



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 3, 2024

Licensee
Bari Care Homes LLC
14741 Neon Street Northwest
Ramsey, MN 55303

RE: Project Number(s) SL40197015

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 October 22, 2024, 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.

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

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. 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 . . ."

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

DOCUMENTATION OF ACTION TO COMPLY

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.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER BARI CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 14741 NEON STREET NORTHWEST RAMSEY, MN 55303			
(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 ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL40197015-0 On October 21, 2024, through October 22, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were three resident(s); all of whom were receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER BARI CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 14741 NEON STREET NORTHWEST RAMSEY, MN 55303			
(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
0 680	Continued From page 1 (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. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness (EP) plan available to staff for utilization during an emergency. This 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when	0 680			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER BARI CARE HOMES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 14741 NEON STREET NORTHWEST RAMSEY, MN 55303		
(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
0 680	Continued From page 2 problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's undated EP plan was not onsite or available in a location that was accessible to employees after hours, on weekends, or on holidays. On October 21, 2024, at 1:22 p.m., clinical nurse supervisor (CNS)-D stated they thought the binder was in the office, however remembered they brought it home to work on and forgot it at home. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;	0 780			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER BARI CARE HOMES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 14741 NEON STREET NORTHWEST RAMSEY, MN 55303		
(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
0 780	Continued From page 3 (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that functioned and were interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents. 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). The findings include: On October 22, 2024, at 11:45 a.m., survey staff toured the facility with clinical nurse supervisor (CNS)-D. CNS-D tested the smoke alarms throughout the home. Upon testing, the smoke alarms it was found that the smoke alarm in bedroom C and the smoke alarm right outside of bedroom C were not working properly and failed	0 780			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER BARI CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 14741 NEON STREET NORTHWEST RAMSEY, MN 55303			
(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
0 780	Continued From page 4 to be interconnected with the rest of the facility. These deficient conditions were visually verified by CNS-D accompanying on the tour and he stated that he understood the smoke alarm requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780			
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store prescription medication according to the manufacturer's directions for one of one resident with refrigerated medications (R2). 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). The findings include:	01880			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER BARI CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 14741 NEON STREET NORTHWEST RAMSEY, MN 55303			
(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
01880	Continued From page 5 On October 22, 2024, at 11:12 a.m., the surveyor observed the medication refrigerator in the nursing office contained four unused Glargine insulin pens, three unused Lispro insulin pens, and two unused Mounjaro insulin pens for R2. The licensee's September and October 2024 medication refrigerator temperature logs indicated refrigerators should be between 36 degrees Fahrenheit and 41 degrees Fahrenheit. The logs did not provide instructions on how to proceed if the temperatures were out of range. The licensee's staff documented the temperature was out of range on: -September 3, 2024, the temperature reading was 32 degrees, -September 7, 2024, the temperature reading was 32 degrees, -September 8, 2024, the temperature reading was 30 degrees, -September 9, 2024, the temperature reading was 32 degrees, -September 10, 2024, the temperature reading was 34 degrees, -September 15, 2024, the temperature reading was 34 degrees, -September 16, 2024, the temperature reading was 32 degrees, -September 17, 2024, the temperature reading was 35 degrees, -September 23, 2024, the temperature reading was 30 degrees, -September 24, 2024, the temperature reading was 32 degrees, -September 25, 2024, the temperature reading was 35 degrees, -October 14, 2024, the temperature reading was 30 degrees, -October 15, 2024, the temperature reading was	01880			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER BARI CARE HOMES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 14741 NEON STREET NORTHWEST RAMSEY, MN 55303		
(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
01880	Continued From page 6 34 degrees, -October 17, 2024, the temperature reading was 34 degrees, and -October 21, 2024, the temperature reading was 35 degrees. On October 22, 2024, licensed assisted living director (LALD)-C stated, "They are supposed to let us know if a temperature is out of range and then they adjust the fridge temperature dial and nursing will order new medication supply. I was not notified before now and I will order new insulin supply." The manufacturer's instructions for Glargine insulin pen dated September 19, 2017, recommended unopened insulin pens be stored in a refrigerator with a temperature range between 36 degrees Fahrenheit (F) and 46 degrees F until opened. The manufacturer's instructions for Lispro insulin pen dated October 20, 2023, recommended unused insulin pens be stored in a refrigerator with the temperature range set between 36 degrees F and 46 degrees F. Do not freeze insulin pens and if frozen discard insulin pens. The manufacturer's instructions for Mounjaro insulin pen dated May 2024, recommended unused insulin pens be stored in a refrigerator with the temperature range set between 36 degrees F and 46 degrees F. Do not freeze insulin and if pen has been frozen discard insulin pen. The licensee's 7.11 Medication Storage policy dated August 1, 2023, indicated "Medications will be stored consistent with manufacturer's recommendations (refrigerated, room	01880			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER BARI CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 14741 NEON STREET NORTHWEST RAMSEY, MN 55303			
(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
01880	Continued From page 7 temperature, or frozen). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			



Minnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 10/21/24
Time: 11:30:00
Report: 1025241204

Food and Beverage Establishment Inspection Report

Page 1

Location:

BARI CARE HOMES LLC
14741 NEON STREET NORTHWEST
Ramsey, MN55303
Ramsey County, 62

Establishment Info:

ID #: 0043723
Risk:
Announced Inspection: Yes

License Categories:

Expires on: 12/31/24

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.

