Electronically Delivered

May 4, 2022

Administrator
Bigfork Valley Villa
258 Pine Tree Drive
Bigfork, MN 56628

RE: Project Number(s) SL20243015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on April 20, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

The enclosed State Form documents the state licensing orders. The Department of Health 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 imposed immediately with no opportunity to correct the violation first as follows:

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

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

Free from Maltreatment reconsideration requests should addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

St. Paul, MN 55164-0970 St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20243	A. BUILDING: _____ B. WING _____	04/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIGFORK VALLEY VILLA	258 PINE TREE DRIVE BIGFORK, MN 56628

(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 Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders have 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: SL#20243015 On April 19, 2022, through April 20, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders were issued. At the time of the survey, there were six (6) residents receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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.	
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to	01650		

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01650	Continued From page 1 (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the service plan included all required content for two of two residents (R1, R2) with records reviewed. 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	01650		

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01650	Continued From page 2	01650		

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:

R1
R1's diagnoses included chronic obstructive pulmonary disease (COPD), transient ischemic attack (TIA) and chronic pain.

R1's service plan dated August 12, 2021, indicated R1 received services to include medication administration, wellness checks, assistance with compression stockings (TEDs), vital checks weekly and fall monitoring.

On April 20, 2022, at approximately 9:11 a.m., the surveyor observed unlicensed personnel (ULP)-D assist R1 with medication administration, application of a TED stocking to left leg and monitoring of oxygen supplement use.

R1's service plan lacked the following required content:
- a description of the services to be provided, and the frequency of each service, according to the resident's current assessment and resident preferences;
- the identification of staff or categories of staff who will provide the services; and
- the method for supervision of staff.

R1's Scheduled Services dated April 2022, included the following completed services signed off by unlicensed personnel and licensed nursing staff:

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01650	Continued From page 3 - appointment setup; - fall risk safety; - weight; - wellness/safety checks; - nail care by LPN or RN only; - 24-hour emergency call pendant; - appointment transportation; - infection control daily; - vital signs; - socialization/activities; - monitor for UTI; - linens, housekeeping, laundry; - dressing (TEDs); - bathing; and - eating breakfast, lunch and dinner. R2 R2's diagnoses included carcinoma of colon, chronic kidney disease and hypertension. R2's service plan dated August 16, 2021, indicated R2 received services to include medication administration, vitals, wellness checks, 24-hour emergency response, nutrition and housekeeping services. On April 20, 2022, at approximately 9:43 a.m., the surveyor observed ULP-D assist R2 with medication administration and catheter bag cleansing. R2's service plan lacked the following required content: - a description of the services to be provided, and the frequency of each service, according to the resident's current assessment and resident preferences; - the identification of staff or categories of staff who will provide the services; and - the method for supervision of staff.	01650		

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01650	Continued From page 4 R2's Scheduled Services dated April 2022, included the following completed services signed off by unlicensed personnel and licensed nursing staff: - use of appropriate PPE; - observe for signs symptoms of abuse; - daily covid screening; - vital signs; - fall prevention; - housekeeping, linen, laundry; - wellness checks; - urine drainage bag; - infection control daily; - 24-hour emergency call pendant; and - nutrition meals breakfast, lunch and dinner. On April 20, 2022, at approximately 10:58 a.m., clinical nurse supervisor (CNS)-B confirmed the service plan did not list the tasks being performed for managing and monitoring R1 and R2's individual needs. Additionally, CNS-B stated all resident service plans are setup the same way and the site would work with the software provider to review what could be adjusted. The licensee's Contents of Service Plans policy revised August 2021, indicated all service plans would include a description of services provided and the schedule and method of monitoring staff providing services. Additionally, the policy indicated service plans were reviewed and revised as needed based upon ongoing resident assessments. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		

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01730	Continued From page 5	01730		
01730 SS=E	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any	01730		

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01730	Continued From page 6	01730		

changes.
(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.

This MN Requirement is not met as evidenced by:
Based on observation, interview and record review, the licensee failed to develop and maintain a current individualized medication management plan for each resident to include all required content for two of two residents (R1, R2) with records reviewed.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).

