address waivers of liability. The attached example of a blank service plan included on page 13 indicated the following: "6. I understand that in	0 970		

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SUITE LIVING SENIOR CARE OF BURNSVILLE	1880 134TH STREET EAST BURNSVILLE, MN 55337

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0 970	Continued From page 10 case of a fall or elopement the staff of Suite Living will not be held responsible." TIME PERIOD FOR CORRECTION: Seven (7) days	0 970		
02070 SS=I	144G.81 Subd. 4 Awake staff requirement An assisted living facility with dementia care providing services in a secured dementia care unit must have an awake person who is physically present in the secured dementia care unit 24 hours per day, seven days per week, who is responsible for responding to the requests of residents for assistance with health and safety needs, and who meets the requirements of section 144G.41, subdivision 1, clause (12). This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure a staff person was physically present in the secured dementia unit 24 hours a day. The licensee scheduled two staff members for the night shift, which required a staff member to leave the secured dementia unit unattended to assist with two-person transfers with a mechanical lift for resident (R)1, R2, and R3 who lived on the assisted living unit. This had the potential to impact all the residents residing on the secured dementia unit. The facility was notified of the immediacy on April 12, 2023. The immediacy was removed on April 17, 2023. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death,	02070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38412	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITE LIVING SENIOR CARE OF BURNSVILLE	1880 134TH STREET EAST BURNSVILLE, MN 55337

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02070	Continued From page 11 or a violation that has the potential to lead to 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). Findings include: R1 admitted to the facility on April 14, 2022, due to diagnoses that included quadriplegia. R1's service agreement dated April 14, 2022, indicated R1 required assistance of two staff for all transfers with a hoyer lift. R1 was non ambulatory and used an electric wheelchair. R1's care plan dated January 24, 2023, indicated R1 required two staff for all transfers with a mechanical lift (hoyer). The care plan indicated R1 required emergency medical services (EMS) to assist with evacuation if not in his wheelchair. R2 admitted to the February 8, 2023, due to diagnoses that included cerebral infarction with hemiplegia and hemiparesis affecting her right dominant side. R2 was non ambulatory. R2's service agreement dated February 8, 2023, indicated R2 required a mechanical lift (Sara-steady/EZ-stand) with assistance of two staff. R2's care plan dated February 8, 2023, indicated R2 required assistance of two staff for all transfers with a mechanical lift (EZStand/Sara Steady). R3 admitted to the facility on April 6, 2022, due to diagnoses that included Spina bifida. R3 was non	02070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38412	A. BUILDING: _____ B. WING _____	04/13/2023

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02070	Continued From page 12 ambulatory. R3's service agreement dated April 6, 2022, indicated R3 required assistance of two staff and a mechanical (hoyer) lift. R3's care plan dated April 6, 2022, indicated R3 was alert and oriented and independent with all decision making. R3 required assistance of two staff members and a mechanical (hoyer) lift. R3's evacuation plan indicated R3 may need EMS to assist with evacuation depending on whether R3 was in bed. The evacuation plan indicated staff would physically assist R3 to evacuate with assistance of two "if in bed and time allows". During an interview on April 11, 2023, at 1:38 p.m. Assisted Living Director (ALD)-A confirmed they schedule two staff on the night shift (10:00 p.m. to 6:00 a.m.). During an interview on April 12, 2023, at 12:00 p.m. R3 stated he enjoyed regular independent community activities and drove his own wheelchair adapted vehicle. R3 stated he frequently enjoyed music concerts and returned to the facility during the night. R3 stated he was aware that when he returned during the night shift there was one staff member in memory care and one staff member on assisted living. R3 stated the staff member from memory care left the memory care unit to come to the assisted living side to assist with the lift. During an interview on April 12, 2023, at 1:45 p.m., unlicensed personal (ULP)-C stated there were a total of seven residents living on the assisted living unit that required two staff for all transfers with a mechanical lift (hoyer).	02070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02070	Continued From page 13 Facility schedule dated March 2023 and April 2023, indicated two staff worked from 10:00 p.m. to 6:00 a.m. on the following dates: March 1, 2, 3, 4, 5, 6, 8, 9, 11, 15, 16, 17, 18, 20, 23, 25, 27, 28, 29, 30, and 31, 2023, April 1, 3, 4, 5, 6, 7, 8, 10, and 11, 2023. The facility Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) dated May 4, 2021, indicated the facility provided assistance of two staff with a mechanical lift, transfers with assist of two staff, and identified the typical staffing schedule for the night shift (10:00 p.m. to 6:00 a.m.) consisted of two staff. A document titled "QAPI Meeting" dated June 30, 2022, indicated a quality improvement issue of "staff member on MC [memory care] at all times". A document titled "QAPI Meeting", dated October 26, 2022, indicated a safety concern of "ensuring a staff member is always present on the MC [memory care] unit." The Staffing and Scheduling policy dated July 20, 2021, indicated the clinical nurse supervisor would develop and implement a written staffing plan that provided an adequate number of qualified direct-care staff to meet the residents' needs 24-hours a day, seven days a week and that the staffing levels were adequate to address residents' scheduled and reasonably foreseeable unscheduled needs. TIME PERIOD FOR CORRECTION: Two (2) days.	02070		

