Electronically Delivered

October 31, 2022

Administrator
Noble Cares, LLC
7957 Monroe Street Northeast
Coon Rapids, MN 55448

RE: Project Number(s) SL38831015

Dear Administrator:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed a an initial evaluation on September 13, 2022, for the purpose of 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.

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 Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

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

Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4(a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, 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 residents/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

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

A state 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 Free from Maltreatment reconsideration

reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

requests should addressed to:
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Minnesota Department of Health
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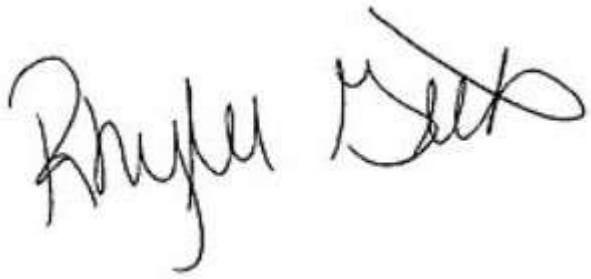
85 East Seventh Place
St. Paul, MN 55164-0970

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

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in 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,



Rhylee Gilb, Supervisor
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 651-395-0361 Fax: 651-281-9796

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38831	A. BUILDING: _____ B. WING _____	09/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE CARES LLC	7957 MONROE STREET NE COON RAPIDS, MN 55448

(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(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: SL38831015 On September 12, 2022 through September 13, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey and investigation, there were two residents receiving services under the provider's Provisional Assisted Living Facility 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 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.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements	0 470		

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0 470	Continued From page 1 (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the required staffing plan was developed, implemented, and evaluated for appropriateness of staffing levels as required, potentially affecting all of the current residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 470		

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0 470	Continued From page 2 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Minnesota (MN) Rules, part 4659.0180, subpart (subp) 4, item A, subitem (1) (2), and item B, indicated the clinical nurse supervisor (CNS) must develop a 24-hour daily staffing schedule. The schedule must: (1) include direct care staff work schedules for each direct care staff member showing all work shifts, including days and hours worked; (2) identify the direct care staff member's resident assignments or work location. The daily work schedule in item A must be posted, after redacting direct-care staff members' resident's assignments, at the beginning of each work shift in a central location in each building or a facility or campus, accessible to staff, residents, volunteers, and the public. The facility shall not disclose information that is protected by law from public disclosure. On September 12, 2022, at 9:10 a.m., the Minnesota Department of Health (MDH) surveyor entered the facility. On September 12, 2022, at 10:15 a.m., licensed assisted living director (LALD)/director of nursing (DON)-A stated the facility employed two licensed staff, he and licensed practical nurse (LPN)-B. DON-A stated staffing plans were evaluated every two weeks. DON-A stated the facility had three 8-hour shifts; 6:00 a.m.-2:00 p.m.; 2:00 p.m.-10:00 p.m., and 10:00 p.m.-6:00 a.m.	0 470		

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0 470	Continued From page 3 On September 12, 2022, at 10:25 a.m., the MDH surveyor observed the staff schedule posted on the refrigerator door. The staff schedule indicated there would be one direct-care staff person working each shift seven days per week, along with a licensed nurse. The staffing schedule did not include a month or date, and lacked the first names of the staff who worked the shifts. On September 12, 2022, at 11:20 a.m., DON-A stated he was not able to hire a direct-care staff person to work the 6:00 a.m. -2:00 p.m shift. DON-A stated he currently worked morning shifts until he could hire someone to work morning shifts. DON-A stated, "I just don't have staff to fill the morning shifts. I had to quit my job at a hospital because I can't have my residents left alone." The licensee policy titled, Staffing and Scheduling, dated June 2021, indicated (1) the CNS would develop and implement a written staffing plan that provided an adequate number of qualified direct-care staff to meet the residents' needs 24-hours a day, seven-days a week. (2) the CNS must ensure that staffing levels were adequate to address the following: (a) each resident's needs, as identified in the resident's service plan and assisted living contract; (b) each resident's acuity level, as determined by the most recent assessment or individualized review; (c) the ability of staff to timely meet the residents' scheduled and reasonably foreseeable unscheduled needs given the physical layout of the facility premises; (d) whether the facility had a secured dementia care unit; (e) staff experience, training, and competency.(3) the CNS would develop a 24-hour daily staffing schedule that would identify; (a) direct-care staff work	0 470		

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0 470	Continued From page 4 schedules for each direct-care staff member showing all work shifts, including days and hours worked; (b) the direct-care staff member's resident assignments or work location. 4. the daily work schedule must be posted, after redacting direct-care staff members' resident assignments, at the beginning of each work shift in a central location in each building of a facility or campus, accessible to staff, residents, volunteers, and the public. TIME PERIOD TO CORRECT: Twenty-one (21) days.	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (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	0 480		