The findings include:

During the entrance conference on April 19, 2022, at approximately 11:00 a.m., clinical nurse supervisor (CNS)-B confirmed the licensee provided medication management services to the residents in the facility.

R1
R1's diagnoses included chronic obstructive pulmonary disease (COPD), transient ischemic attack (TIA) and chronic pain.

R1's service plan dated August 12, 2021,

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01730	Continued From page 7 indicated R1 received services to include medication administration two times daily. R1's electronic medication administration record (EMAR) dated March 2022 included the following medications: a mild pain reliever, a cholesterol reducer, a vitamin supplement, a multivitamin, a mood stabilizer, a diuretic, an allergy medication, an anti-depressant, one stomach acid reducer, one anti-tremor, one blood thinner, two inhalers, one nasal spray and one eye drop. On April 20, 2022, at approximately 9:11 a.m., the surveyor observed unlicensed personnel (ULP)-D assist R1 with medication administration. R1's medication management record did not include the following: - a statement describing the medication management services that will be provided; - documentation of specific resident instructions relating to the administration of medications; - medication management tasks that may be delegated to unlicensed personnel; and - any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. R2 R2's diagnoses included carcinoma of colon, chronic kidney disease and hypertension. R2's service plan dated August 16, 2021, indicated R2 received services to include medication administration, vitals, wellness checks, 24-hour emergency response, nutrition and housekeeping services.	01730		

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01730	Continued From page 8	01730		

R2's electronic medication administration record (EMAR) dated April 2022 included the following medications: one mild pain reliever, one anti-depressant, two heart stabilizers, one blood pressure reducer, one cognitive stabilizer, one nerve pain reducer, one vitamin supplement and one inhaler.

On April 20, 2022, at approximately 9:43 a.m., the surveyor observed ULP-D assist R2 with medication administration.

R2's medication management record did not include the following:
- a statement describing the medication management services that will be provided;
- documentation of specific resident instructions relating to the administration of medications;
- medication management tasks that may be delegated to unlicensed personnel; and
- any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.

On April 20, 2022, at approximately 11:17 a.m., clinical nurse supervisor (CNS)-B confirmed R1 and R2's individualized medication management record lacked all required content noted above.

The licensee's Medication Management Development and Individualized Medication Record Plan AL and HC policy dated May 2020 indicated the RN would develop an individualized medication management plan for each resident needing or requesting medication management services. Additionally, the policy indicated all

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01730	Continued From page 9 items noted above would be included in the individualized medication management plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01890 SS=E	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, interview and record review, licensee failed to date time-sensitive medications with an opened-on date for two of two residents (R1, 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 was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On April 19, 2022, at approximately 11:15 a.m.,	01890		

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01890	Continued From page 10	01890		

clinical nurse supervisor (CNS)-B stated licensee provided medication management services for residents who received services. CNS-B stated medications were kept in resident rooms in locked cupboards.

R1
On April 20, 2022, at approximately 9:11 a.m., the surveyor observed unlicensed personnel (ULP)-D assist R1 with administration of R1's Anoro Ellipta Aerosol inhaler.

R1's Anoro Ellipta Aerosol Powder Breath Activated 62.5-25 microgram (mcg) inhaler lacked labels to indicate the date staff removed the inhalers from the pouch and when the inhaler would expire.

The manufacturer's instructions for the use of the Anoro Ellipta inhaler dated May 2021, directed for the inhaler to be discarded six weeks after it had been opened from the foil tray. The directions also indicated the tray opened and discard dates should be written on the inhaler label.

R2
On April 20, 2022, at approximately 9:43 a.m., the surveyor observed ULP-D assist R2 with administration of R2's Striverdi Repimat inhaler.

R2's Striverdi Repimat 2.5 microgram (mcg)/act inhaler lacked a label to indicate the date staff opened the inhaler from the box and when the inhaler would expire.

The manufacturer's instructions dated 2019 (no month) for the use of the Striverdi Repimat inhaler directed for the inhaler to be discarded 90 days after being opened.