No NEW orders were issued during this inspection.

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

Received plan documents for kitchen including dishwasher manual to verify dishwasher meets the minimum requirements for NSF 184.

Food TMD available

Deli meat refrigerator 39 deg F

FACILITY

Appliances are residential

SINK USAGE

Facility has a two (2) compartment sink

Facility has a dishwasher with a sanitize cycle

COUNTERTOPS AND FOOD CONTACT SURFACES

Provide a smooth, non-porous food contact surface (e.g. cutting boards) that can be easily washed, rinsed, and sanitized (e.g. run through the dishwasher). Soap and water can be used to clean non-food contact surfaces. By provided a cutting board or other non-porous food contact surface, the countertops can be kept clean without the use of substances which may damage the finish. Do not use wood as a food contact surface.

DISHWASHING - NSF 184

Dishwasher has a sanitizing rinse option (NSF/ANSI Standard 184) - use this option to sanitize utensils

Provide a means of testing the internal contact temperature of utensil in the dishwasher

In case of emergency or service interruption, have an alternate means of chemical sanitizing available (e.g. a bus tub or other basin, to be filled with water and sanitizing solution e.g. chlorine bleach (non-scented,

Type: Full
Date: 10/21/24
Time: 11:30:00
Report: 1025241204
BARI CARE HOMES LLC

Food and Beverage Establishment Inspection Report

Page 2

labeled for Sanitizing Food Contact Surfaces) at 50-100 PPM; provide a test kit for chemical sanitizing)

EQUIPMENT

MN 4626.0506 includes alternate equipment and finish requirements for adult care facilities which serve TCS foods for same-day service only:

MN 4626.0506 G. A food establishment that is an adult care center, child care center, or boarding establishment does not need to comply with item A [certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program for food service equipment] if approved by the regulatory authority and the food establishment:

- (1) serves only non-TCS food; or
- (2) prepares TCS foods only for same-day service.

Discontinue any service of TCS food for multiple day service (e.g. cooling and reservice of leftovers of prepared and cooked TCS food), or upgrade finishes and equipment in the kitchen

GENERAL COMMENTS

CFPM (Certified Food Protection Manager)

For information, please search "MDH CFPM"

Discussed employee health and hygiene, exclusion for individuals from the kitchen with vomiting and/or diarrheal illness, sore throat with fever, or reportable illness; food cooking and holding temperatures, cross-contamination, allergens, food storage order in refrigerator, separating resident food from medication or staff food, avoiding bare hand contact with foods which will not be cooked (cut fruit, deli sandwiches), chemical label, use, and storage, pest control, quarantine meals

Date marking TCS foods (when packages are opened or food is prepared, date mark and discard after 7 days, except for certain cultured dairy products)

Discussed food source, recalls, and refusing food which has signs of tampering or temperature abuse

Information on food recalls available "MDA Food Recall"

<https://www.mda.state.mn.us/food-feed/food-recalls-consumer-advisories-minnesota>

FACT SHEETS

Please search "MDH Fact Sheets" for the Food Business fact sheets page

"Cleaning and Sanitizing" <https://www.health.state.mn.us/communities/environment/food/docs/fs/cleansanfs.pdf>

"Food Cooking Temperatures"

<https://www.health.state.mn.us/communities/environment/food/docs/fs/timetempfs.pdf>

"Date Marking TCS foods"

<https://www.health.state.mn.us/communities/environment/food/docs/fs/datemarkingfs.pdf>

"Highly Susceptible Populations" - no service or raw or undercooked animal food, use Pasteurized eggs when preparing eggs raw or undercooked or batching scrambled eggs

<https://www.health.state.mn.us/communities/environment/food/docs/fs/highsuspopfs.pdf>

Type: Full
Date: 10/21/24
Time: 11:30:00
Report: 1025241204
BARI CARE HOMES LLC

Food and Beverage Establishment Inspection Report

Page 3

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 1025241204 of 10/21/24.

