Electronically Delivered

July 24, 2024

Licensee
Amana Home Care
7010 Bloomington Avenue South
Richfield, MN 55423

RE: Project Number(s) SL36341015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 21, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

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

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Renee L Anderson

Renee L Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 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
	36341	A. BUILDING: _____ B. WING _____	06/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANA HOME CARE	7010 BLOOMINGTON AVENUE SOUTH RICHFIELD, MN 55423

(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 In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: SL36341015-0 On June 17, 2024, through June 21, 2024, 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 three (3) residents, all of whom received services under the provider's Assisted Living 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 License 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 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 surveyors' 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 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated June 17, 2024, 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 to the FBEIR for any compliance dates.	0 480		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control	0 660		

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0 660	Continued From page 2 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 interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which includes baseline testing, for one of two employees (registered nurse (RN)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The facility TB risk assessment was completed July 7, 2023, and indicated the facility was at a low risk for TB transmission. RN-C was hired July 1, 2023, and provided direct	0 660		

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0 660	Continued From page 3 care services to the residents of the facility. RN-C's employee record included a negative TB Gold test which was completed on August 1, 2022, which had been 334 days after RN-C's hire date. On June 18, 2024, at 11:40 a.m., office manager (OM)-B stated RN-C's employee file lacked TB testing prior to August 1, 2022, and licensee's nursing department was responsible to ensure TB screening and testing would be completed upon hire. OM-B further stated licensee's understanding was TB testing results would be good to use for up to one year after hire. The Regulations for TB Control in Minnesota Health Care Settings dated July 2013, noted training was required at the time of hire and included: pathogenesis, signs symptoms, and the licensee's infection control plan. In addition, baseline screening for all HCW included a history and symptom screen, and testing for the presence of TB infection. The regulations noted a blood test should include the date of the test. According to the regulations, if a HCW had documentation for latent TB, that documentation could be substituted for documentation of a previous positive two-step Tuberculin Skin Test (TST) or blood test. The Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019 dated May 16, 2019, indicated all health care personnel should have a baseline TB screening including an individual risk assessment.	0 660		

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0 660	Continued From page 4 The licensee's Tuberculosis Screening/Prevention policy dated August 1, 2021, indicated licensee would observe the recommended precautions related to TB prevention as identified by the Center for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH), and the precautions would include the following: Risk Assessment, TB Screening, and Staff Education. Furthermore, if a new employee had a documented negative TST result within the previous 90 days, a single TST would be administered in the new setting, before providing care. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
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:	0 790		

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0 790	Continued From page 5 Based on observation and interview, the licensee failed to provide current tags and documentation of annual inspections of all the fire extinguishers. 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). Findings include: On a facility tour on June 18, 2024, at 10:00 a.m., with registered nurse (RN)-C, survey staff observed that the fire extinguishers throughout the facility, did not have current tags or documentation to indicate that annual inspections had been performed as required. Annual inspections of the fire extinguishers are required to ensure that all systems are maintained and remain in working order. RN-C verbally confirmed survey staff observations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 790		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn	01370		

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01370	Continued From page 6 (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.	01370		

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01370	Continued From page 7 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency was completed with all required content for one of one employee (unlicensed personnel (ULP)-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-E was hired was hired on February 27, 2024, to provide direct care services to residents of the assisted living facility. ULP-E's employee record lacked documentation of training and competency evaluations for ULP providing assisted living services including: -appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing; -care of teeth, gums, and oral prosthetic devices; -care and use of hearing aids; -dressing and assisting with toileting; -standby assistance techniques and how to perform them; and -preparation of modified diets as ordered by a licensed health professional. On June 18, 2024, at 1:09 p.m., licensed assisted living director (LALD)-A stated via telephone conversation that ULP-E lacked training and competency testing in the required content listed	01370		

