Electronically Delivered

August 8, 2025

Licensee
Benedictine Living Community
1705 Windermere Way
Shakopee, MN 55379

RE: Project Number(s) SL36413016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 11, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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 2: a fine of $500 per violation, 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 survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. 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.

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

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.

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

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. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at

the website listed above.

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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36413	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE LIVING COMMUNITY	1705 WINDERMERE WAY SHAKOPEE, MN 55379

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ***ATTENTION*** ASSISTED LIVING PROVIDER LICENSING CORRECTION 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: SL36413016 On June 9, 2025, through June 11, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 211 residents; 86 receiving services under the Assisted Living Facility with Dementia Care 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated June 9, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (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. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain a TB (tuberculosis) prevention and control program based on the most current guidelines issued by the centers for Disease Control and Prevention (CDC) guidelines and the Minnesota Department of Health (MDH). The licensee failed to ensure one of two unlicensed personal (ULP-D) were screened for active TB and retained documentation in the employees' file. 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	0 660		

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0 660	Continued From page 4 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: ULP-D was hired on October 31, 2024, to provide direct care under the licensee's Assisted Living with Dementia Care license. On June 9, 2025, at 11:25 a.m., the surveyor observed ULP-D administering medications to R2. ULP-D's employee file contained a document from Allina Laboratory for a negative TB test, dated October 23, 2024. ULP-D's employee file did not include a symptom screen to assess for current symptoms as required. On June 10, 2025, at 3:00 p.m., director of nursing (DON)-B and regional director of housing (RDH)-H stated ULP-D's file was missing a TB symptom screen and stated their human resources department stated that if the QuantiFERON testing was negative they did not have to do a symptom screen. The licensee's Tuberculin Screening of Associates policy dated June 2017, indicated baseline screening is required for all associates and consists of assessing for current symptoms of active TB disease, assessing TB history, and TB testing.	0 660		

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0 660	Continued From page 5 The MDH guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings" dated July 2013, and based on CDC guidelines, indicated all health care settings in Minnesota should perform an initial facility TB risk assessment. A TB infection control program should include the following: written TB infection control procedures. HCW's education should focus on basic information about your health care setting's infection control plan (i.e., how to implement your early recognition, isolation, and referral procedure), especially any sections that employees are responsible for implementing. The guidelines also indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the	0 775		

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0 775	Continued From page 6 Minnesota State Fire Code. This had the potential to directly 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: On a facility tour on June 10, 2025, at 10:45 a.m., with licensed assisted living director (LALD)-A and environmental service director (ESD)-F, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511: There was a controlled egress locking system installed on the emergency exit doors in the memory care unit. The controlled egress door locking system was not provided with a device capable of deactivating the egress door hardware to the unlocked position from the nurse station or other approved location for occupants to exit in the event of an emergency. The controlled egress locking system is required to be provided with a switch or device located at the nurse station or other approved location to deactivate the delayed egress locked exit doors for building occupants to exit in the event of an emergency.	0 775		

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0 775	Continued From page 7 TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Benedictine Living Community
1705 Windermere Way
Shakopee, MN 55379
Scott County
Parcel:

Phone:

License Info

License: HFID 36413

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1013251026
Inspection Type: Follow-up - Single
Date: 6/11/2025 Time: 3:52:45 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery: Emailed

Previous Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: DEBRIS, GRIME, AND A FOOD PREP GLOVE WERE BEHIND THE COOK LINE PREP COOLER LID. FOOD BUILDUP AND DEBRIS WERE ON THE ROLLING RACK WITH CLEAN COFFEE MUGS. COMPLY WITH RULE. DISCUSSED CLEANING PROCEDURES WITH STAFF.
Comply By: 6/9/2025 Originally Issued On: 6/9/2025

Food & Beverage General Comment

The operator emailed pictures to the inspector to correct previously issued orders. A site visit was not completed.

- A test kit was purchased to test the hot water sanitizing dish machines.

- The can opener was cleaned and sanitized.

- Spray bottles were labeled with the name of the product.

- Raw ground beef was moved below and away from ready-to-eat food inside the prep cooler and walk-in cooler.

- The Memory Care kitchen tall cooler was repaired by a technician on 6/11/25. The ambient air temperature after repairs was 37-41F.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1013251026 from 6/11/2025

Jerry Malloy

Alessandro Naldi

Jerry Malloy,

Operator

Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

Benedictine Living Community
Shakopee
County/Group: Scott County

Inspection Info

Report Number: F1013251026
Inspection Type: Follow-up
Date: 6/11/2025
Time: 3:52:45 PM

Equipment Temperature: Product/Item/Unit: Memory Care Tall Cooler**; Temperature Process:** Ambient Air
Location: Memory Care Tall Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

Benedictine Living Community
Shakopee
County/Group: Scott County

Inspection Info

Report Number: F1013251026
Inspection Type: Follow-up
Date: 6/11/2025
Time: 3:52:45 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 162 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Memory care kitchen **Equal To** 167 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Sink and Surface**; Sanitizing Process:** 3-Compartment Sink
Location: Dishwashing Area **Equal To** PPM
Comment: 700, 1875 ppm
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Benedictine Living Community
1705 Windermere Way
Shakopee, MN 55379
Scott County
Parcel:

Phone:

License Info

License: HFID 36413

Risk:
License:
Expires on:
CFPM: Alessandro Naldi
CFPM #: 115165; Exp: 2/23/2026

Inspection Info

Report Number: F1013251024
Inspection Type: Full - Single
Date: 6/9/2025 Time: 01:00:00 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 2
Total Priority 2 Orders: 3
Total Priority 3 Orders: 1
Delivery: Emailed