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0 480	Continued From page 5 review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated September 13, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 485 SS=C	144G.41 Subd 1. (13) (i) (A) and (C) Minimum Requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in	0 485		

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0 485	Continued From page 6 menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; (C) the facility cannot require a resident to include and pay for meals in their contract; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to have menus prepared at least one week in advance and made available to all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect 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). Findings include: On September 12, 2022, at 9:30 a.m., the Minnesota Department of Health (MDH) surveyor observed licensed practical nurse (LPN)-B working on September 12-18, 2022 food menu. On September 12, 2022, at 11:00 a.m., LPN-B handed September 12-18, 2022 food menu to the MDH surveyor. The surveyor observed the food menu lacked a fresh vegetable choice and an entire meal on the following days and mealtimes: September 12, 2022: breakfast-cereal, scrambled	0 485		

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0 485	Continued From page 7 egg, toast; lunch-deep dish pepperoni pizza; September 13, 2022: breakfast-cereal, scrambled egg, toast; lunch:-chicken bites and french fries; dinner-orange chicken and rice; September 14, 2022: breakfast-cereal, scrambled egg, toast; lunch-sloppy Joe; September 15, 2022: breakfast-cereal, scrambled egg, toast September 16, 2022: breakfast-cereal, scrambled egg, toast; lunch-easy chicken, parmesan slides; dinner-no menu options listed. September 17, 2022: breakfast-cereal, scrambled egg, toast; The food menu lacked evidence the facility provided fresh fruits and vegetables with each meal, and daily snacks for the residents. On September 12, 2022, at 10:30 a.m., LPN-B stated she developed resident's food menu one to two week's in advance. LPN-B stated residents had input on food menu choices. The licensee policy titled, Food Service & Menu Planning, dated June 2021, indicated would offer at least three meals daily with snacks, seven days per week according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. Food menus would be prepared at least one week in advance and made available to all residents. TIME PERIOD TO CORRECT: Twenty-one (21) days.	0 485		

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0 780 SS=D	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure all smoke alarms in the dwelling are interconnected so that actuation of one alarm causes all alarms in the dwelling to actuate as required. 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	0 780		

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0 780	Continued From page 9 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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 residents). The findings include: On September 13, 2022, between 11:00 a.m. and 12:00 p.m., survey staff toured the facility with the director of nursing (DON)-A. During the facility tour, survey staff observed the smoke alarm in sleeping area #2 was not interconnected with the rest of the dwelling. DON-A verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 800 SS=E	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical	0 800		

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0 800	Continued From page 10 environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. 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, 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 September 13, 2022, between 11:00 a.m. and 12:00 p.m., survey staff toured the facility with the director of nursing (DON)-A. During the facility tour, survey staff observed window screens in bedrooms #2 and #3 were damaged. The screen in bedroom #2 was ripped across the bottom and the screen in bedroom #3 had a hole in it. In the basement bedroom, there was a rain and snow cover on the egress window. The cover made it difficult for the window to open completely due to the grade line being below the head of the window and the plastic rain and snow cover was at too steep an angle. DON-A verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 800		

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0 810	Continued From page 11	0 810		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain fire safety	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38831	A. BUILDING: _____ B. WING _____	09/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE CARES LLC	7957 MONROE STREET NE COON RAPIDS, MN 55448

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0 810	Continued From page 12	0 810		

and evacuation plans and failed to provide required training to residents and employees for fire safety and evacuation. This had the potential to affect all current residents, staff, and visitors to the facility.

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 the potential to affect a large portion or all residents).

The findings include:

During interview on September 13, 2022, at 12:15 p.m., the director of nursing (DON)-A stated he had not updated the policy language to be compliant with the statute but had evidence to show they were doing the evacuation drills.

Review of the fire policy showed the following:

1. No evacuation plan or documentation on specific procedures for the residents including procedures for their movements, and relocation during a fire or similar emergency. No written instructions for addressing any unique situation during an evacuation, especially for residents who need assistance during an evacuation. The policy was a basic policy from a third-party provider and had not been edited or updated to fit the facility.