DEPARTMENT OF HEALTH

Type: Full
Date: *04/11/23*
Time: 11:50:13
Report: 1036231084

Food and Beverage Establishment Inspection Report

Location:

Suite Living Senior Care of Bu
1880 134TH Street East
Burnsville, MN55337
Dakota County, 19

Establishment Info:

ID #: 0041184
Risk:
Announced Inspection: Yes

License Categories:

Expires on: 12/31/23

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.

4-500 Equipment Maintenance and Operation

4-501.116 ***** Priority 2 *****

MN Rule 4626.0815 Use the sanitizer test kit or other device to accurately measure the concentration of the sanitizing solution.

THE CONCENTRATION OF THE SINK&SURFACE SANITZER OUT OF THE 3 COMP SINK DISPENSER HAD A CONCENTRATION OF 170/452PPM. LARRY ADJUSTED THE CONCENTRATION OF THE SANITIZING BUCKET TO AN APPROVED 700/1875PPM. ECOLAB WAS CONTACTED TO CALIBRATE DISPENSER.

Comply By: 04/18/23

Surface and Equipment Sanitizers

LACTIC ACID & DDBSA: = 170/452 at Degrees Fahrenheit
Location: 3 COMP SINK DISPENSER
Violation Issued: Yes

LACTIC ACID & DDBSA: = 700/1875 at Degrees Fahrenheit
Location: SANITIZER BUCKET
Violation Issued: No

UTENSIL SURFACE TEMP: = at 163.8 Degrees Fahrenheit
Location: HIGH TEMP DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Ambient Temp
Temperature: Degrees Fahrenheit - Location: HOSHIZAKI REACH IN FREEZER
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Ambient Temp
Temperature: Degrees Fahrenheit - Location: HOSHIZAKI REACH IN FREEZER
Violation Issued: No

Process/Item: Cold Hold/MILK
Temperature: Degrees Fahrenheit - Location: HOSHIZAKI REACH IN COOLER
Violation Issued: No

Process/Item: Cold Hold/SLICE MELON
Temperature: Degrees Fahrenheit - Location: HOSHIZAKI REACH IN COOLER
Violation Issued: No

Process/Item: Hot Holding/STEAK
Temperature: Degrees Fahrenheit - Location: STEAM WELL
Violation Issued: No

Process/Item: Hot Holding/MASH POTATO
Temperature: Degrees Fahrenheit - Location: STEAM WELL
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS PEGGY BOECK. INSPECTION CONDUCTED IN PRESENCE OF LARRY DENTZ, THE KITCHEN MANAGER. ALL VIOLATIONS WERE DISCUSSED WITH KITCHEN MANAGER AND HRD EVALUATORS DURING INSPECTION.

DISCUSSED ALL ORDERS ON SITE IN ADDITION TO THE FOLLOWING WITH KITCHEN MANAGER:
- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- SANITIZER USE AND TEST KITS.
- HAND WASHING POLICY AND REVIEW.
- GLOVE USAGE.
- THERMOMETER USE AND CALIBRATION.
- DATE MARKING.
- PEST CONTROL.

FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

**IF ANY RESIDENTS COMPLAIN OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

Type: Full
Date: *04/11/23*
Time: 11:50:13
Report: 1036231084
Suite Living Senior Care of Bu

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the inspection report number 1036231084 of 04/11/23.

Certified Food Protection Manager: HILARY J. DENTZ

Certification Number: FM67369 Expires: 07/14/23

Inspection report reviewed with person in charge and emailed.

Signed: _____
LARRY DENTZ
KITCHEN MANAGER

Signed: _____
Jeff Johanson