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01890	Continued From page 11 On April 20, 2022, at approximately 10:40 a.m., clinical nurse supervisor (CNS)-B confirmed all time sensitive medications including the above noted time sensitive medications should be dated after opening with an open date and expiration date. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=E	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and	01940		

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(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
01940	Continued From page 12	01940		

therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.

This MN Requirement is not met as evidenced by:
Based on observation, interview and record review, the licensee failed to develop individual treatment management plans with all required content for two of two residents (R1, R2) who received ordered treatments.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).

The findings include:

During the entrance conference on April 19, 2022, at approximately 11:20 a.m., clinical nurse supervisor (CNS)-B confirmed the licensee provided treatment and therapy services to residents.

R1
R1's diagnoses included chronic obstructive pulmonary disease (COPD), transient ischemic attack (TIA) and chronic pain.

R1's service plan dated August 12, 2021,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20243	A. BUILDING: _____ B. WING _____	04/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIGFORK VALLEY VILLA	258 PINE TREE DRIVE BIGFORK, MN 56628

(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
01940	Continued From page 13 indicated R1 received services to include supplemental oxygen continuous 2 liters per minute (LPM) via nasal cannula and compression stocking (TED) to the left leg, on in the morning, off at night. On April 20, 2022, at approximately 9:11 a.m., the surveyor observed unlicensed personnel (ULP)-D assist R1 with application of a compression stocking and monitoring of oxygen. R1's record lacked an Individualized Treatment and Therapy plan to include the following: - a statement of the type of services that will be provided; - documentation of specific resident instructions relating to the treatment or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; and - any resident-specific requirements related to documentation of treatment and therapy was received, verification all treatment and therapy was administered as prescribed, and monitoring occurred to prevent possible complications or adverse reactions. R2 R2's diagnoses included carcinoma of colon, chronic kidney disease and hypertension. R2's service plan dated August 16, 2021, indicated R2 received services to include assistance with a Foley catheter bag. On April 20, 2022, at approximately 9:43 a.m., the surveyor observed ULP-D assist R2 with Foley catheter bag cares. R2's record lacked an Individualized Treatment	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20243	A. BUILDING: _____ B. WING _____	04/20/2022

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01940	Continued From page 14 and Therapy plan to include the following: - a statement of the type of services that will be provided; - documentation of specific resident instructions relating to the treatment or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; and - any resident-specific requirements related to documentation of treatment and therapy was received, verification all treatment and therapy was administered as prescribed, and monitoring occurred to prevent possible complications or adverse reactions. On April 20, 2022, at approximately 11:26 a.m., CNS-B confirmed R1 and R2's Individualized Treatment and Therapy Plans lacked the above noted requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

MINNESOTA DEPARTMENT OF HEALTH
Food, Pool,& lodging Services
PO Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *04/19/22*
Time: 11:53:34
Report: 7939221088

Food and Beverage Establishment Inspection Report

Location:
Bigfork Valley Villa
258 Pine Tree Drive
Bigfork, MN56628
Itasca County, 31

Establishment Info:
ID #: 0037614
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2187431000
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.

Surface and Equipment Sanitizers

Hot Water: = at >160 Degrees Fahrenheit
Location: WARE WASH MACHINE
Violation Issued: No

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: DISPENSER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: ALFREDO
Temperature: 182 Degrees Fahrenheit - Location: COOKED
Violation Issued: No

Process/Item: ASPARAGUS
Temperature: 147 Degrees Fahrenheit - Location: STEAM TRAY
Violation Issued: No

Process/Item: YOGURT
Temperature: 39 Degrees Fahrenheit - Location: TRUE FRIDGE
Violation Issued: No

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

DISCUSSION
GLOVE USE AND HAND WASH

WARE WASH MACHINE TEMPERATURE TESTING

Food and Beverage Establishment Inspection Report

EMPLOYEE ILLNESS

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 7939221088 of 04/19/22.

Certified Food Protection Manager: DANELLE BRINKER

Certification Number: FM106641 Expires: 07/09/24

Signed: NA

DAMEN JACOBSON
MANAGER

Signed: 

RYAN TRENBERTH
SAN III
BEMIDJI DISTRICT OFFICE
218-308-2133
ryan.trenberth@state.mn.us