2. No schedule or records on the training of employees on fire safety and evacuation; on proper actions to take in the event of a fire or emergency for the safety of residents including

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 810	Continued From page 13 movement, evacuation, or relocation. There was no language in the policy regarding staff training. 3. No schedule or records on the training of residents who are capable of assisting in their evacuation; on proper actions to take in the event of a fire or emergency for their safety including movement, evacuation, or relocation. There was no language in the policy regarding resident training. 4. Fire safety and evacuation plans were difficult to read and confusing. Each area was represented by a box with a label. The upstairs and downstairs areas were included on the same piece of paper but did not have the appearance of a floor plan. Exit routes were confusing and had no spatial reference for where they were in the dwelling. Smoke alarms and fire extinguishers were identified by an icon, but the icons had no spatial reference for where they were located in the dwelling. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		

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

Type: Full
Date: *09/13/22*
Time: 10:51:52
Report: 1024221164

Food and Beverage Establishment Inspection Report

Location:
Noble Care
7957 Monroe Street NE
Spring Lake Park, MN55432
Anoka County, 02

Establishment Info:
ID #: 0040771
Risk:
Announced Inspection: Yes

License Categories:

Expires on: 12/31/22

Operator:

Phone #:
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

2-200 Employee Health

2-201.11C ** Priority 1 **

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

NO EMPLOYEE ILLNESS LOG OBSERVED ON SITE. LOG SENT VIA EMAIL TO DIRECTOR.

Comply By: 09/13/22

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) ** Priority 1 **

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

OBSERVED RAW SHELLED EGGS STACKED ABOVE READY TO EAT FOODS SUCH AS FRUITS IN REFRIGERATOR. ITEMS WERE REARRANGED ON SITE BY DIRECTOR.

Corrected on Site

4-700 Sanitizing Equipment and Utensils

4-703.11B ** Priority 1 **

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

OBSERVED RESIDENTIAL DISHWASHING MACHINE WITH SANITIZE OPTION, HOWEVER TEMPERATURE TEST STRIP INDICATED TEMPERATURES DID NOT EVEN REACH 150 dF. REPAIR AND MAINTAIN EQUIPMENT OR REPLACE.

Comply By: 09/13/22

4-300 Equipment Numbers and Capacities

4-302.12B ** Priority 2 **

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

NO SMALL DIAMETER PROBE THERMOMETER ON SITE TO MEASURE TEMPERATURES OF FOODS SUCH AS DELI MEAT. PROVIDE AND MAINTAIN.

Comply By: 09/13/22

4-300 Equipment Numbers and Capacities

4-302.13B ** Priority 2 **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

OBSERVED IRREVERSIBLE THERMOMETER ON SITE HOWEVER IT IS NOT IN WORKING ORDER. ADVISED TO REPAIR AND MAINTAIN OR REPLACE.

Comply By: 09/13/22

4-600 Cleaning Equipment and Utensils

4-602.12

MN Rule 4626.0850 Clean the food contact surfaces of cooking and baking equipment and interior cavities of microwave ovens at least every 24 hours.

PER DIRECTOR, MICROWAVE IS NOT CLEANED DAILY. ADVISED TO CLEAN PER ABOVE RULE.

Comply By: 09/13/22

Surface and Equipment Sanitizers

Utensil Surface Temp: = at <150 Degrees Fahrenheit
Location: DISHWASHING MACHINE
Violation Issued: Yes

Quaternary Ammonium: = 400 PPM at Degrees Fahrenheit
Location: SANI BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/MILK
Temperature: Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

DISCUSSED ALL ORDERS ON REPORT WITH NURSING EVALUATOR MICHELE LARSON. ALSO DISCUSSED ALL ORDERS AND THE FOLLOWING WITH DIRECTOR, EBENEZER AKINBAMIJO:

- ALL ORDERS ON REPORT.

- VOMIT AND FECAL MATTER CLEAN UP PROCEDURES. OBSERVED KIT IN CLOSET.
- TEST KIT ON SITE FOR Q.A. SOLUTION.
- CFPM.
- THERMOMETER USE.
- THERMOMETER CALIBRATION.
- STORAGE OF MEDICATION, MUST BE LOCKED.
- DISHWASHING MACHINE IS RESIDENTIAL WITH SANITIZING OPTION. ADVISED TO USE DISHWASHING MACHINE SANITIZING OPTION.
- WHEN TO USE PASTEURIZED EGGS AND IF NOT PASTEURIZED, CAN ONLY BE SCRAMBLED/FULLY COOKED EGGS FOR HIGHLY SUSCEPTIBLE POPULATION.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME-DAY SERVICE. OBSERVED SMOOTH AND INTACT LAMINATE FLOORING, CEILING AND WALLS. ALL WERE FOUND TO BE INTACT AND IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH TIME THESE ITEMS ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, ITEMS WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

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 1024221164 of 09/13/22.

Certified Food Protection Manager: EBENEZER AKINBAMIJO

Certification Number: FM111490 Expires: 06/06/25

Signed: _____
EBENEZER AKINBAMIJO
DIRECTOR

Signed: _____
Sheng Yang
Public Health Sanitarian I
Freeman Building
651-201-3985
sheng.yang@state.mn.us