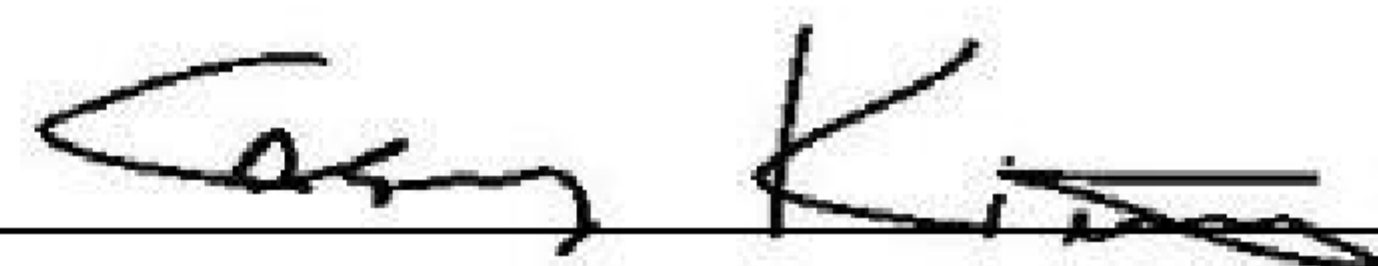
Certified Food Protection Manager: Jacob M Mabera

Certification Number: FM118572 Expires: 09/05/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

Establishment Representative

Signed:  _____

Casey Kipping
Public Health Sanitarian III
Freeman Building St Paul
651-201-4513
casey.kipping@state.mn.us

Report #: 1025241204		Food Establishment Inspection Report							
 Minnesota Department of Health Division of Environmental Health, FPLS P.O. Box 64975 St. Paul, MN 55164-0975		No. of RF/PHI Categories Out		0		Date 10/21/24			
		No. of Repeat RF/PHI Categories Out		0		Time In 11:30:00			
		Legal Authority MN Rules Chapter 4626				Time Out			
BARI CARE HOMES LLC		Address 14741 NEON STREET NORTHWEST		City/State Ramsey, MN		Zip Code 55303		Telephone	
License/Permit # 0043723		Permit Holder		Purpose of Inspection Full		Est Type		Risk Category	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item									
Mark "X" in appropriate box for COS and/or R									
IN= in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS=corrected on-site during inspection R= repeat violation									
Compliance Status				COS		R			
Supervision									
1 ☒ IN ☐ OUT				PIC knowledgeable; duties & oversight					
2 ☒ IN ☐ OUT N/A				Certified food protection manager, duties					
Employee Health									
3 ☒ IN ☐ OUT				Mgmt/Staff;knowledge,responsibilities&reporting					
4 ☒ IN ☐ OUT				Proper use of reporting, restriction & exclusion					
5 ☒ IN ☐ OUT				Procedures for responding to vomiting & diarrheal events					
Good Hygienic Practices									
6 ☒ IN ☐ OUT N/O				Proper eating, tasting, drinking, or tobacco use					
7 ☒ IN ☐ OUT N/O				No discharge from eyes, nose, & mouth					
Preventing Contamination by Hands									
8 ☒ IN ☐ OUT N/O				Hands clean & properly washed					
9 ☒ IN ☐ OUT N/A N/O				No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed					
10 ☒ IN ☐ OUT				Adequate handwashing sinks supplied/accessible					
Approved Source									
11 ☒ IN ☐ OUT				Food obtained from approved source					
12 ☐ IN ☐ OUT N/A ☒ N/O				Food received at proper temperature					
13 ☒ IN ☐ OUT				Food in good condition, safe, & unadulterated					
14 ☐ IN ☐ OUT ☒ N/A N/O				Required records available; shellstock tags, parasite destruction					
Protection from Contamination									
15 ☒ IN ☐ OUT N/A N/O				Food separated and protected					
16 ☒ IN ☐ OUT N/A				Food contact surfaces: cleaned & sanitized					
17 ☒ IN ☐ OUT				Proper disposition of returned, previously served, reconditioned, & unsafe food					
GOOD RETAIL PRACTICES									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R= repeat violation									
				COS		R			
Safe Food and Water									
30 ☐ IN ☐ OUT ☒ N/A				Pasteurized eggs used where required					
31 ☐ IN ☐ OUT				Water & ice obtained from an approved source					
32 ☐ IN ☐ OUT ☒ N/A				Variance obtained for specialized processing methods					
Food Temperature Control									
33 ☐ IN ☐ OUT				Proper cooling methods used; adequate equipment for temperature control					
34 ☐ IN ☐ OUT N/A ☒ N/O				Plant food properly cooked for hot holding					
35 ☐ IN ☐ OUT N/A ☒ N/O				Approved thawing methods used					
36 ☐ IN ☐ OUT				Thermometers provided & accurate					
Food Identification									
37 ☐ IN ☐ OUT				Food properly labeled; original container					
Prevention of Food Contamination									
38 ☐ IN ☐ OUT				Insects, rodents, & animals not present					
39 ☐ IN ☐ OUT				Contamination prevented during food prep, storage & display					
40 ☐ IN ☐ OUT				Personal cleanliness					
41 ☐ IN ☐ OUT				Wiping cloths: properly used & stored					
42 ☐ IN ☐ OUT				Washing fruits & vegetables					
Food Recalls:									
Person in Charge (Signature)									
Date: 10/22/24									
Inspector (Signature)									