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: PACKAGED RAW BEEF WAS STORED IN CONTACT WITH CANS OF LEMON LIME SODA LOCATED IN THE KITCHEN WALK-IN COOLER. A PAN OF RAW HAMBURGERS WAS STORED ON A SHELF DIRECTLY ABOVE PORTIONED SAUCES/DRESSINGS IN THE COOK LINE PREP COOLER. COMPLY WITH RULE. DISCUSSED FOOD STORAGE WITH STAFF AND THE RAW MEATS WERE MOVED BELOW AND AWAY.
Comply By: 6/9/2025 Originally Issued On: 6/9/2025

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: 6/9/25 REPEAT
FOUR HALF GALLONS OF MILK MEASURING 50-56F WERE STORED IN AN ICE BATH IN THE SERVICE AREA. PER STAFF THE MILKS WERE REMOVED FROM TEMP CONTROL FOR USE DURING LUNCH. THE MILKS WERE STORED AT ROOM TEMP AFTER LUNCH SERVICE. COMPLY WITH RULE. DISCUSSED TEMP CONTROL AND MECHANICAL REFRIGERATION USE WITH STAFF. THE MILKS WERE DISCARDED. ORDER WAS ISSUED ON 12/12/22.
TCS FOODS MEASURED 52-55F IN THE MEMORY CARE KITCHEN TALL COOLER. SEE TEMP LOG. THE AMBIENT AIR TEMP IN THE COOLER WAS 50F. PER STAFF THE FOODS WERE IN THE COOLER SINCE BREAKFAST (OVER 4 HOURS). COMPLY WITH RULE. TCS FOODS WERE DISCARDED.
Comply By: 6/9/2025 Originally Issued On: 6/9/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT: HOT WATER SANITIZING DISH MACHINES ARE USED IN THE MAIN KITCHEN AND MEMORY CARE KITCHEN. NO TEST KIT MEETING THE ABOVE REQUIREMENT WAS AVAILABLE. COMPLY WITH RULE.
Comply By: 6/25/2025 Originally Issued On: 6/9/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11A *Priority Level: Priority 2 CFP#: 16*
MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.
COMMENT: GRIME AND DEBRIS BUILDUP WERE ON THE CAN OPENER BLADE. PER STAFF THE CAN OPENER WAS NOT USED ON THE DAY OF INSPECTION. COMPLY WITH RULE. DISCUSSED CLEANING PROCEDURES WITH STAFF AND THE CAN OPENER WAS WASHED.
Comply By: Complied On Site Originally Issued On: 6/9/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: DEBRIS, GRIME, AND A FOOD PREP GLOVE WERE BEHIND THE COOK LINE PREP COOLER LID. FOOD BUILDUP AND DEBRIS WERE ON THE ROLLING RACK WITH CLEAN COFFEE MUGS. COMPLY WITH RULE. DISCUSSED CLEANING PROCEDURES WITH STAFF.
Comply By: 6/9/2025 Originally Issued On: 6/9/2025

New Order: 7-100 Toxic Labeling
7-102.11 *Priority Level: Priority 2 CFP#: 28*
MN Rule 4626.1595 Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.
COMMENT: NUMEROUS SPRAY BOTTLES WITHOUT LABELS CONTAINING A RED LIQUID WERE STORED IN THE KITCHEN. PER STAFF THE PRODUCTS WERE SANITIZER. COMPLY WITH RULE. REQUESTED STAFF LABEL THE SPRAY BOTTLES.
Comply By: 6/9/2025 Originally Issued On: 6/9/2025

Food & Beverage General Comment

The inspection was completed with the operator and reviewed with MDH Nurse Evaluator T. Fearon.

The establishment has a main kitchen, cafe, and memory care kitchen.

Discussed staff illness policy, serving highly susceptible populations, temperature control, cooling, reheating, final cook temperatures, sanitizer, ware washing, cleaning, food storage, and food handling procedures.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1013251024 from 6/9/2025

Jerry Malloy

Alessandro Naldi
Operator

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

Benedictine Living Community
Shakopee
County/Group: Scott County

Inspection Info

Report Number: F1013251024
Inspection Type: Full
Date: 6/9/2025
Time: 01:00:00 PM

Food Temperature: Product/Item/Unit: Yogurt**; Temperature Process:** Cold-Holding
Location: Memory Care Tall Cooler at 55 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Whipped cream dessert**; Temperature Process:** Cold-Holding
Location: Memory Care Tall Cooler at 52 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Memory Care Tall Cooler at 55 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Room temp in service area at 55 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Cheese**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Soup**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Corn**; Temperature Process:** Hot-Holding
Location: Steamer at 151 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Whipped Cream**; Temperature Process:** Cold-Holding
Location: Tall cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sausage**; Temperature Process:** Cold-Holding
Location: Cold drawers at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Deli meat**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Diced tomatoes**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Soup**; Temperature Process:** Hot-Holding
Location: Steam Table at 206 Degrees F.
Comment:
Violation Issued?: No

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Sanitizer Observations/Recordings

Establishment Info

Benedictine Living Community
Shakopee
County/Group: Scott County

Inspection Info

Report Number: F1013251024
Inspection Type: Full
Date: 6/9/2025
Time: 01:00:00 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 162 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Memory care kitchen **Equal To** 167 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Sink and Surface**; Sanitizing Process:** 3-Compartment Sink
Location: Dishwashing Area **Equal To** PPM
Comment: 700, 1875 ppm
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No