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01370	Continued From page 8 above. LALD-A further stated licensee would use their "Home Health Aide Competency Evaluation" paper form to complete training and competency evaluations of ULP's. Moreover, LALD-A stated licensee had started providing new hires with electronic training through EduCare (an electronic training program), which did not include all the required content. The licensee's Staff Competency policy dated August 1, 2021, indicated all residents would receive quality delivered by staff who were educated and competent in the delivery of assisted living services. Furthermore, unlicensed personnel who are not a registered nursing assistant would receive additional training with a written or oral competency test, and a skills demonstration on the following topics: -care of teeth, gums, and oral prosthetic devices; -care and use of hearing aids; -dressing and assisting with toileting; -training on the prevention of falls; -safe transfer; and techniques and ambulation and -range of motioning and positioning. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status;	01380		

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01380	Continued From page 9 (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure competency evaluation was completed with all required content for one of one employee (unlicensed personnel (ULP)-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-E was hired was hired on February 27, 2024, to provide direct care services to residents of the assisted living facility. On June 18, 2024, at 9:30 a.m., ULP-E was observed administering oral medications to R1.	01380		

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01380	Continued From page 10 On June 18, 2024, at 9:45 a.m., ULP-E stated he was trained by the registered nurse (RN) on oral medication administration prior to medication administration. ULP-E's employee record lacked competency evaluation documentation for ULP providing assisted living services including: - reading and recording temperature, pulse, and respirations of the resident; - safe transfer techniques and ambulation; - range of motioning and positioning; and - administering medications or treatments as required. On June 18, 2024, at 1:09 p.m., licensed assisted living director (LALD)-A stated ULP-E received competency evaluation on the required content listed above by the RN; however, ULP-E's employee record lacked documentation of the required content listed above. LALD-A further stated licensee would use their "Home Health Aide Competency Evaluation" paper form to complete training and competency evaluations of ULP's. Moreover stated licensee had started providing new hires with electronic training via EduCare, which did not include all the required content. The licensee's Staff Competency policy dated August 1, 2021, indicated all residents would receive quality delivered by staff who were educated and competent in the delivery of assisted living services. Furthermore, unlicensed personnel who are not a registered nursing assistant would receive additional training with a written or oral competency test, and a skills demonstration on the following topics: - reading and recording temperature, pulse, and respirations of the resident;	01380		

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01380	Continued From page 11 - safe transfer techniques and ambulation; - range of motioning and positioning; and - administering medications or treatments as required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by:	01440		

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01440	Continued From page 12 Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) conducted supervision of unlicensed personnel (ULP) performing delegated tasks as required, within 30 days of performing delegated tasks for one of one employee (ULP-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-E was hired on February 27, 2024, to provide direct care services to residents of the assisted living facility. On June 18, 2024, at 9:30 a.m., ULP-E was observed administering oral medications to R1. ULP-E's employee record contained Notes on Staff Supervision Summary of Unlicensed Personnel, dated May 9, 2024, which was 72 days after he began providing delegated tasks under the facilities assisted living license. There was no further evidence RN supervision had occurred. On June 18, 2024, at 1:09 p.m., during a phone conversation, licensed assisted living director (LALD)-A stated ULP-E supervision did not occur within 30 days of performing delegated tasks as required.	01440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36341	A. BUILDING: _____ B. WING _____	06/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANA HOME CARE	7010 BLOOMINGTON AVENUE SOUTH RICHFIELD, MN 55423

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01440	Continued From page 13 The licensee's Supervision of Unlicensed Staff policy dated August 1, 2021, indicated direct supervision of home health aides performing delegated tasks would be provided within 30 days after the individual begins working for the assisted living provider and thereafter as needed based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective	01620		

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	36341	A. BUILDING: _____ B. WING _____	06/21/2024

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01620	Continued From page 14 resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing client monitoring and reassessment, not to exceed 90 calendar days from the last date of the assessment for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or situation has occurred only occasionally). The findings include: R1 was admitted January 20, 2023, and had diagnoses to include bipolar disorder, anxiety, major depression, and diabetes mellitus type 2. R1's care plan dated May 16, 2024, indicated services including activities of daily living, meal set-up, weekly housekeeping, and medication management. R1's record included documentation of 90-day nursing reassessments completed February 7, 2024, and May 16, 2024, which had been eight (8) days past the 90-day reassessment due date. No further 90-day assessments were documented in R1's record. On June 20, 2024, at 2:30 p.m., RN-C stated the	01620		

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	36341	A. BUILDING: _____ B. WING _____	06/21/2024

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01620	Continued From page 15 nurse on duty would be responsible for ensuring 90-day assessments would be completed timely. RN-C further stated R1's assessments were not completed timely and that licensee's tracking system in RTask (electric documentation system) was supposed to alert them as to when 90-day assessments would be due. The licensee's Assessment and Reassessment policy, dated August 1, 2021, indicated the RN would complete ongoing reassessments, not to exceed 90 days from the last day of the previous assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to dispose of expired medications and ensure medications were labeled correctly for one of one resident (R1). 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	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01890	Continued From page 16 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's master care plan dated May 16, 2024, indicated R1 received services to include medication management. On June 18, 2024, at 9:40 a.m., a review of the medication storage area was completed. The following was observed: Expired medication - Ondansetron (to treat nausea) prescribed to R1 had an expiration date of June 11, 2024. Incorrectly labeled medications - Fluticasone 50mcg SPR nasal spray (to treat allergies) prescribed to R1 did not indicate a resident name; and - Olopatadine 0.2% Sol eye drop (to treat itchy eyes) prescribed to R1 did not indicate a resident name. On June 18, 2024, at 9:35 a.m., registered nurse (RN)-C stated the previously listed medications were expired or not properly labeled. RN-C further stated the RN would check for expired medications on a monthly basis. The licensee's Storage/Control of Medications policy dated August 1, 2021, indicated a licensed nurse would regularly set up medications in a clearly labeled container, based on the resident's medication regimen, and check medication expiration dates. Furthermore, the medication	01890		

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01890	Continued From page 17 would be labeled completely and legibly with the following information: - resident's name; and - expiration date for time-dated drugs. No further information provided. PERIOD FOR CORRECTION: Seven (7) days	01890		

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

Type: Full
Date: *06/17/24*
Time: 13:30:00
Report: 1050241118

Food and Beverage Establishment Inspection Report

Location:
Amana Home Care
Amana Home Care
7010 Bloomington Avenue South
Richfield, MN55423
Hennepin County, 27

Establishment Info:
ID #: 0038245
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6128161890
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.

7-100 Toxic Labeling

7-102.11 ***** Priority 2 *****

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.

OBSERVED UNLABELED BOTTLE CONTAINING CLEAR LIQUID SOLUTION. DISCUSSED PROPERLY MARKING CONTAINER IF USING SECONDARY CONTAINER. COMPLY WITH RULE ABOVE.

OPERATOR CORRECTED ON SPOT AND LABELED CONTAINER 6/17/24

Comply By: 06/19/24

Surface and Equipment Sanitizers

Hot Water: = at 182.8F Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

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

Inspection was completed by MDH Andrew Spaulding and Fara assistant manager. Rhonda Makela was the lead Health Regulation Division Nurse Evaluator. Facility has three residents on site at time of inspection. Meals are prepared on site. This establishment has a residential kitchen. The kitchen has wood cabinets with a hollow base and tile flooring. All found to be in good condition. Counter tops were replaced a month ago.

No cooked meals are kept inside of refrigerator. No leftovers are kept after meals are cooked. Utensils are plastic and thrown out after use.

Adams pest management provides services on a as needed basis annually. Deep freezer is locked at all times, all food are labeled and kept 3 days max for leftovers.

Discussed the following:
-Employee illness policy and logging requirements
-Handwashing
-Glove-use and bare hand contact
-Food storage and preventing cross contamination
-Date marking
-Vomit clean up procedures
-Restrictions concerning serving a highly susceptible population

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 1050241118 of 06/17/24.

Certified Food Protection Manager: Rowda M. Farah

Certification Number: FM108591 Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed: _____
Rowda M. Farah
Operatorr

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